

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

|  |   |   |  |
|--|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>RE:WILD</b>   |   | <b>D</b> Employer identification number<br><b>26-2887967</b> |
|  | Doing business as   |   | <b>E</b> Telephone number<br><b>512-686-6062</b>             |
|  | Number and street (or P.O. box if mail is not delivered to street address)                          | Room/suite  |  |
|  | <b>PO BOX 129</b>   |   | <b>G</b> Gross receipts \$ <b>63,945,414.</b>                |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>AUSTIN, TX 78767</b> |   |  |
| <b>F</b> Name and address of principal officer: <b>WESTON SECHREST</b><br><b>SAME AS C ABOVE</b>   |   | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |  |

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.REWILD.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2008** **M** State of legal domicile: **CA**

**Part I Summary**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>RE:WILD PROTECTS AND RESTORES THE WILD TO BUILD A THRIVING EARTH WHERE ALL LIFE FLOURISHES.</b> |   |                                    |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                                    |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>  | <b>7</b>                           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>  | <b>6</b>                           |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)   | <b>5</b>  | <b>62</b>                          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>  | <b>10</b>                          |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                       | <b>0.</b>                          |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11     | <b>7b</b>   | <b>0.</b>                                       |                                    |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br>36,820,053.                | <b>Current Year</b><br>63,330,226. |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 0.  | 0.                                 |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 511,993.  | 572,250.                           |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 14,599.   | 42,938.                            |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 37,346,645.                                     | 63,945,414.                        |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 23,706,186.                                     | 45,967,973.                        |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0.  | 0.                                 |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 5,163,833.                                      | 5,996,150.                         |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0.  | 0.                                 |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>800,760.</b>  |   |                                    |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 2,940,856.                                      | 10,550,235.                        |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 31,810,875.   | 62,514,358.                                     |                                    |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | 5,535,770.  | 1,431,056.                                      |                                    |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br>67,997,215. | <b>End of Year</b><br>75,195,563.  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 979,393.  | 8,525,121.                         |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 67,017,822.                                     | 66,670,442.                        |

**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.

|                               |   |                                |                          |   |                          |
|-------------------------------|---|--------------------------------|--------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer  |                                | Date                     |   |                          |
|                               | <b>WESTON SECHREST, CEO</b><br>Type or print name and title             |                                |                          |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>RENAE DUNCAN</b>                       | Preparer's signature           | Date<br><b>04/06/23</b>  | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01257722</b> |
|                               | Firm's name ▶ <b>ATCHLEY &amp; ASSOCIATES, LLP</b>                      | Firm's EIN ▶ <b>74-2920819</b> | Phone no. (512) 346-2086 |   |                          |
|                               | Firm's address ▶ <b>1005 LA POSADA DRIVE</b><br><b>AUSTIN, TX 78752</b> |                                |                          |   |                          |

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 \$ 13,034,272. including grants of \$ 9,361,808. ) (Revenue \$ ) WILDLIFE: RE:WILD IS DRIVING CONSERVATION ACTION FOR THOUSANDS OF THREATENED AND OVERLOOKED SPECIES. WE'VE DEPLOYED SEARCHES FOR SPECIES THOUGHT TO BE LOST FOREVER - AND FOUND THEM. - RE:WILD COMMENCED A THREE-YEAR PROJECT IN PARTNERSHIP WITH FAUNA & FLORA INTERNATIONAL, UNIVERSITY OF MARYLAND, AND PU MAT NATIONAL PARK PERSONNEL TO ENABLE COMMUNITY-COLLABORATIVE CRIME PREVENTION TARGETING THE ILLEGAL WILDLIFE TRADE OF VIETNAM'S UNIQUE BIODIVERSITY. - OUR SEARCH FOR LOST SPECIES REDISCOVERED SEVERAL SPECIES LOST TO SCIENCE FOR DECADES, INCLUDING THE SIERRA LEON CRAB, THE BATMAN RIVER LOACH OF TURKEY, AND THE HAITIAN MAGNOLIA TREE. - RE:WILD AND IUCN SSC BECAME THE FIRST GLOBAL ORGS TO CALL FOR RECOGNITION OF FUNGI AS 1 OF 3 KINGDOMS OF MACROSCOPIC LIFE CRITICAL TO

4b (Code: ) (Expenses \$ 33,413,624. including grants of \$ 30,018,340. ) (Revenue \$ ) WILDLANDS: RE:WILD WORKS TO PROTECT AND RESTORE KEY BIODIVERSITY AREAS AND UNIQUE ECOSYSTEMS. - AFTER REMOVING INVASIVE SPECIES, THE ISLAND OF REDONDA SAW NESTING SEABIRDS RETURN AND GROUND LIZARD POPULATIONS INCREASE BY 800%. THE GOVERNMENT OF ANTIGUA AND BARBUDA HAS AGREED TO FULLY SAFEGUARD THE ISLAND AND SURROUNDING SEAS WITH A 73,000 ACRE PROTECTED AREA, THE LARGEST IN THE LESSER ANTILLES. - RE:WILD COMPLETED A KEY 30,000 ACRE LAND ACQUISITION IN BELIZE WHICH WILL ESTABLISH A CRITICAL WILDLIFE CORRIDOR FOR JAGUARS AND OTHER ENDANGERED SPECIES WITHIN THE MAYAN FORESTS OF CENTRAL AMERICA. - RE:WILD HELPED CREATE AND LAUNCH AN ONLINE TRAINING COURSE TO BUILD RELEVANT KNOWLEDGE AND SKILLS AMONG PRACTITIONERS AND EXPERTS WHO WILL

4c (Code: ) (Expenses \$ 11,738,987. including grants of \$ 6,280,959. ) (Revenue \$ ) 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. - FOR THE FIRST TIME, A BIOLOGICAL SURVEY WAS UNDERTAKEN TOGETHER BY EXTERNAL RESEARCHERS, LOCAL TRADITIONAL AUTHORITIES, AND TWO MEMBERS OF THE ALIWA-CUPEPE INDIGENOUS GUARDS TO UNDERSCORE THE IMPORTANCE AND UNIQUENESS OF THE ALIWA-CUPEPE ANCESTRAL TERRITORY IN COLOMBIA. - THIS YEAR SAW A LANDMARK EVENT IN OUR ONGOING WORK IN MOUNTS IGLIT-BACO NATURAL PARK ON THE ISLAND OF MINDORO, ANCESTRAL HOME TO THE INDIGENOUS TAUBUID PEOPLE AND THE CRITICALLY ENDANGERED TAMARAW, A SPECIES OF DWARF BUFFALO. AN AGREEMENT WAS SIGNED BETWEEN OUR LOCAL

4d Other program services (Describe on Schedule O.) (Expenses \$ 412,774. including grants of \$ 306,866. ) (Revenue \$ )

4e Total program service expenses 58,599,657.

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 A through I.

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>22</b> 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> .....  |     | X  |
| <b>23</b> 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> .....  | X   |    |
| <b>24a</b> 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> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....  |     | X  |
| <b>b</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> .....   |     | X  |
| <b>26</b> 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> .....   |     | X  |
| <b>27</b> 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> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> 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> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> 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> .....   |     | X  |
| <b>33</b> 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> .....   | X   |    |
| <b>34</b> 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> .....   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <b>b</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> .....   |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> 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> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....  | 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 |
|---|-----|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....  |     |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | 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, unrelated business 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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
| <b>1b</b> | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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?   |     | X  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | 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   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10b</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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</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.  
 Own website     Another's website     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, 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)<br>Name and title                                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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<br>COO/SECRETARY/ASST TREASURER      | 40.00   |   |                       | X       |              |                              | 183,374. | 0.  | 23,243.  |   |
| (2) RUSSELL MITTERMEIER, PHD<br>CHIEF CONSERVATION OFFICER  | 40.00   |   |                       |         | X            |                              | 190,384. | 0.  | 13,247.  |   |
| (3) DON CHURCH, PHD<br>PRESIDENT/SECRETARY (UNTIL 03/22)    | 40.00   |   |                       | X       |              |                              | 184,451. | 0.  | 16,492.  |   |
| (4) WESTON SECHREST, PHD<br>CEO/CHIEF SCIENTIST/BOARD CHAIR | 40.00   | X   |                       | X       |              |                              | 180,215. | 0.  | 12,245.  |   |
| (5) DUNE IVES<br>DIRECTOR, LONELY WHALE(UNTIL 05/22)        | 40.00   |   |                       |         |              | X                            | 183,781. | 0.  | 6,201.   |   |
| (6) PENNY LANGHAMMER<br>EXECUTIVE VICE PRESIDENT            | 40.00   |   |                       |         |              | X                            | 161,743. | 0.  | 20,887.  |   |
| (7) KATHERINE RADIN<br>DIRECTOR OF DEVELOPMENT(UNTIL 03/22) | 40.00   |   |                       |         |              | X                            | 161,882. | 0.  | 8,644.   |   |
| (8) ANTHONY RYLANDS, PHD<br>PRIMATE CONSERVATION DIRECTOR   | 40.00   |   |                       |         |              | X                            | 155,815. | 0.  | 11,792.  |   |
| (9) DIRK BYLER<br>DIRECTOR, GREAT APES PROGRAM              | 40.00   |   |                       |         |              | X                            | 150,253. | 0.  | 5,422.   |   |
| (10) DANIEL RICHARDS<br>LEAD DIRECTOR                       | 1.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (11) SCOTT MCDONALD<br>DIRECTOR                             | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (12) JOHN MITCHELL<br>DIRECTOR                              | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (13) LEONARDO DICAPRIO<br>DIRECTOR                          | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (14) MELANI WALTON<br>DIRECTOR                              | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (15) RAZAN AL MUBARAK<br>DIRECTOR                           | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |
|   |   |   |                       |         |              |                              |          |   |  |   |





**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 | <b>1 a</b>   | Federated campaigns .....  | <b>1a</b>            |                                    |                            |  |  |
|  | <b>b</b>   | Membership dues .....  | <b>1b</b>            |                                    |                            |  |  |
|  | <b>c</b>   | Fundraising events .....   | <b>1c</b>            |                                    |                            |  |  |
|  | <b>d</b>   | Related organizations .....  | <b>1d</b>            |                                    |                            |  |  |
|  | <b>e</b>   | Government grants (contributions) .....  | <b>1e</b>            | 1,263,416.                         |                            |  |  |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 62,066,810.                        |                            |  |  |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$                                 |                            |  |  |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f .....  |                      | 63,330,226.                        |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>   | _____  | <b>Business Code</b> |                                    |                            |  |  |
|  | <b>b</b>   | _____  |                      |                                    |                            |  |  |
|  | <b>c</b>   | _____  |                      |                                    |                            |  |  |
|  | <b>d</b>   | _____  |                      |                                    |                            |  |  |
|  | <b>e</b>   | _____  |                      |                                    |                            |  |  |
|  | <b>f</b>   | All other program service revenue .....  |                      |                                    |                            |  |  |
|  | <b>g</b>   | <b>Total.</b> Add lines 2a-2f .....  |                      |                                    |                            |  |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) ..... |                      | 572,250.                           |                            | 572,250.   |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds .....                           |                      |                                    |                            |  |  |
|  | <b>5</b>   | Royalties .....  |                      |                                    |                            |  |  |
|  | <b>6 a</b>   | Gross rents .....  | <b>6a</b>            | (i) Real                           |                            |  |  |
|  |  |  |                      | (ii) Personal                      |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  | <b>b</b>   | Less: rental expenses ...  | <b>6b</b>            |                                    |                            |  |  |
|  | <b>c</b>   | Rental income or (loss)  | <b>6c</b>            |                                    |                            |  |  |
|  | <b>d</b>   | Net rental income or (loss) .....  |                      |                                    |                            |  |  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory .....                       | <b>7a</b>            | (i) Securities                     |                            |  |  |
|  |  |  |                      | (ii) Other                         |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  | <b>b</b>   | Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            |                                    |                            |  |  |
|  | <b>c</b>   | Gain or (loss) .....   | <b>7c</b>            |                                    |                            |  |  |
|  | <b>d</b>   | Net gain or (loss) .....   |                      |                                    |                            |  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>  |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....  | <b>8b</b>  |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events .....   |  |                      |                                    |                            |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>  |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....  | <b>9b</b>  |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities .....  |  |                      |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....  | <b>10a</b>   | 3,709.               |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: cost of goods sold .....   | <b>10b</b>   | 0.                   |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory .....   |  | 3,709.               | 3,709.                             |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  | MISCELLANEOUS REVENUE  | <b>Business Code</b> | 900099                             | 39,229.                    | 39,229.  |  |
|  | <b>b</b>   | _____  |                      |                                    |                            |  |  |
|  | <b>c</b>   | _____  |                      |                                    |                            |  |  |
|  | <b>d</b>   | All other revenue .....  |                      |                                    |                            |  |  |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d .....  |                      | 39,229.                            |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....   |  | 63,945,414.          | 42,938.                            | 0.                         | 572,250.   |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 25,980,836.           | 25,980,836.                     |  |                             |
| 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   | 19,987,137.           | 19,987,137.                     |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 778,672.              | 472,924.                        | 223,719.                               | 82,029.                     |
| 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   | 4,405,975.            | 2,675,952.                      | 1,265,874.                             | 464,149.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 80,857.               | 49,108.                         | 23,231.                                | 8,518.                      |
| 9 Other employee benefits  | 338,825.              | 205,784.                        | 97,347.                                | 35,694.                     |
| 10 Payroll taxes   | 391,821.              | 237,971.                        | 112,574.                               | 41,276.                     |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | 35,573.               | 33,788.                         | 1,397.                                 | 388.                        |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   | 18,633.               |                                 | 18,633.                                |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 1,386,174.            | 432,427.                        | 816,666.                               | 137,081.                    |
| 12 Advertising and promotion   | 25,000.               | 25,000.                         |  |                             |
| 13 Office expenses   | 673,626.              | 397,275.                        | 273,793.                               | 2,558.                      |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 65,543.               |                                 | 65,543.                                |                             |
| 17 Travel  | 581,865.              | 535,750.                        | 23,162.                                | 22,953.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  | 149,662.              | 137,800.                        | 5,958.                                 | 5,904.                      |
| 20 Interest  |                       |                                 |  |                             |
| 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>BAD DEBT EXPENSE</b>  | 7,614,159.            | 7,427,905.                      | 186,044.                               | 210.                        |
| b  |                       |                                 |  |                             |
| c  |                       |                                 |  |                             |
| d  |                       |                                 |  |                             |
| e All other expenses   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>62,514,358.</b>    | <b>58,599,657.</b>              | <b>3,113,941.</b>                      | <b>800,760.</b>             |
| <b>26 Joint costs.</b> 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)               |             | (B)         |
|---|--|-------------------|-------------|-------------|
|   |  | Beginning of year |             | End of year |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 13,916,498.       | <b>1</b>    | 2,711,791.  |
|   | <b>2</b> Savings and temporary cash investments .....  | 1,656,176.        | <b>2</b>    | 4,616,747.  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 10,114,160.       | <b>3</b>    | 850.        |
|   | <b>4</b> Accounts receivable, net .....  |                   | <b>4</b>    |             |
|   | <b>5</b> 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 ..... |                   | <b>5</b>    |             |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                   | <b>6</b>    |             |
|   | <b>7</b> Notes and loans receivable, net .....   |                   | <b>7</b>    |             |
|   | <b>8</b> Inventories for sale or use .....   |                   | <b>8</b>    |             |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 63,078.           | <b>9</b>    | 80,428.     |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b>        |             |             |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b>        | <b>10c</b>  |             |
|   | <b>11</b> Investments - publicly traded securities .....   | 18,658,153.       | <b>11</b>   | 43,178,852. |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 21,644,150.       | <b>12</b>   | 22,661,895. |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 1,000,000.        | <b>13</b>   | 1,000,000.  |
|   | <b>14</b> Intangible assets .....  |                   | <b>14</b>   |             |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 945,000.          | <b>15</b>   | 945,000.    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 67,997,215.  | <b>16</b>         | 75,195,563. |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 315,393.          | <b>17</b>   | 525,121.    |
|   | <b>18</b> Grants payable .....   |                   | <b>18</b>   |             |
|   | <b>19</b> Deferred revenue .....   |                   | <b>19</b>   |             |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                   | <b>20</b>   |             |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                   | <b>21</b>   |             |
|   | <b>22</b> 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 .....     |                   | <b>22</b>   |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                   | <b>23</b>   |             |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                   | <b>24</b>   | 8,000,000.  |
|   | <b>25</b> 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 .....  | 664,000.          | <b>25</b>   | 0.          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 979,393.          | <b>26</b>   | 8,525,121.  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                   |             |             |
|   | <b>27</b> Net assets without donor restrictions .....  | 6,234,488.        | <b>27</b>   | 8,645,602.  |
|   | <b>28</b> Net assets with donor restrictions .....   | 60,783,334.       | <b>28</b>   | 58,024,840. |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                   |             |             |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                   | <b>29</b>   |             |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                   | <b>30</b>   |             |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                   | <b>31</b>   |             |
|   | <b>32</b> Total net assets or fund balances .....  | 67,017,822.       | <b>32</b>   | 66,670,442. |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 67,997,215.       | <b>33</b>   | 75,195,563. |

**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  | 63,945,414. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 62,514,358. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 1,431,056.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 67,017,822. |
| 5  | Net unrealized gains (losses) on investments   | 5  | -1,778,436. |
| 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 | 66,670,442. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 .....

|    | Yes | No |
|----|-----|----|
|    |     |    |
| 2a |     | X  |
|    |     |    |
| 2b | X   |    |
|    |     |    |
| 2c | X   |    |
|    |     |    |
| 3a |     | X  |
|    |     |    |
| 3b |     |    |

Form 990 (2021)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

|  |   |
|--|---|
| <b>Name of the organization</b><br>RE : WILD | <b>Employer identification number</b><br>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 |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2017  | (b) 2018  | (c) 2019  | (d) 2020  | (e) 2021  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 22046248. | 20994969. | 47241457. | 36820053. | 63330226. | 190432953 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 22046248. | 20994969. | 47241457. | 36820053. | 63330226. | 190432953 |
| <b>5</b> 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) ..... |           |           |           |           |           | 47949718. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 142483235 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017  | (b) 2018  | (c) 2019  | (d) 2020  | (e) 2021  | (f) Total                |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 22046248. | 20994969. | 47241457. | 36820053. | 63330226. | 190432953                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 159,158.  | 625,829.  | 930,768.  | 473,369.  | 572,250.  | 2761374.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |           |           |           |           |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |           |           | 10,841.   | 14,599.   | 39,229.   | 64,669.                  |
| <b>11 Total support.</b> Add lines 7 through 10   |           |           |           |           |           | 193258996                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |           |           |           |           | 12        |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 73.73 %                             |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | <b>15</b> | 70.34 %                             |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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>  |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>b</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. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | 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                                       | <b>Distributable Amount.</b> 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                         | <b>Total annual distributions.</b> 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 2021 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|---|---|--|---|
| 1   | Distributable amount for 2021 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2021   |  |   |
| a   | From 2016   |  |   |
| b   | From 2017   |  |   |
| c   | From 2018   |  |   |
| d   | From 2019   |  |   |
| e   | From 2020   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2021 distributable amount  |  |   |
| i   | Carryover from 2016 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2021 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2021 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2017  |  |   |
| b   | Excess from 2018  |  |   |
| c   | Excess from 2019  |  |   |
| d   | Excess from 2020  |  |   |
| e   | Excess from 2021  |  |   |

Schedule A (Form 990) 2021

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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<br><br><b>RE : WILD</b> | Employer identification number<br><br><b>26-2887967</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|-------------------|-----------------------------------|----------------------------|---|
| 1                 | <hr/> <hr/> <hr/>                 | \$ <u>29,829,410.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2                 | <hr/> <hr/> <hr/>                 | \$ <u>3,000,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3                 | <hr/> <hr/> <hr/>                 | \$ <u>1,280,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4                 | <hr/> <hr/> <hr/>                 | \$ <u>8,041,050.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><br><b>RE : WILD</b> | Employer identification number<br><br><b>26-2887967</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |

|                      |                                |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| <b>RE : WILD</b>     | 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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 7/25/06, 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 .....

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**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                     | 5,908,112.       | 4,710,409.     | 4,803,014.         | 4,459,312.           | 2,276,791.          |
| b Contributions                                  |                  | 750.           | 250.               | 910.                 | 2,018,152.          |
| c Net investment earnings, gains, and losses     | -527,769.        | 1,295,003.     | -92,855.           | 342,792.             | 164,369.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 179,740.         | 98,050.        |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 5,200,603.       | 5,908,112.     | 4,710,409.         | 4,803,014.           | 4,459,312.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  27.0000 %
  - b Permanent endowment  14.8000 %
  - c Term endowment  58.2000 %
- 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   |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations  |     | <input checked="" type="checkbox"/> |
| 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   | 10,674,895.    | 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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 22,661,895.    |   |

**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)   |                |   |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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). NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. 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, 2022 AND 2021. 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)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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                                   | 79   | PROGRAM SERVICES   | RESEARCH/CONSERVATION  | 3,053,674.   |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,             | 0                                   | 34   | PROGRAM SERVICES   | RESEARCH/CONSERVATION  | 3,988,883.   |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0                                   | 99   | PROGRAM SERVICES   | RESEARCH/CONSERVATION  | 1,430,156.   |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES                | 0                                   | 33   | PROGRAM SERVICES   | RESEARCH/CONSERVATION  | 402,025.   |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,       | 0                                   | 110  | PROGRAM SERVICES   | RESEARCH/CONSERVATION  | 6,920,961.   |
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,              | 0                                   | 38   | PROGRAM SERVICES   | RESEARCH/CONSERVATION  | 1,131,005.   |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,                 | 0                                   | 108  | PROGRAM SERVICES   | RESEARCH/CONSERVATION  | 5,398,100.   |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,      | 0                                   | 22   | PROGRAM SERVICES   | RESEARCH/CONSERVATION  | 160,352.   |
| <b>3 a Subtotal</b> .....   | 0                                   | 523  |  |  | 22,485,156.  |
| <b>b Total from continuation sheets to Part I</b> .....                     | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....                                 | 0                                   | 523  |  |  | 22,485,156.  |

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

Schedule F (Form 990) 2021

**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<br>(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 AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | RESEARCH / CONSERVATION | 7,000.                   | WIRE PAYMENT                    | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | RESEARCH / CONSERVATION | 8,149.                   | WIRE PAYMENT                    | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | RESEARCH / CONSERVATION | 8,975.                   | WIRE PAYMENT                    | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | RESEARCH / CONSERVATION | 9,400.                   | WIRE PAYMENT                    | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | RESEARCH / CONSERVATION | 12,000.                  | WIRE PAYMENT                    | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | RESEARCH / CONSERVATION | 15,578.                  | WIRE PAYMENT                    | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | RESEARCH / CONSERVATION | 18,457.                  | WIRE PAYMENT                    | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | RESEARCH / CONSERVATION | 27,500.                  | 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 ..... **73**

3 Enter total number of other organizations or entities ..... **69**

| 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<br>(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<br>AND THE CARIBBEAN<br>- ANTIGUA &<br>BARBUDA, ARUBA, | RESEARCH /<br>CONSERVATION | 27,850.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | CENTRAL AMERICA<br>AND THE CARIBBEAN<br>- ANTIGUA &<br>BARBUDA, ARUBA, | RESEARCH /<br>CONSERVATION | 40,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | CENTRAL AMERICA<br>AND THE CARIBBEAN<br>- ANTIGUA &<br>BARBUDA, ARUBA, | RESEARCH /<br>CONSERVATION | 50,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | CENTRAL AMERICA<br>AND THE CARIBBEAN<br>- ANTIGUA &<br>BARBUDA, ARUBA, | RESEARCH /<br>CONSERVATION | 50,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | CENTRAL AMERICA<br>AND THE CARIBBEAN<br>- ANTIGUA &<br>BARBUDA, ARUBA, | RESEARCH /<br>CONSERVATION | 53,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | CENTRAL AMERICA<br>AND THE CARIBBEAN<br>- ANTIGUA &<br>BARBUDA, ARUBA, | RESEARCH /<br>CONSERVATION | 70,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | CENTRAL AMERICA<br>AND THE CARIBBEAN<br>- ANTIGUA &<br>BARBUDA, ARUBA, | RESEARCH /<br>CONSERVATION | 96,228.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | CENTRAL AMERICA<br>AND THE CARIBBEAN<br>- ANTIGUA &<br>BARBUDA, ARUBA, | RESEARCH /<br>CONSERVATION | 100,000.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | CENTRAL AMERICA<br>AND THE CARIBBEAN<br>- ANTIGUA &<br>BARBUDA, ARUBA, | RESEARCH /<br>CONSERVATION | 131,000.                 | 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<br>(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 AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | RESEARCH / CONSERVATION | 146,598.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | RESEARCH / CONSERVATION | 265,873.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | RESEARCH / CONSERVATION | 1687823.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | RESEARCH / CONSERVATION | 139,690.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | RESEARCH / CONSERVATION | 9,890.                   | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | RESEARCH / CONSERVATION | 10,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | RESEARCH / CONSERVATION | 11,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | RESEARCH / CONSERVATION | 14,876.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,         | RESEARCH / CONSERVATION | 21,403.                  | 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<br>(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 AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | RESEARCH / CONSERVATION | 30,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | RESEARCH / CONSERVATION | 30,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | RESEARCH / CONSERVATION | 32,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | RESEARCH / CONSERVATION | 182,000.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | RESEARCH / CONSERVATION | 250,000.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | RESEARCH / CONSERVATION | 390,000.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | RESEARCH / CONSERVATION | 2647206.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | MIDDLE EAST AND NORTH AFRICA                          | RESEARCH / CONSERVATION | 15,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | MIDDLE EAST AND NORTH AFRICA                          | RESEARCH / CONSERVATION | 30,150.                  | WIRE PAYMENT                    | 0.                                |  |   |

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |  |                             |                                 |  |  |   |  |
|---|---|--|-----------------------------|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region  | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | MIDDLE EAST AND NORTH AFRICA                                 | RESEARCH / CONSERVATION     | 30,975.                         | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | RESEARCH / CONSERVATION     | 7,590.                          | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | RESEARCH / CONSERVATION     | 21,172.                         | WESTERN UNION                          | 0.                                       |   |  |
|   |   | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | RESEARCH / CONSERVATION     | 32,260.                         | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | RESEARCH / CONSERVATION     | 50,000.                         | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 7,000.                          | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 8,300.                          | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 13,000.                         | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 16,349.                         | 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<br>(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 - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 8,400.                   | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 25,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 30,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 33,475.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 44,225.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 50,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 50,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 50,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 50,000.                  | WIRE PAYMENT                    | 0.                                |  |   |

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |  |                             |                                 |  |  |   |  |
|---|---|--|-----------------------------|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region  | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 50,000.                         | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 52,965.                         | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 56,500.                         | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 58,000.                         | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 63,580.                         | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 87,500.                         | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 91,850.                         | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 99,903.                         | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION     | 100,000.                        | 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<br>(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 - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 110,550.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 142,000.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 164,750.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 180,000.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 221,653.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 225,000.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 408,009.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 450,000.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 501,362.                 | 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) |  |  |                         |                          |                                 |                                   |  |   |
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| 1<br>(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 - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 624,605.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 660,000.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 753,274.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | RESEARCH / CONSERVATION | 884,865.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,         | RESEARCH / CONSERVATION | 7,000.                   | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,         | RESEARCH / CONSERVATION | 7,705.                   | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,         | RESEARCH / CONSERVATION | 5,543.                   | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,         | RESEARCH / CONSERVATION | 15,001.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,         | RESEARCH / CONSERVATION | 20,000.                  | 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) |  |  |                            |                          |                                 |                                   |  |   |
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| 1<br>(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 -<br>AFGHANISTAN,<br>BANGLADESH,<br>BHUTAN, INDIA,        | RESEARCH /<br>CONSERVATION | 24,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH ASIA -<br>AFGHANISTAN,<br>BANGLADESH,<br>BHUTAN, INDIA,        | RESEARCH /<br>CONSERVATION | 30,200.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH ASIA -<br>AFGHANISTAN,<br>BANGLADESH,<br>BHUTAN, INDIA,        | RESEARCH/CONSERVATION      | 41,946.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH ASIA -<br>AFGHANISTAN,<br>BANGLADESH,<br>BHUTAN, INDIA,        | RESEARCH/CONSERVATION      | 54,300.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH ASIA -<br>AFGHANISTAN,<br>BANGLADESH,<br>BHUTAN, INDIA,        | RESEARCH/CONSERVATION      | 65,055.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH ASIA -<br>AFGHANISTAN,<br>BANGLADESH,<br>BHUTAN, INDIA,        | RESEARCH/CONSERVATION      | 103,347.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH ASIA -<br>AFGHANISTAN,<br>BANGLADESH,<br>BHUTAN, INDIA,        | RESEARCH/CONSERVATION      | 143,953.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SOUTH ASIA -<br>AFGHANISTAN,<br>BANGLADESH,<br>BHUTAN, INDIA,        | RESEARCH/CONSERVATION      | 262,650.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION      | 6,500.                   | 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) |  |  |                       |                          |                                 |                                   |  |   |
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| 1<br>(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<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 6,515.                   | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 6,700.                   | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 9,770.                   | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 10,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 15,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 15,799.                  | WESTERN UNION                   | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 18,200.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 20,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 20,000.                  | WIRE PAYMENT                    | 0.                                |  |   |

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|--|--|--|-----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(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<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 20,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 20,500.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 25,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 25,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 25,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 27,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 28,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 30,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 30,000.                  | 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<br>(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<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 35,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 40,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 53,563.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 57,070.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 58,455.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 60,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 63,762.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 55,500.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION | 105,000.                 | WIRE PAYMENT                    | 0.                                |  |   |

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |  |                             |                                 |  |  |   |  |
|---|---|--|-----------------------------|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region  | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION       | 120,465.                        | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION       | 135,001.                        | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION       | 219,603.                        | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION       | 250,000.                        | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION       | 250,000.                        | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | SUB-SAHARAN<br>AFRICA - ANGOLA,<br>BENIN, BOTSWANA,<br>BURKINA FASO, | RESEARCH/CONSERVATION       | 3106961.                        | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)                         | RESEARCH/CONSERVATION       | 5,499.                          | WESTERN UNION                          | 0.                                       |   |  |
|   |   | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)                         | RESEARCH/CONSERVATION       | 6,000.                          | WIRE PAYMENT                           | 0.                                       |   |  |
|   |   | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)                         | RESEARCH/CONSERVATION       | 10,000.                         | 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<br>(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 (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 10,800.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 15,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 15,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 15,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 19,006.                  | WESTERN UNION                   | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 21,650.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 25,000.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 29,800.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 30,000.                  | 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<br>(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 (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 30,200.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 60,044.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 68,119.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 70,470.                  | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 200,000.                 | WIRE PAYMENT                    | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH/CONSERVATION | 292,090.                 | 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 AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,  | 4                        | 41,374.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
| GRANTS                          | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | 1                        | 24,000.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
| GRANTS                          | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,    | 1                        | 29,444.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
| GRANTS                          | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,          | 1                        | 8,155.                   | WIRE TRANSFER                   | 0.                               |                                       |   |
| GRANTS                          | SUB-SAHARAN AFRICA  | 2                        | 20,165.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
| GRANTS                          | MIDDLE EAST AND NORTH AFRICA                                  | 3                        | 37,500.                  | 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



**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.

Multiple horizontal lines for supplemental information input.

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**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.

| <b>1 (a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| SEQUOIA FORESTKEEPER<br>PO BOX 2134<br>KERNVILLE, CA 93238   | 91-2154817     | 501(C)(3)                              | 25,000.                         | 0.                                      |  |  | RESEARCH CONSERVATION                     |
| SOUTHEAST ALASKA INDIGENOUS<br>TRANSBOUNDARY COMMISSION (SEITC) -<br>PO BOX 373 - WRANGELL, AK 99929 | 47-5389141     | 501(C)(3)                              | 25,000.                         | 0.                                      |  |  | RESEARCH CONSERVATION                     |
| COLORADO PLATEAU FOUNDATION<br>113 EAST BIRCH AVENUE<br>FLAGSTAFF, AZ 86001                          | 83-0959411     | 501(C)(3)                              | 30,000.                         | 0.                                      |  |  | RESEARCH CONSERVATION                     |
| SOLUTIONS PROJECT, INC.<br>4096 PIEDMONT AVENUE 728<br>OAKLAND, CA 94611                             | 46-3811348     | 501(C)(3)                              | 50,000.                         | 0.                                      |  |  | RESEARCH CONSERVATION                     |
| GLOBAL FISHING WATCH, INC.<br>1025 CONNECTICUT AVENUE, SUITE 200<br>WASHINGTON, DC 20036             | 81-5461345     | 501(C)(3)                              | 100,000.                        | 0.                                      |  |  | RESEARCH CONSERVATION                     |
| ROCKEFELLER PHILANTHROPY ADVISORS,<br>INC. - 6 WEST 48TH STREET, 10TH<br>FLOOR - NEW YORK, NY 10036  | 13-3615533     | 501(C)(3)                              | 775,000.                        | 0.                                      |  |  | RESEARCH CONSERVATION                     |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **20.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

**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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CHICAGO HORTICULTURAL SOCIETY<br>1000 LAKE COOK ROAD<br>GLENCOE, IL 60022             | 36-2225482 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | RESEARCH CONSERVATION              |
| OMAHA ZOOLOGICAL SOCIETY<br>3701 S. 10TH STREET<br>OMAHA, NE 68107                    | 47-0469782 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | RESEARCH CONSERVATION              |
| NDN COLLECTIVE, INC<br>317 MAIN STREET #1<br>RAPID CITY, SD 57701                     | 82-3776329 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | RESEARCH CONSERVATION              |
| COMITE CIVICO DEL VALLE<br>235 MAIN STREET<br>BRAWLEY, CA 92227                       | 33-0411433 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | RESEARCH CONSERVATION              |
| GLOBAL CONSERVATION NETWORK<br>12101 JOHNNY CAKE RIDGE ROAD<br>APPLE VALLEY, MN 55124 | 41-1719362 | 501(C)(3)                     | 30,000.                  | 0.                               |   |  | RESEARCH CONSERVATION              |
| GROUNDWORK HUDSON VALLEY, INC<br>22 MAIN STREET, 2ND FLOOR<br>YONKERS, NY 10701       | 11-3579493 | 501(C)(3)                     | 40,000.                  | 0.                               |   |  | RESEARCH CONSERVATION              |
| CENTER FOR LARGE LANDSCAPE<br>CONSERVATION - PO BOX 1587 -<br>BOZEMAN, MT 59771       | 27-1226829 | 501(C)(3)                     | 50,000.                  | 0.                               |   |  | RESEARCH CONSERVATION              |
| CAT ACTION TREASURY, INC<br>PO BOX 332<br>CAPE NEDDICK, ME 03902                      | 85-0435896 | 501(C)(3)                     | 100,000.                 | 0.                               |   |  | RESEARCH CONSERVATION              |
| PLANET WOMEN<br>9720 COPPERTOP LOOP, STE 104<br>BAINBRIDGE ISLAND, WA 98110           | 27-0726824 | 501(C)(3)                     | 100,000.                 | 0.                               |   |  | RESEARCH CONSERVATION              |

Schedule I (Form 990)

**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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| TREEPEOPLE, INC<br>12601 MULHOLLAND DRIVE<br>BEVERLY HILLS, CA 90210        | 23-7314838 | 501(C)(3)                     | 200,000.                 | 0.                               |   |  | RESEARCH CONSERVATION              |
| TIDES FOUNDATION<br>1014 TORNEY AVENUE<br>SAN FRANCISCO, CA 94129           | 51-0198509 | 501(C)(3)                     | 275,000.                 | 0.                               |   |  | RESEARCH CONSERVATION              |
| REVIVE & RESTORE<br>1505 BRIDGEWAY, SUITE 203<br>SAUSALITO, CA 94965        | 81-4576399 | 501(C)(3)                     | 300,000.                 | 0.                               |   |  | RESEARCH CONSERVATION              |
| SAMO FUND<br>401 W. HILLCREST DRIVE<br>THOUSAND OAKS, CA 91360              | 95-4187832 | 501(C)(3)                     | 300,000.                 | 0.                               |   |  | RESEARCH CONSERVATION              |
| OREGON DESERT LAND TRUST<br>2843 NW LOLO DRIVE, SUITE 200<br>BEND, OR 97703 | 82-2857455 | 501(C)(3)                     | 829,634.                 | 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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) 2021

**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<br>COO/SECRETARY/ASST TREASURER      | (i)  | 183,374.   | 0.                                  | 0.                                  | 5,670.   | 17,573.                 | 206,617.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) RUSSELL MITTERMEIER, PHD<br>CHIEF CONSERVATION OFFICER  | (i)  | 190,384.   | 0.                                  | 0.                                  | 5,850.   | 7,397.                  | 203,631.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) DON CHURCH, PHD<br>PRESIDENT/SECRETARY (UNTIL 03/22)    | (i)  | 184,451.   | 0.                                  | 0.                                  | 0.   | 16,492.                 | 200,943.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) WESTON SECHREST, PHD<br>CEO/CHIEF SCIENTIST/BOARD CHAIR | (i)  | 180,215.   | 0.                                  | 0.                                  | 5,400.   | 6,845.                  | 192,460.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) DUNE IVES<br>DIRECTOR, LONELY WHALE(UNTIL 05/22)        | (i)  | 183,781.   | 0.                                  | 0.                                  | 0.   | 6,201.                  | 189,982.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) PENNY LANGHAMMER<br>EXECUTIVE VICE PRESIDENT            | (i)  | 161,743.   | 0.                                  | 0.                                  | 5,138.   | 15,749.                 | 182,630.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) KATHERINE RADIN<br>DIRECTOR OF DEVELOPMENT(UNTIL 03/22) | (i)  | 161,882.   | 0.                                  | 0.                                  | 0.   | 8,644.                  | 170,526.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) ANTHONY RYLANDS, PHD<br>PRIMATE CONSERVATION DIRECTOR   | (i)  | 155,815.   | 0.                                  | 0.                                  | 4,650.   | 7,142.                  | 167,607.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) DIRK BYLER<br>DIRECTOR, GREAT APES PROGRAM              | (i)  | 150,253.   | 0.                                  | 0.                                  | 4,500.   | 922.                    | 155,675.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

RE:WILD

Employer identification number

26-2887967

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

SUSTAINING LIFE ON EARTH.

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

BE INVOLVED IN KEY BIODIVERSITY AREA IDENTIFICATION AND TRAINING IN  
THEIR OWN NATIONS, AN ENORMOUS STEP IN IN BUILDING NATIONAL CAPACITY.

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

PARTNERS THE D'ABOVILLE FOUNDATION, THE NATIONAL COUNCIL OF INDIGENOUS  
PEOPLES, AND THE LEADERS OF THE TAUBUID PEOPLE TO SUPPORT AND ADVANCE  
THE TAUBUID ANCESTRAL DOMAIN CLAIM IN THE PARK.

- AS A FOUNDING MEMBER OF THE UNIVERSAL RANGER SUPPORT ALLIANCE,  
RE:WILD HELPED DEVELOP AND LAUNCH A FIVE YEAR ACTION PLAN THAT WILL  
BRING CRITICAL INTERVENTIONS IN RANGER ADVOCACY AND REPRESENTATION,  
COMMUNITY-RANGER RELATIONS, EQUALITY, AND EQUITY IN THE RANGER  
WORKFORCE, AMONG OTHER KEY OBJECTIVES.

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

CREATING CHANGE: SEVENTY PERCENT OF PEOPLE DON'T KNOW WHAT BIODIVERSITY  
IS OR WHY IT'S IMPORTANT. RE:WILD LEVERAGES ITS GLOBAL PLATFORM FOR  
CAMPAIGNS SUCH AS #SAVETHEOKAVANGO, WHICH IS FIGHTING OIL DRILLING IN A  
PRISTINE ECOSYSTEM, AND #REWILDBRAZIL, WHICH ENCOURAGED BRAZILIANS TO  
VOTE FOR THE AMAZON AND THE PLANET IN RECENT ELECTIONS.

EXPENSES \$ 412,774. INCLUDING GRANTS OF \$ 306,866. REVENUE \$ 0.

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

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

RE:WILD

Employer identification number

26-2887967

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

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 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| REWILD COLOMBIA CORP.<br>PO BOX 129<br>AUSTIN, TX 78767                | CONSERVATION            | DELAWARE  | 0.                  | 0.                        | RE:WILD                             |
| LONELY WHALE, LLC<br>PO BOX 129<br>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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2021

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization               | (b)<br>Primary activity                       | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|---|--|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |   |  |                                     |  |                                 |  |                                | Yes   | No |
| 52HZ INC - 86-3982504<br>2105 BEVERLY BEACH DR NW<br>OLYMPIA, WA 98502 | COMMUNICATION,<br>CREATIVE, AND<br>ENGAGEMENT | DE   | RE : WILD                           | C CORP   | 1,363,974.                      | 595,748.                                 | 100%                           |   | X  |
|  |   |  |                                     |  |                                 |  |                                |   |    |
|  |   |  |                                     |  |                                 |  |                                |   |    |
|  |   |  |                                     |  |                                 |  |                                |   |    |
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|  |   |  |                                     |  |                                 |  |                                |   |    |
|  |   |  |                                     |  |                                 |  |                                |   |    |

**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 |
|--|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....                              |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....                               |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....                               |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....   |     | X  |
| <b>s</b> 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) |                                     |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br>Are all<br>partners sec.<br>501(c)(3)<br>orgs.? |    | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Dispropor-<br>tionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
|  |                         |  |   | Yes  | No |                                    |  | Yes  | No |   | Yes                                       | No |                                |
|  |                         |  |   |  |    |                                    |  |  |    |   |   |    |                                |
|  |                         |  |   |  |    |                                    |  |  |    |   |   |    |                                |
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|  |                         |  |   |  |    |                                    |  |  |    |   |   |    |                                |

**Part VII Supplemental Information**

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

Multiple horizontal lines for supplemental information input.



# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2022

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**PREPARED FOR:**

RE:WILD  
PO BOX 129  
AUSTIN, TX 78767

---

**PREPARED BY:**

ATCHLEY & ASSOCIATES, LLP  
1005 LA POSADA DRIVE  
AUSTIN, TX 78752

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

|                              |    |   |
|------------------------------|----|---|
| TOTAL TAX                    | \$ | 0 |
| LESS: PAYMENTS AND CREDITS   | \$ | 0 |
| PLUS: OTHER AMOUNT           | \$ | 0 |
| PLUS: INTEREST AND PENALTIES | \$ | 0 |
| NO PAYMENT IS REQUIRED       | \$ | 0 |

---

**OVERPAYMENT:**

|                                |    |   |
|--------------------------------|----|---|
| CREDITED TO YOUR ESTIMATED TAX | \$ | 0 |
| OTHER AMOUNT                   | \$ | 0 |
| REFUNDED TO YOU                | \$ | 0 |

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING  
JUNE 30, 2022

---

**PREPARED FOR:**

RE:WILD  
PO BOX 129  
AUSTIN, TX 78767

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**PREPARED BY:**

ATCHLEY & ASSOCIATES, LLP  
1005 LA POSADA DRIVE  
AUSTIN, TX 78752

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**AMOUNT OF TAX:**

BALANCE DUE OF \$800

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**MAKE CHECK PAYABLE TO:**

DEPARTMENT OF JUSTICE

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**MAIL TAX RETURN TO:**

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

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**RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

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**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED  
INDIVIDUAL(S).

# California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

|   |                               |   |
|---|-------------------------------|---|
| Corporation/Organization name<br><b>RE : WILD</b><br><small>Additional information. See instructions.</small> |                               | California corporation number<br><b>3150501</b> |
| Street address (suite or room)<br><b>PO BOX 129</b>   |                               | PMB no.   |
| City<br><b>AUSTIN</b>   | State<br><b>TX</b>            | ZIP code<br><b>78767</b>                        |
| Foreign country name  | Foreign province/state/county | Foreign postal code                             |

|  |   |
|--|---|
| <p><b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?<br/> <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized<br/>         Enter date: (mm/dd/yyyy) _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>If "Yes," what is the parent's name? _____</p> | <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>Date filed with IRS _____</p> |
|--|---|

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

|                              |    |  |    |            |    |
|------------------------------|----|--|----|------------|----|
| <b>Receipts and Revenues</b> | 1  | Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1  | 615,188    | 00 |
|                              | 2  | Gross dues and assessments from members and affiliates   | 2  |            | 00 |
|                              | 3  | Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>   | 3  | 63,330,226 | 00 |
|                              | 4  | Total gross receipts for filing requirement test. Add line 1 through line 3.<br><b>This line must be completed.</b> If the result is less than \$50,000, see General Information B | 4  | 63,945,414 | 00 |
|                              | 5  | Cost of goods sold   | 5  |            | 00 |
|                              | 6  | Cost or other basis, and sales expenses of assets sold   | 6  |            | 00 |
|                              | 7  | Total costs. Add line 5 and line 6   | 7  |            | 00 |
|                              | 8  | Total gross income. Subtract line 7 from line 4  | 8  | 63,945,414 | 00 |
| <b>Expenses</b>              | 9  | Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 62,514,358 | 00 |
|                              | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | 10 | 1,431,056  | 00 |
| <b>Filing Fee</b>            | 11 | Total payments   | 11 |            | 00 |
|                              | 12 | Use tax. See General Information K   | 12 |            | 00 |
|                              | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11   | 13 |            | 00 |
|                              | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  | 14 |            | 00 |
|                              | 15 | Penalties and interest. See General Information J  | 15 |            | 00 |
|                              | 16 | <b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result   | 16 |            | 00 |

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 taxpayer) is based on all information of which preparer has any knowledge.

|                                 |  |                      |  |
|---------------------------------|--|----------------------|--|
| <b>Sign Here</b>                | Signature of officer <b>CEO</b>  | Date                 | <input type="checkbox"/> Telephone<br><b>5125931883</b><br><input type="checkbox"/> PTIN<br><b>P01257722</b>             |
| <b>Paid Preparer's Use Only</b> | Preparer's signature   | Date <b>04/06/23</b> | <input type="checkbox"/> Firm's FEIN<br><b>74-2920819</b><br><input type="checkbox"/> Telephone<br><b>(512) 346-2086</b> |
|                                 | Firm's name (or yours, if self-employed) and address<br><b>ATCHLEY &amp; ASSOCIATES, LLP<br/>1005 LA POSADA DRIVE<br/>AUSTIN, TX 78752</b> |                      |  |

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

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

|                                    |                                   |  |   |    |            |            |    |
|------------------------------------|-----------------------------------|--|---|----|------------|------------|----|
| <b>Receipts from Other Sources</b> | 1                                 | Gross sales or receipts from all business activities. See instructions   | •   | 1  | 3,709      | 00         |    |
|                                    | 2                                 | Interest   | •   | 2  | 572,250    | 00         |    |
|                                    | 3                                 | Dividends  | •   | 3  |            | 00         |    |
|                                    | 4                                 | Gross rents  | •   | 4  |            | 00         |    |
|                                    | 5                                 | Gross royalties  | •   | 5  |            | 00         |    |
|                                    | 6                                 | Gross amount received from sale of assets (See instructions)   | •   | 6  |            | 00         |    |
|                                    | 7                                 | Other income   | •   | 7  | 39,229     | 00         |    |
|                                    | 8                                 | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | •   | 8  | 615,188    | 00         |    |
|                                    | 9                                 | Contributions, gifts, grants, and similar amounts paid   | •   | 9  | 45,967,973 | 00         |    |
|                                    | 10                                | Disbursements to or for members  | •   | 10 |            | 00         |    |
|                                    | 11                                | Compensation of officers, directors, and trustees  | •   | 11 | 778,672    | 00         |    |
|                                    | 12                                | Other salaries and wages   | •   | 12 | 4,405,975  | 00         |    |
|                                    | <b>Expenses and Disbursements</b> | 13   | Interest  | •  | 13         |            | 00 |
|                                    |                                   | 14   | Taxes   | •  | 14         | 391,821    | 00 |
|                                    |                                   | 15   | Rents   | •  | 15         | 65,543     | 00 |
|                                    |                                   | 16   | Depreciation and depletion (See instructions)   | •  | 16         |            | 00 |
|                                    |                                   | 17   | Other expenses and disbursements  | •  | 17         | 10,904,374 | 00 |
|                                    |                                   | 18   | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | •  | 18         | 62,514,358 | 00 |

| <b>Schedule L Balance Sheet</b>                      | Beginning of taxable year |            | End of taxable year |              |
|--|---------------------------|------------|---------------------|--------------|
|  | (a)                       | (b)        | (c)                 | (d)          |
| <b>Assets</b>  |                           |            |                     |              |
| 1 Cash   |                           | 15,572,674 |                     | • 7,328,538  |
| 2 Net accounts receivable                            |                           |            |                     | •            |
| 3 Net notes receivable                               |                           |            |                     | •            |
| 4 Inventories  |                           |            |                     | •            |
| 5 Federal and state government obligations           |                           |            |                     | •            |
| 6 Investments in other bonds                         |                           |            |                     | •            |
| 7 Investments in stock                               |                           |            |                     | •            |
| 8 Mortgage loans                                     |                           |            |                     | •            |
| 9 Other investments                                  |                           | 41,302,303 |                     | • 66,840,747 |
| 10 a Depreciable assets                              |                           |            |                     |              |
| b Less accumulated depreciation                      | ( )                       |            | ( )                 |              |
| 11 Land  |                           |            |                     | •            |
| 12 Other assets <b>STMT 5</b>                        |                           | 11,122,238 |                     | • 1,026,278  |
| 13 <b>Total assets</b>                               |                           | 67,997,215 |                     | 75,195,563   |
| <b>Liabilities and net worth</b>                     |                           |            |                     |              |
| 14 Accounts payable                                  |                           | 315,393    |                     | • 525,121    |
| 15 Contributions, gifts, or grants payable           |                           |            |                     | •            |
| 16 Bonds and notes payable                           |                           |            |                     | •            |
| 17 Mortgages payable                                 |                           |            |                     | •            |
| 18 Other liabilities <b>STMT 6</b>                   |                           | 664,000    |                     | 8,000,000    |
| 19 Capital stock or principal fund                   |                           |            |                     | •            |
| 20 Paid-in or capital surplus. Attach reconciliation |                           |            |                     | •            |
| 21 Retained earnings or income fund                  |                           | 67,017,822 |                     | • 66,670,442 |
| 22 <b>Total liabilities and net worth</b>            |                           | 67,997,215 |                     | 75,195,563   |

| <b>Schedule M-1 Reconciliation of income per books with income per return</b>                          |            |  |              |
|--|------------|--|--------------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. |            |  |              |
| 1 Net income per books   | • -347,380 | 7 Income recorded on books this year not included in this return. Attach schedule *    | • -1,778,436 |
| 2 Federal income tax   | •          | 8 Deductions in this return not charged against book income this year. Attach schedule | •            |
| 3 Excess of capital losses over capital gains  | •          | 9 Total. Add line 7 and line 8   | -1,778,436   |
| 4 Income not recorded on books this year. Attach schedule  | •          | 10 Net income per return. Subtract line 9 from line 6                                  | 1,431,056    |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule                    | •          |  |              |
| 6 Total. Add line 1 through line 5   | -347,380   |  |              |

\* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

| CONTRIBUTOR'S NAME       | CONTRIBUTOR'S ADDRESS                             | DATE OF GIFT | AMOUNT      |
|--------------------------|---|--------------|-------------|
| JEFF BEZOS               | PO BOX 94314 SEATTLE, WA 98124                    |              | 29,829,410. |
| BOBOLINK FOUNDATION      | 401 N MICHIGAN AVE, STE 1940<br>CHICAGO, IL 60611 |              | 3,000,000.  |
| WYSS FOUNDATION          | 1759 R STREET, NW WASHINGTON,<br>DC 20009         |              | 1,280,000.  |
| SCHWAB CHARITABLE        | 211 MAIN STREET SAN FRANCISCO,<br>CA 94105        |              | 8,041,050.  |
| TOTAL INCLUDED ON LINE 3 |   |              | 42,150,460. |

CA 199

## OTHER INCOME

STATEMENT 2

| DESCRIPTION                        | AMOUNT  |
|------------------------------------|---------|
| MISCELLANEOUS REVENUE              | 39,229. |
| TOTAL TO FORM 199, PART II, LINE 7 | 39,229. |

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT 3

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| <u>NAME AND ADDRESS</u>                                    | <u>TITLE AND<br/>AVERAGE HRS WORKED/WK</u> | <u>COMPENSATION</u> |
|--|--|---------------------|
| ALEJANDRO QUINTERO<br>PO BOX 129<br>AUSTIN, TX 78767       | COO/SECRETARY/ASST TREASUR<br>40.00        | 227,054.            |
| RUSSELL MITTERMEIER, PHD<br>PO BOX 129<br>AUSTIN, TX 78767 | CHIEF CONSERVATION OFFICER<br>40.00        | 209,980.            |
| DON CHURCH, PHD<br>PO BOX 129<br>AUSTIN, TX 78767          | PRESIDENT/SECRETARY (UNTIL<br>40.00        | 147,827.            |
| WESTON SECHREST, PHD<br>PO BOX 129<br>AUSTIN, TX 78767     | CEO/CHIEF SCIENTIST/BOARD<br>40.00         | 193,811.            |
| DANIEL RICHARDS<br>PO BOX 129<br>AUSTIN, TX 78767          | LEAD DIRECTOR<br>1.00                      | 0.                  |
| SCOTT MCDONALD<br>PO BOX 129<br>AUSTIN, TX 78767           | DIRECTOR<br>1.00                           | 0.                  |
| JOHN MITCHELL<br>PO BOX 129<br>AUSTIN, TX 78767            | DIRECTOR<br>1.00                           | 0.                  |
| LEONARDO DICAPRIO<br>PO BOX 129<br>AUSTIN, TX 78767        | DIRECTOR<br>1.00                           | 0.                  |
| MELANI WALTON<br>PO BOX 129<br>AUSTIN, TX 78767            | DIRECTOR<br>1.00                           | 0.                  |
| RAZAN AL MUBARAK<br>PO BOX 129<br>AUSTIN, TX 78767         | DIRECTOR<br>1.00                           | 0.                  |

TOTAL TO FORM 199, PART II, LINE 11

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778,672.

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| CA 199                              | OTHER EXPENSES | STATEMENT 4 |
|-------------------------------------|----------------|-------------|
| DESCRIPTION                         |                | AMOUNT      |
| BAD DEBT EXPENSE                    |                | 7,614,159.  |
| PENSION PLAN CONTRIBUTIONS          |                | 80,857.     |
| OTHER EMPLOYEE BENEFITS             |                | 338,825.    |
| ACCOUNTING FEES                     |                | 35,573.     |
| INVESTMENT MANAGEMENT FEES          |                | 18,633.     |
| OTHER PROFESSIONAL FEES             |                | 1,386,174.  |
| ADVERTISING AND PROMOTION           |                | 25,000.     |
| OFFICE EXPENSES                     |                | 673,626.    |
| TRAVEL                              |                | 581,865.    |
| CONFERENCES AND CONVENTIONS         |                | 149,662.    |
| TOTAL TO FORM 199, PART II, LINE 17 |                | 10,904,374. |

| CA 199                                 | OTHER ASSETS | STATEMENT 5 |
|--|--------------|-------------|
| DESCRIPTION                            | BEG. OF YEAR | END OF YEAR |
| PLEDGES AND GRANTS RECEIVABLE          | 10,114,160.  | 850.        |
| PREPAID EXPENSES AND DEFERRED CHARGES  | 63,078.      | 80,428.     |
| ARTWORK HELD FOR SALE                  | 945,000.     | 945,000.    |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 11,122,238.  | 1,026,278.  |

| CA 199                                 | OTHER LIABILITIES | STATEMENT 6 |
|--|-------------------|-------------|
| DESCRIPTION                            | BEG. OF YEAR      | END OF YEAR |
| PAYCHECK PROTECTION PROGRAM LOAN       | 664,000.          | 0.          |
| UNSECURED NOTES AND LOANS PAYABLE      | 0.                | 8,000,000.  |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 664,000.          | 8,000,000.  |

| CA 199                                  | INCOME RECORDED ON BOOKS THIS YEAR<br>NOT INCLUDED IN THIS RETURN | STATEMENT 7 |
|---|---|-------------|
| DESCRIPTION                             |   | AMOUNT      |
| UNREALIZED LOSS ON INVESTMENTS          |   | -1,778,436. |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 |   | -1,778,436. |

TAXABLE YEAR  
**2021**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

|  |   |
|--|---|
| Exempt Organization name<br><b>RE : WILD</b> | Identifying number<br><b>26-2887967</b> |
|--|---|

**Part I Electronic Return Information** (whole dollars only)

|   |   |   |                   |
|---|---|---|-------------------|
| 1 | Total gross receipts (Form 199, line 4)             | 1 | <b>63,945,414</b> |
| 2 | Total gross income (Form 199, line 8)               | 2 | <b>63,945,414</b> |
| 3 | Total expenses and disbursements (Form 199, line 9) | 3 | <b>62,514,358</b> |

**Part II Settle Your Account Electronically for Taxable Year 2021**

|   |  |           |                                 |
|---|--|-----------|---------------------------------|
| 4 | <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|---|--|-----------|---------------------------------|

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

|   |                      |   |   |
|---|----------------------|---|---|
| 5 | Routing number _____ | 7 | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 | Account number _____ |   |   |

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

|                  |                          |               |           |
|------------------|--------------------------|---------------|-----------|
| <b>Sign Here</b> | <br>Signature of officer | _____<br>Date | <br>Title |
|------------------|--------------------------|---------------|-----------|

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                  |   |               |   |   |  |
|------------------|---|---------------|---|---|--|
| <b>ERO</b>       | <br>ERO's signature   | _____<br>Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN <b>P01257722</b>                                |
| <b>Must Sign</b> | Firm's name (or yours if self-employed) and address<br><b>ATCHLEY &amp; ASSOCIATES, LLP</b><br><b>1005 LA POSADA DRIVE</b><br><b>AUSTIN, TX</b> |               |   |   | Firm's FEIN <b>74-2920819</b><br><br>ZIP code <b>78752</b> |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                      |  |               |   |                      |                             |
|----------------------|--|---------------|---|----------------------|-----------------------------|
| <b>Paid Preparer</b> | <br>Paid preparer's signature                                | _____<br>Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |                             |
| <b>Must Sign</b>     | Firm's name (or yours if self-employed) and address<br>_____ |               |   |                      | Firm's FEIN<br><br>ZIP code |



**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

|   |  |
|---|--|
| <p><b>RE: WILD</b><br/>Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><b>PO BOX 129</b><br/>Address (Number and Street)</p> <p><b>AUSTIN, TX 78767</b><br/>City or Town, State, and ZIP Code</p> <p><b>512-686-6062</b>      <b>AQUINTERO@REWILD.ORG</b><br/>Telephone Number      E-mail Address</p> | <p>Check if:<br/><input type="checkbox"/> Change of address<br/><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <b>CT0180306</b></p> <p>Corporation or Organization No. <b>3150501</b></p> <p>Federal Employer ID No. <b>26-2887967</b></p> |
|---|--|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

| Total Revenue                   | Fee  | Total Revenue                        | Fee   | Total Revenue                           | Fee     |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000              | \$25 | Between \$250,001 and \$1 million    | \$100 | Between \$20,000,001 and \$100 million  | \$800   |
| Between \$50,000 and \$100,000  | \$50 | Between \$1,000,001 and \$5 million  | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million              | \$1,200 |

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022 ) list:

Total Revenue (including noncash contributions) \$ 63,945,414 Noncash Contributions \$ 0 Total Assets \$ 75,195,563  
Program Expenses \$ 58,599,657 Total Expenses \$ 62,514,358

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

|  | Yes | No |
|--|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? |     | X  |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?  |     | X  |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?  |     | X  |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?   |     | X  |
| 5. During this reporting period, did the organization receive any governmental funding? <span style="float: right;"><b>SEE STATEMENT 8</b></span>  | X   |    |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes?   |     | X  |
| 7. Does the organization conduct a vehicle donation program?   |     | X  |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?   | X   |    |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?   |     | X  |

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

|                               |              |       |
|-------------------------------|--------------|-------|
| <b>WESTON SECHREST</b>        | <b>CEO</b>   |       |
| Signature of Authorized Agent | Printed Name | Title |
|                               |              | Date  |

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CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 8

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THE ORGANIZATION RECEIVED FUNDING FROM BOTH UNITED STATES AND EUROPEAN GOVERNMENTS.