| WILDLIFEFOR | |
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| | Wildlife Forever |
| | 2022 Exempt Organization Return |
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Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047 2022 Open to Public Inspection

| Α | For the | e 2022 calendar year, or tax year beginning , and ending | | | |
|-------------------|---------------------------|---|------------------------|--------------------|---|
| В | Check if ap | oplicable: C Name of organization | | D Employer | identification number |
| | Address c | hange WILDLIFE FOREVER | | | |
| $\overline{\Box}$ | Name cha | Doing business as | | | 566121 |
| | | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | Telephone | 253-0222 |
| | Initial retur | | 703-2 | 233 0222 | |
| | Final retur terminated | | | | 1 6/1 7/0 |
| | Amended | WHITE BEAR LAKE MN 55110 | | G Gross rece | ipts\$ 1,641,748 |
| | | P Name and address of principal officer. | H(a) Is this a gro | oup return for su | bordinates? Yes X No |
| | Application | | | | <u> </u> |
| | | 5350 HIGHWAY 61 N, SUITE 7 | H(b) Are all sub | | |
| | | WHITE BEAR LAKE MN 55110 | It "No," | " attach a list. S | See instructions |
| 1. | Tax-exen | mpt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 | | | |
| J | Website | | H(c) Group exe | | |
| K | Form of c | organization: X Corporation Trust Association Other L | ear of formation: 1 | 987 | M State of legal domicile: MN |
| | art I | Summary | | | |
| _ | | Briefly describe the organization's mission or most significant activities: | | | |
| d) | | TO CONSERVE AMERICA'S WILDLIFE HERITAGE THROUGH CONSER | VATION ED | UCATION | ٦, |
| nce | | PRESERVATION OF HABITAT, AND MANAGEMENT OF FISH AND WI | LDLIFE. | 66.000000000 | (C) C C C C C C C C C |
| Governance | | | | | |
| ve | 1 , | Check this box if the organization discontinued its operations or disposed of more than 25% | of its net asse | ts. | |
| Ö | 2 | | | 2 | 10 |
| Activities & | 3 1 | | | 2.5 | 10 |
| tie | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 7 |
| ŧί | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 0 |
| Ac | 6 | Total number of volunteers (estimate if necessary) | | 2.1 | 0 |
| | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0 |
| _ | b l | Net unrelated business taxable income from Form 990-T, Part I, line 11 | Prior Ye | 7b | Current Year |
| | | O 1 1 1 1 2 2 2 1 1 1 2 2 2 1 1 1 1 1 1 | | 4,042 | 1,457,493 |
| ne | 8 (| Contributions and grants (Part VIII, line 1h) | | 6,560 | 180,901 |
| Revenue | 9 1 | Program service revenue (Part VIII, line 2g) | | 6,300 | 64 |
| Şe. | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0 | 3,290 |
| <u>.</u> | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1 00 | 0 600 | |
| _ | | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,80 | 0,608 | 1,641,748 |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | | 0 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | 0 |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 25 | 8,151 | 289,130 |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 |
| be | . Б | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 55,700 | | | |
| ñ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,44 | 0,265 | 1,295,476 |
| | | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 8,416 | 1,584,606 |
| | | Revenue less expenses. Subtract line 18 from line 12 | 10 | 2,192 | 57,142 |
| or | | | Beginning of Cu | | End of Year |
| ets | 20 | Total assets (Part X, line 16) | | 5,370 | 589,677 |
| Ass | 21 | Total liabilities (Part X, line 26) | 5 | 3,743 | 330,908 |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 20 | 1,627 | 258,769 |
| _ | art II | Signature Block | | | |
| | | malties or perjucy, I declare that I have examined this return, including accompanying schedules and statem | ents, and to the b | est of my kn | owledge and belief, it is |
| t | rue, corr | ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer | has any knowled | ge. | |
| - | | | | | 3/10/23 |
| Ç; | gn | Signature of officer | | Date | 77 |
| | _ | PAT CONZEMIUS PRESIDENT | & CEO | | · · · · · · · · · · · · · · · · · · · |
| п | ere | Type or print name and title | | | |
| - | _ | | Date | Check | if PTIN |
| Do | id | | | | □" |
| Pa | | DIANA L. WEDDIGEN | | 0/23 self-em | 101950848 41-1620961 |
| | eparer | Firm's name LEWIS, KISCH & ASSOCIATES, LTD | | Firm's EIN | 41-1020901 |
| Ųs | e Only | | | | 661 407 0066 |
| | | Firm's address HASTINGS, MN 55033-2489 | | Phone no | 651-437-3356 |
| Ma | v the IF | RS discuss this return with the preparer shown above? See instructions | oareo sa waqo a sacasa | | X Yes No |

| Part III | Statement of Program Servi | ce Accomplishments | | | |
|---|--|---|--|--|--------------|
| | Check if Schedule O contains | a response or note to an | y line in this Part III | | П |
| TO CON | scribe the organization's mission: [SERVE AMERICA'S WI] [VATION OF HABITAT, | LDLIFE HERITAGE | THROUGH CONSER | VATION EDUCATION, | |
| prior Forr | rganization undertake any significant p n 990 or 990-EZ? describe these new services on Sched | | ar which were not listed on the | Yes X | No |
| 3 Did the or services? | rganization cease conducting, or make | significant changes in how it o | conducts, any program | Yes | No |
| 4 Describe expenses | describe these changes on Schedule C the organization's program service acc s. Section 501(c)(3) and 501(c)(4) orga expenses, and revenue, if any, for each | complishments for each of its t nizations are required to repor | | | |
| NATION SPECIE AWARD INNOVA PRACTI RECREA AND IT |) (Expenses \$ 1,28 FE FOREVER'S FLAGSIFAL PUBLIC AWARENESS S. FOR OVER A DECAL WINNING EFFORT TO INTIVE AND CONSISTENT CES OF CLEAN DRAIN TIONAL USERS TO STOS FEDERAL, STATE, INTIVE 10, 10, 10, 10, 10, 10, 10, 10, 10, 10, | S CAMPAIGN TO P DE, THIS GROWIN RAISE AWARENESS I MARKETING EFF DRY AMONG ANGL DP THE SPREAD O | E CLEAN DRAIN D REVENT THE SPRE G COALITION OF OF THE THREAT ORTS FOCUS ON I ERS, BOATERS, H F INVASIVE SPEC | AD OF INVASIVE PARTNERS HAS LED AN OF INVASIVE SPECIES NSTILLING THE SIMPN UNTERS, AND ALL IES. WILDLIFE FOREN | A S LE |
| ALLIAN ASSIST |)(Expenses \$ 2 FE FOREVER IS ALSO CES WORK TO RESTORE LANDOWNERS TO IMPERING POLITIES. | E PRAIRIE GRASS | BITAT RESTORATI LANDS, REMOVE I | NVASIVE PLANTS, ANI | ····· |
| | | | | | |
| | | | | | |
| | | | | | |
| THE ST ARTS. EDUCAT PREVEN FISH A 45 COU |)(Expenses \$ 18 ATE-FISH ART PROGRA FREE TO GRADES K-12 IONAL MOMENT FOR ST T THEIR SPREAD. WII RT CONTEST IN 2022, NTRIES CREATING ILI PORTANCE OF STOPPIN | 2, STATE-FISH A FUDENTS TO LEAR LDLIFE FOREVER , WITH OVER 5,0 LUSTRATIONS OF | H AQUATIC EDUCA RT OFTEN SERVES N ABOUT INVASIV CELEBRATED 24 Y 00 YOUNG ARTIST STATE FISH AND | AS THE FIRST E SPECIES AND HOW ! EARS OF THE STATE- S FROM 48 STATES AN | ND. |
| | | | × | | |
| | | | | | |
| | gram services (Describe on Schedule | | \ /Payanya ¢ | · · · · · · · · · · · · · · · · · · · | |
| (Expense 4e Total prog | | ling grants of \$ 1,499,592 |) (Revenue \$ | <i></i> | |

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets In Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

| A-15 (C.1) | art two Checklist of Required Schedules (Continued) | | | | | T | Γ |
|------------|--|---------|--------|---|-----------------------|------------|---|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu | ale on | | | | Yes | No |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | ais on | | | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | | | | - |
| _ | organization's current and former officers, directors, trustees, key employees, and highest compensa | ted | | | | | 1 |
| | employees? If "Yes," complete Schedule J | | | | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | า | | *************************************** | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer like | | ь | | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | | | | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | | | 24b | | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the | e year | | | | | |
| | to defease any tax-exempt bonds? | | | , | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year | | | | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exce | ss ben | efit | | | | l |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | | | _25a | | X |
| þ | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in | • | | | | | 1 |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9 | 990-EZ | ? | | | | |
| | If "Yes," complete Schedule L, Part I | | | | 25b | <u> </u> | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any | y curre | ent | | • | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | | | | ₹. |
| 27 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trust | | | | 26 | - | X |
| 21 | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | у | | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of the | | | | | | |
| | nersons? If "Ves." complete Schedule I. Part III | | | | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Sche | | | | e to like | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | Judio E | -, | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu | tor? If | | | 1 1 1 1 1 1 1 1 1 1 1 | 1. 100 243 | 111111111111111111111111111111111111111 |
| | "Yes," complete Schedule L, Part IV | | | | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | | | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? | lf | | *************************************** | | | |
| | "Yes," complete Schedule L, Part IV | | | | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu | ile M | | | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization and the | ed | | | | | |
| | conservation contributions? If "Yes," complete Schedule M | | | ********* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched | ule N, | Part . | 1 | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | | | | |
| | complete Schedule N, Part II | | | | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Reg | ulation | ıs | | | | |
| | | | | | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pare | | | | | | |
| | or IV, and Part V, line 1 | | | | 34 | | X |
| 35a | | | | | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled on the within the magning of postion 543/b)(43)2 If "Yes" complete Schoolule R. Bott V. Was | | | | 256 | | |
| 26 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line Section 504(a)(2) agranizations. Did the examples the most specific make any transform to an example the section 504(a)(2) agranization. | | | | 35b | | \vdash |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitate related organization? If "Yes," complete Schedule R, Part V, line 2 | | | | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization. | | | | 30 | | _ |
| ٠, | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, I | | | | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines | | | | | | - |
| • | 19? Note: All Form 990 filers are required to complete Schedule O. | i ib ai | IG. | | 38 | x | |
| Pa | ort V Statements Regarding Other IRS Filings and Tax Compliance | | | | | | |
| · Main | Check if Schedule O contains a response or note to any line in this Part V | | | | | | |
| | , and the same of | | | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 | | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | | lui i |
| | reportable gaming (gambling) winnings to prize winners? | | | | 1c | X | |

| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance (continu | <u>ued)</u> | | | Yes | No |
|----------|--|-------------|---|---|---------------------|-------------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 7 | Kada | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? 🚊 | | 2b | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | o | | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | author | ity over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financia | acco | unt)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | . 457,000 | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccou | nts (FBAR). | (19) (19) (19) (19) | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | tion? | | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a_ | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns or | | | | |
| | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for | joods | | | | |
| | and services provided to the payor? | | | . 7a | | X |
| þ | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | |
| | required to file Form 8282? | | · · · · · · · · · · · · · · · · · · · | . 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | Part State | | lik) |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | ontrac | t? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 99 as required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h_ | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | erani. Nesid | |
| - | sponsoring organization have excess business holdings at any time during the year? | - | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | [1985) Last 209 | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | 10.19 | | |
| | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | |
| - | and the first second of the second of the second se | 11b | | | | i ishiri. |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | () () () () () () () () () () | (0.0 | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a | and the second s | | | 13a | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | |
| ~ | the organization is licensed to issue qualified health plans | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | i kase Dania |
| 14a | The state of the s | | | 14a | | X |
| 14a b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | | 445 | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | 1 | |
| 10 | | | | 15 | | x |
| | excess parachute payment(s) during the year? | | | re in | | |
| 46 | If "Yes," see instructions and file Form 4720, Schedule N. | inco | ne? | 16 | . 1 4 aics i | x |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investmen | HICOI | (IIG1 | | 15.7 | |
| 4 | If "Yes," complete Form 4720, Schedule O. | ities | | M All softs | 1 1 2 2 3 3 3 3 | Timber. |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ | | | 17 | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | ua 30 | | 100 |
| | If "Yes," complete Form 6069. | | | [F] 1 TO NO. | all reports to | e <u>N disa B</u> |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included on line 1a, above, who are independent 10 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? X 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 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 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 10a Did the organization have local chapters, branches, or affiliates? X 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? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions, 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 MN, PA 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 X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records ACCOUNTING 5350 HWY 61 N.

WHITE BEAR LAKE

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| | | | | (0 | | | | | | |
|---------------------------------------|---|--|-----------------------|----------|--------------|------------------------------|--------|---|--|---|
| (A) Name and title | (B) Average hours per week | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| , | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) PAT CONZEMIUS | | \vdash | _ | | | | | | | |
| PRESIDENT & CEO | 40.00 0.00 | | | x | | | | 100,000 | 0 | 3,000 |
| (2) BENJAMIN MCANING | H | | | | | | | | | |
| | 0.50 | | | | | | | | 0 | 0 |
| CHAIRMAN CONT. | 0.00 | X | \vdash | X | _ | | | 0 | 0 | |
| (3) CRAIG DOW | 0.50 | | | | | | | | | |
| SECRETARY | 0.00 | X | | x | | | | O | 0 | O |
| (4) MICHAEL CASSIDY | | | | | | | | | | |
| DIRECTOR | 0.50 0.00 | x | | | | | | 0 | 0 | 0 |
| (5) GREGG PATTERSON | | | | | | | | | | |
| DIRECTOR | 0.50 | x | | | | | | o | o | d |
| (6) ANDY SCHULZ | 0.00 | | | | | 1 1 | | | | |
| `` | 0.50 | | | | 1 | | | | | _ |
| DIRECTOR | 0.00 | X | | <u> </u> | _ | Ш | | 0 | 0 | 0 |
| (7) DAVE WASHBURN | 0 50 | | | | | | | * | | |
| DIRECTOR | 0.50 | $ \mathbf{x} $ | | | | | | o | 0 | c |
| (8) RAY GAMRADT | | | | | Г | 1 1 | | | | |
| `` | 0.50 | | | | | | | | | _ |
| DIRECTOR | 0.00 | X | <u> </u> | | ļ | \sqcup | | 0 | 0 | C |
| (9) DAVE HU | 0 50 | | | | | | | | | |
| DIRECTOR | 0.50 | X | | | | | | o | o | c |
| (10) TIM LAWSON | 0.00 | +** | | | | $\dagger \dagger$ | | | _ | - |
| · · · · · · · · · · · · · · · · · · · | 0.50 | | | | | | | | | |
| DIRECTOR | 0.00 | X | <u> </u> | | | \sqcup | | 0 | 0 | |
| (11) SAM KOLTINSKY | 0.50 | | | | | | | | | |
| | 0.50 | 1 | l | l | I | 1 1 | | I | | |

| Part VII Section A. Off | icers, Directors, Tru | stee | s, K | ey E | mpl | oyee | es, a | and Highest Compensated | Employees (continued) | |
|--|---|-----------------------------------|------------------------|-----------------------------------|-----------------------|------------------------------|---------------|--|---|--|
| (A) Name and title | (B) Average hours per week | of | x, uni ficer a | Pos check ess pe ind a c | erson directo | than o | n an tee) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ······ | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | , |
| | | | | | | | | · | | |
| 1b Subtotal | | | on / | , . . | | | | 100,000 | | 3,000 |
| d Total (add lines 1b and 1 | s (including but not li | mite | | | | | | 100,000 re) who received more than | | 3,000 |
| employee on line 1a? If "\) For any individual listed or organization and related or individual | Yes," complete Scheon In line 1a, is the sum organizations greater | <i>lule</i> of re than | J for porta \$15 | suci able 0,00 | h ind com 0? Ii | lividu pens f "Ye | atio s," c | ee, or highest compensated on and other compensation complete Schedule J for suc | from the | Yes No 3 X |
| 5 Did any person listed on li for services rendered to the | ne 1a receive or acc | rue c | omp | ensa | ation | fron | n an | ny unrelated organization or for such person | individual | A section of the sect |
| Section B. Independent Control Complete this table for you | | ensa | ted i | nden | end | ent o | onti | ractors that received more t | than \$100,000 of | |
| compensation from the or | ganization. Report co | mpe | nsat | tion 1 | or th | ne ca | lend | dar year ending with or with | in the organization's tax ye | |
| Nam | e and business address | | | | - | | | Descript | (B) ion of services | (C) Compensation |
| | | | | | | | - | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independence received more than \$100,0 | ent contractors (inclu | ding fron | but the | not li | imite aniza | ed to | tho | se listed above) who | 0 | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or exempt function revenue (D) Revenue excluded (A) Total revenue from tax under sections 512-514 business revenue Gifts, Grants Ilar Amounts 1a 1a Federated campaigns 71,729 **b** Membership dues 1b 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 687,561 Contributions, and Other Simi 1e All other contributions, gifts, grants, 698,203 1f and similar amounts not included above g Noncash contributions included in 570,706 lines 1a-1f 1g 1,457,493 h Total. Add lines 1a-1f. **Business Code** 158,988 158,988 453000 2a MERCHANDISE SALES Program Service Revenue 21,913 21,913 533110 b ROYALTIES AND LICENSING f All other program service revenue g Total. Add lines 2a-2f..... 3 Investment income (including dividends, interest, and 64 64 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6a Gross rents 6b **b** Less: rental expenses c Rental inc. or (loss) 6c d Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory b Less: cost or other Other Revenue 7b basis and sales exps. 7c c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$_____ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 2,572 2,572 11a GAIN ON DISPOSAL OF EQUIPMENT 718 718 OTHER INCOME d All other revenue 3,290 Total. Add lines 11a-11d ... 1,641,748 184,191 64 Total revenue. See instructions

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

| Sect | tion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a res | | | mplete column (A). | |
|------|---|--|---------------------|--|---------------------------|
| | not include amounts reported on lines 6b, 7b | 1 | (B) Program service | (C) Management and | (D) Fundraising |
| | 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| _ | and domestic governments. See Part IV, line 21 | | | | |
| 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 | <u> </u> | | | |
| 4 | Benefits paid to or for members | - | | and the health is part | Fritting and the sales in |
| 5 | Compensation of current officers, directors, | 102 000 | 00 400 | 10 450 | 10 150 |
| ^ | trustees, and key employees | 103,000 | 82,400 | 10,450 | 10,150 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 162,138 | 120 244 | 11 047 | 11 047 |
| 7 | Other salaries and wages | 102,138 | 138,244 | 11,947 | 11,947 |
| 8 | Pension plan accruals and contributions (include | 1,540 | 1 020 | 001 | |
| ^ | section 401(k) and 403(b) employer contributions) | 2,493 | 1,232 2,094 | 231 150 | 77 249 |
| 9 | Other employee benefits | 19,959 | 16,765 | | |
| 10 | Payroll taxes Fees for services (nonemployees): | 13,339 | 10,/05 | 1,198 | 1,996 |
| 11 | | | | | |
| a | Management | | | | |
| b | Legal | 8,500 | 7,140 | 510 | 850 |
| d | Accounting | 8,500 | 7,140 | 510 | 830 |
| u | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | militarios estructuras de laterales de la composição de l | |
| ' | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| g | (A) amount, list line 11g expenses on Schedule O.) | 2,303 | 1,935 | 138 | 230 |
| 12 | Advertising and promotion | 2,505 | 1,555 | 150 | 230 |
| 13 | | | | | |
| 14 | Office expenses Information technology | | | • | |
| 15 | Royalties | | | | |
| 16 | Royalties Occupancy | 35,372 | 29,712 | 2,123 | 3,537 |
| 17 | Travel | 00,012 | | 2/123 | 3,337 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | · | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 6,095 | 5,120 | 365 | 610 |
| 23 | Insurance | 6,767 | 5,684 | 406 | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | · 连起来的描述50 | | |
| | (A) amount, list line 24e expenses on Schedule O.) | Company of the Compan | 理性 蛇 医原式素 | | |
| а | DIRECT PROGRAM SUPPORT | 1,135,075 | 1,135,075 | | |
| b | DIRECT MERCH EXPENSES | 37,881 | 23,463 | | 14,418 |
| С | EDUCATION AND MAILINGS | 28,542 | 20,047 | 192 | 8,303 |
| d | SUPPLIES AND OTHER | 17,407 | 15,952 | 552 | 903 |
| е | All other expenses | 17,534 | 14,729 | 1,052 | 1,753 |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,584,606 | 1,499,592 | 29,314 | 55,700 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | | | |
| DAA | following SOP 98-2 (ASC 958-720) | | | | |
| UMM | | | | | Form 990 (2022) |

Form 990 (2022)

WILDLIFE FOREVER

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 99,189 336,782 Cash—non-interest-bearing 42,728 2 42,797 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 104,329 67,824 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 1,870 4,251 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 57,976 basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 23,341 2,456 34,635 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 105,769 2,417 Other assets. See Part IV, line 11 15 589,677 255,370 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 51,468 17 38,348 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 2,275 28,681 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 263,879 of Schedule D 53,743 330,908 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 165,760 256,974 Net assets without donor restrictions 35,867 1,795 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here Net Assets or Fund and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 258,769 201,627 32 Total net assets or fund balances 255,370 589,677 Total liabilities and net assets/fund balances

| orm | 990 (2022) WILDLIFE FOREVER | 36-3566121 | | | Pa | ge 12 |
|-----|--|--|------|---------------------------------------|---------------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in th | is Part XI | | | | \mathbf{X} |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 1 | 1,6 | 41, | 748 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 2 | 1,5 | 84, | 606 |
| 3 | D 1 014 18 05 8 4 | | | | 57 <i>,</i> | 142 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, colum | | | 2 | 01, | 627 |
| 5 | Net unrealized gains (losses) on investments | | 5 | | | |
| 6 | Donated services and use of facilities | | 6 | | | |
| 7 | Investment expenses | | | | | |
| 8 | Prior period adjustments | | | | | |
| 9 | Other shapes is not seed as find belongs (symbol on Cabadyle C) | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal | | | | | _ |
| | 32, column (B)) | | . 10 | 2 | 58, | 769 |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in th | is Part XII | | .,, | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual | Other | | | 16.37 | |
| | If the organization changed its method of accounting from a prior year or checked "C | Other," explain on | | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independe | ent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year | were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | i di silwa Birikaji | | |
| | Separate basis Consolidated basis Both consolidated and sep | arate basis | | [14.6]# [4.16]# | | |
| b | Were the organization's financial statements audited by an independent accountant | ? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year | were audited on a | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | late of the |
| | separate basis, consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and sep | arate basis | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes resp | onsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an indep | endent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during | the tax year, explain on | | | NGC U Maga | |
| | Schedule O. | | | - Bai | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or | audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organizatio | n did not undergo the | | | | |
| | and the distriction of the control of the control of the distriction o | and the second s | | 26 | | 1 |

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

WILDLIFE FOREVER

Employer identification number 36-3566121

| Pa | irt l | Reas | on for Public Charity | Status. (All organizations | must c | omplete | this part.) See instruction | ons. | | | | | |
|--|---|--|--|--|--------------|--------------------|--------------------------------------|---------------------------------------|--|--|--|--|--|
| he | orga | nization is not | a private foundation becaus | e it is: (For lines 1 through 12, o | heck only | one box | .) | | | | | | |
| 1 | | A church, cor | nvention of churches, or ass | ociation of churches described i | n section | 170(b)(1 |)(A)(i). | | | | | | |
| 2 | П | A school des | cribed in section 170(b)(1)(| A)(ii). (Attach Schedule E (Form | n 990).) | | | | | | | | |
| 3 | П | A hospital or | a cooperative hospital service | ce organization described in sec | tion 170 | (b)(1)(A)(i | iii). | | | | | | |
| 4 | П | A medical res | search organization operated | d in conjunction with a hospital c | described | in sectio | n 170(b)(1)(A)(iii). Enter the h | ospital's name, | | | | | |
| | ш | city, and state | | | | | | • | | | | | |
| 5 | | • • | | of a college or university owned | or operate | ed by a go | overnmental unit described in | | | | | | |
| Ū | ш | • | b)(1)(A)(iv). (Complete Part | • | от оролас | , . <u>.</u> | | | | | | | |
| 6 | \Box | • | | overnmental unit described in s e | ection 17 | O(b)(1)(A |)(v). | | | | | | |
| 7 | X | • | | substantial part of its support fro | | | | • | | | | | |
| • | | • | section 170(b)(1)(A)(vi). (Co | , | ,,,, a gove | on morna | and of from the general passes | • | | | | | |
| 8 | | | , ,, ,, ,, , | 70(b)(1)(A)(vi). (Complete Part | 11.5 | | | | | | | | |
| 9 | | • | | | | ed in coni | unction with a land-grant collection | ne | | | | | |
| J | | 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 | | | | | | | | | | | | |
| . • | | | | pt functions, subject to certain | | | | | | | | | |
| | | | | | | | | | | | | | |
| | 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4) . | | | | | | | | | | | | |
| 11 | | | | • | • | | , , , , | | | | | | |
| 12 | | An organizati | on organized and operated e | exclusively for the benefit of, to | perform th | ne functio | ns of, or to carry out the purpo | ses of | | | | | |
| | | | | ons described in section 509(a | | | | Check | | | | | |
| | | | - | cribes the type of supporting or | | | | | | | | | |
| | а | | • • • | erated, supervised, or controlled | • | | | ng | | | | | |
| | | | • • • • | ver to regularly appoint or elect | | of the di | rectors or trustees of the | | | | | | |
| | | | • • | omplete Part IV, Sections A a | | | | | | | | | |
| | b | | | pervised or controlled in connect | | | | | | | | | |
| | | | | ting organization vested in the s | same pers | sons that | control or manage the support | ea | | | | | |
| | | | tion(s). You must complete | · · | 1 !m | طفلين سملفم | and functionally integrated w | 24h | | | | | |
| | С | | | upporting organization operated tructions). You must complete | | | | ιμι, | | | | | |
| | d | | | I. A supporting organization ope | | | | on(s) | | | | | |
| | • | | | e organization generally must sa | | | | | | | | | |
| | • | | | nust complete Part IV, Section | | | | | | | | | |
| | е | Check thi | is box if the organization rec | eived a written determination fro | om the IR | S that it is | s a Type I, Type II, Type III | | | | | | |
| | | | | n-functionally integrated support | ing organ | ization. | | · | | | | | |
| | f | | nber of supported organizati | | | | | | | | | | |
| | g | Provide the fo | ollowing information about th | e supported organization(s). | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| (i | | e of supported | (ii) EIN | (iii) Type of organization | | organization | (v) Amount of monetary | (vi) Amount of | | | | | |
| | org | ganization | | (described on lines 1–10 above (see instructions)) | 1 ' | ur governing ment? | support (see instructions) | other support (see Instructions) | | | | | |
| | | | | above (see mandenors)) | Yes | No | mati dedoris) | instructions) | | | | | |
| / ^ ^ ^ ^ ^ ^ · · · · · · · · · · | | | | | 169 | 140 | | | | | | | |
| (A) | | | | | | | | | | | | | |
| /F1 | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | | |
| 16: | | - | | · | | | | | | | | | |
| (C) | | | | | | | | | | | | | |
| _ | | | | | - | | | | | | | | |
| (D) | | | | | | | , | | | | | | |
| | | | | | ļ | | | | | | | | |
| (E) | | | | | | | | | | | | | |
| | | | BOTA I BETTER BY A CONTRACTOR CONTRACTOR | The state of the s | 1 1000 | | | | | | | | |

Schedule A (Form 990) 2022
Part II Support

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.)

| Sec | ction A. Public Support | | | . , | | | |
|------|---|-------------------------------|----------------------------|-------------------------|--|--|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,290,670 | 1,205,231 | 1,416,629 | 1,634,042 | 1,457,493 | 7,004,065 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | · | | | | |
| 4 | Total. Add lines 1 through 3 | 1,290,670 | 1,205,231 | 1,416,629 | 1,634,042 | 1,457,493 | 7,004,065 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | Total State Street Street | | | | e i lande la colonia del Barando. La la latera e dels esperantes. | 914,502 |
| _ | ction B. Total Support | Links in the plantest setting | <u>ETATOR Japan ETATOR</u> | Frankrisen, ned frankri | The state of the s | | 6,089,563 |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 1,290,670 | | 1,416,629 | | 1,457,493 | 7,004,065 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royaltles, and income from similar sources | 3 | 1,203,231 | 1,410,629 | 1,634,042 | 64 | 92 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | The grade of the best | 7,004,157 |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | 677,782 |
| 13 | First 5 years. If the Form 990 is for the or | - | econd, third, fourth | n, or fifth tax year a | as a section 501(c) | (3) | _ |
| _ | organization, check this box and stop her | | <u> </u> | | | | <u></u> _ |
| Sec | tion C. Computation of Public Su | | | | | | |
| 14 | Public support percentage for 2022 (line 6 | , column (f) divided | d by line 11, colum | n (f)) | | | 86.94% |
| 15 | Public support percentage from 2021 School | | | | | | 88.10% |
| 16a | 33 1/3% support test—2022. If the organ | | | | 33 1/3% or more, c | heck this | - |
| _ | box and stop here. The organization quali | | | | | | X |
| b | 33 1/3% support test—2021. If the organ | | | | | | |
| | this box and stop here . The organization of | | | | | | Ц |
| 17a | 10%-facts-and-circumstances test—202 | | | | | | |
| | 10% or more, and if the organization meet | | | | | | |
| | Part VI how the organization meets the fac | cts-and-circumstan | ices test. The orga | nization qualifies a | is a publicly suppo | orted | |
| | organization | | | | | | r |
| þ | 10%-facts-and-circumstances test—202 | | | | | | |
| | 15 is 10% or more, and if the organization | | | | • | • | |
| | in Part VI how the organization meets the | tacts-and-circumst | ances test. The or | ganization qualifie | s as a publicly sup | ported | |
| 40 | organization | | | | | | |
| 18 | Private foundation. If the organization did | | | | | | |
| | instructions | ******** | | | | | |

Part III

Schedule A (Form 990) 2022

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | - | | |
|-----------|--|-------------------|---------------------------|--|--|----------------------|--------|-------------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | - | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | · · | + | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | . <u>.</u> |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| С | Add lines 7a and 7b | The second second | The same stay in 2004 see | L 6 5 - 25 10-21 | The state of the s | . gen ald at the his | 1.00 | |
| 8 | Public support. (Subtract line 7c from | | | | | | | |
| <u> </u> | line 6.) | | <u>dutarak 1919 d</u> | | <u> Per dag Neko Kareta</u> | . Saut Spille | 194, 1 | |
| | tion B. Total Support | (-) 0040 | (h) 0040 | (=) 2020 | (4) 2024 | (a) 2022 | . Т | (f) Total |
| | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | | (1) 10(a) |
| 9 | Amounts from line 6 | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | _ | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| С | Add lines 10a and 10b | | | | | | - | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | · | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | · | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | ٠ | | |
| | and 12.) | | | h au 66h t | n a costina 504/a | L | L | |
| 14 | First 5 years. If the Form 990 is for the or | _ | | | | | | Г |
| 800 | organization, check this box and stop her tion C. Computation of Public Su | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u>.</u> | ., <u></u> | | |
| | | | | nn (fl) | | 1 | 15 | % |
| 15 46 | Public support percentage for 2022 (line 8 Public support percentage from 2021 School 2021 | | | | | | 16 | <u> </u> |
| 16 Soc | tion D. Computation of Investme | | | | | | 10 | |
| | Investment income percentage for 2022 (I | | | 3 column (ft) | | <u>-</u> | 17 | % |
| 17 40 | Investment income percentage for 2022 (| | | | | | 18 | % |
| | 33 1/3% support tests—2022. If the orga | | | | more than 33 1/3 | L %. and line | 1 | |
| 19a | 17 is not more than 33 1/3%, check this b | | | | | | | Γ. |
| b | 33 1/3% support tests—2021. If the orga | | | | | | | |
| IJ | line 18 is not more than 33 1/3%, check the | | | | | | | |
| 20 | Private foundation. If the organization die | | | | | | | |
| | Filtrate Ivalidation. If the organization di | - HOLOHOUK A DUX | | , 12, 0,100K trill bo | | 0-1 | | A:/Form 000\ 2022 |

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|----------|--------------------|--|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | Apa est Apa est | |
| 4a | | 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 |
| 4b | | |
| 4c | | |
| | | |
| 5b 5c | 10.3355 2.4505 | |
| 6 | | |
| | | |
| 8 | | |
| 9a | | |
| 9b | | je 4. seu nesti Last parentesti |
| 9c | | |
| | | |
| 10a | | |

Page **5**

| rdi | Supporting Organizations (Continued) | | | |
|------|--|-------------|-----------------|--|
| | and the second s | gggyld i | <u>Yes</u> | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | Fig. | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | 110 | 13.40 | Liedoli Aurel |
| | 11c below, the governing body of a supported organization? | 11a | - | |
| b | A family member of a person described on line 11a above? | 11b | ing a taker | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | 11c | NAME: | ng Marija Puresiana |
| Soot | provide detail in Part VI. | 110 | | |
| Sect | ion B. Type I Supporting Organizations | | Yes | No |
| 4 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | 14 | | in and |
| 1 | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | 5 (24) - 120 E | i estimi |
| _ | | 199.55 | 81.35 | Lita etsur |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 2 | radio 4. | sati divis |
| 8004 | supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations | | | l <u> </u> |
| Seci | ion C. Type if Supporting Organizations | | Yes | No |
| 4 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | W. Carl | , 00 | |
| 1 | | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 4 | Post of fig. | |
| Soct | the supported organization(s). ion D. All Type III Supporting Organizations | | | |
| Ject | ion D. Air Type in Supporting Significations | | Yes | No |
| 4 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| 1 | 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 | | | |
| | | 1 | k mai nii | |
| _ | organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | FG - Minin |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | 2 | i destin | in the first |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | | | 10 2 10 |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | 999 | |
| 8004 | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | <u> </u> | L |
| | | | | |
| 1_ | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction. | 3 /. | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | nictions | 1 | |
| c | | ructions | Yes | No |
| 2 | Activities Test. Answer lines 2a and 2b below. | | res | MO |
| а | | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | 155 | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | Part Land |
| | that these activities constituted substantially all of its activities. | 2a | 30 1 14 1 | 7.10 |
| b | | 18.54 | | 14 July 1 |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | - Maj | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would | Holaf. | | DEPT |
| | have engaged in these activities but for the organization's involvement. | 2b | 100 646 | 1 |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | · · · · · · · · · · · · · · · · · · · | no i | lodi što | Maria de la Compania |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | nas pinter. |
| b | <u>-</u> | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | <u> </u> | <u> </u> |

| Sched | ule A (Form 990) 2022 WILDLIFE FOREVER | | 36-3566 | 121 Page 6 |
|-------|---|---------------------|--|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | aniza | ations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on No | ov. 20, | 1970 (explain in Part VI). S | See |
| | instructions. All other Type III non-functionally integrated supporting organizations mu | st com | plete Sections A through E | |
| Sec | tion A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection | | | |
| | of gross income or for management, conservation, or maintenance of | | | |
| | property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | tion B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | a conserva da la contra de la comita del comita de la comita del la | |
| | instructions for short tax year or assets held for part of year): | | ngga sa Santa Santa Managaran Santa Sant Managaran Santa San | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | 12.6 | | |
| | (explain in detail in Part VI): | 3.74 in 1.85 per | to the state of th | |
| 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 | | <u> </u> |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | 的复数的 是有关的 | |
| 4 | Enter greater of line 2 or line 3. | 4 | 的复数电子系统 医 | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6_ | | |
| 7 | Check here if the current year is the organization's first as a non-functionally integrated | Type I | Il supporting organization | |

Schedule A (Form 990) 2022

(see instructions).

Page 7

| Part | V Type III Non-Functionally Integrated 509(a)(3) S | upporting Organizat | tions (continued) | | | | |
|--|---|--|--|--------------------|--|--|--|
| Secti | on D – Distributions | | | | Current Year | | |
| 1_ | Amounts paid to supported organizations to accomplish exempt purpos | es | | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes | of supported | | | | | |
| | organizations, in excess of income from activity | <u>:</u> | | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of suppo | Administrative expenses paid to accomplish exempt purposes of supported organizations | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | | |
| 5_ | Qualified set-aside amounts (prior IRS approval required—provide deta | ils in Part VI) | | 5 | | | |
| 6_ | Other distributions (describe in Part VI). See instructions. | | | 6 | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | | | | |
| 8 | Distributions to attentive supported organizations to which the organization | | 8 | | | | |
| | (provide details in Part VI). See instructions. | | | | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | 9 | | | | |
| 10 | Line 8 amount divided by line 9 amount | · | | 10 | | | |
| Secti | Section E – Distribution Allocations (see instructions) (i) (ii) Excess Distributions Underdistribution Pre-2022 | | | • | (iii) Distributable Amount for 2022 | | |
| 1 | Distributable amount for 2022 from Section C, line 6 | Filodo po Priede Leight tegni (65 - 1844) ied Leight Stad III og Leight Stad William Stadio | 。 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 | | | | | | |
| | (reasonable cause required-explain in Part VI). See | | | l | | | |
| | instructions. | | Contraction on an experience was | i Galler | | | |
| 3 | Excess distributions carryover, if any, to 2022 | e Paris de Primer de Mercel de Primer. La marie de la majoritation de la | | | | | |
| | From 2017 | | | | | | |
| | From 2018 | | er i State er | ingle Lagran | | | |
| | From 2019 | | kalan da bashin kabin Nasi Kacamatan Kabinatan Kabinatan | | | | |
| | From 2020 | | La Santa de Calenda. La la de Calenda (Calenda) | 180 | administración de la companya de la propiedad de la companya de la companya de la companya de la companya de l La companya de la co | | |
| | From 2021 | | A company of the control of the cont | e die Tage | rojan ja karo erikele est ja samultaga sa Jaharra karaktaga karaktaga karaktaga k | | |
| | Total of lines 3a through 3e | | | N/In | r Pitter in tyan of the page of William I select Same page of the Properties of William I select | | |
| | Applied to underdistributions of prior years | la ulti di pri di supri di pila efisi. Li francia di culti di sulla di citta | projekt je prodpover segalacije: | i rasa | [1] 的是[[2] [2] [2] [2] [2] [2] [2] [2] [2] [2] | | |
| <u>h</u> | Applied to 2022 distributable amount | | je vie duspil je privilski Postu | | ration process of the contract of the con- | | |
| <u> </u> | Carryover from 2017 not applied (see instructions) | | | resaltit. | n de la desta de la composição de la compo La composição de la compo | | |
| ــــــــــــــــــــــــــــــــــــــ | Remainder, Subtract lines 3g, 3h, and 3i from line 3f. | i sa santa, ay kanganin saya. | | 1. (SE) 1. (SE) | | | |
| 4 | Distributions for 2022 from | | | | | | |
| | Section D, line 7: \$ | | (<u>) </u> | a 1,546 | | | |
| | Applied to underdistributions of prior years | April 1996 Propins P | 17. 18. 17. 17. 17. 18. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18 | 1.10 | ja ngeli kada ngili ya mganada sa mgi na ayang ma | | |
| | Applied to 2022 distributable amount | | The second secon | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | Early of the construction | C 7 195,1 | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | la de sia de la compete La facilitata, en la competitata | | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | n gʻarayandayan | 147 | hansels in 1955 — see Saland Indiana a fant a deinna, see | | |
| 0 | and 4b from line 1. For result greater than zero, explain in | | | | | | |
| | Part VI. See instructions. | | 以上,原数数字 | | | | |
| | Excess distributions carryover to 2023. Add lines 3j | From Safetial and Section 1997 | per expension | | The Art Head State | | |
| 7 | and 4c. | | | | | | |
| 8 | Breakdown of line 7: | | | | | | |
| | Excess from 2018 | | | - (8 | | | |
| | Excess from 2019 | | | 1 | | | |
| | Excess from 2020 | | | 5 - 515 - 515 | | | |
| | Excess from 2021 | | | | | | |
| | Excess from 2022 | | | | | | |

DAA

Schedule A (Form 990) 2022

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

36-3566121

Page 8

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2022

36-3566121 WILDLIFE FOREVER Organization type (check one): Filers of: Section: **X** 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** K For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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

WILDLIFE FOREVER

Employer identification number 36-3566121

| Part I | Contributors (see instructions). Use duplicate copies of P | art I if additional space is ne | eded. |
|------------|---|---------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | THE LAMAR COMPANIES PO BOX 96030 BATON ROUGE LA 70896 | \$ 140,055 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | J.F. GRIFFIN PUBLISHING 3000 EAGLE POINT CORPORATE DR. #600 BIRMINGHAM AL 35242 | \$ 53,191 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) |
| 3 | GAME AND FISH 48 W. SEEGERS ROAD ARLINGTON HEIGHTS IL 60005 | \$ 87,260 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| • | | \$ | Person Payroli Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number 36-3566121

WILDLIFE FOREVER

the (ago instructions). Has duralisate copies of Part II if additional space is needed

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| 1 | ADVERTISING - BILLBOARDS | s 140,055 | |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 2 | ADVERTISING - SOCIAL/DIGITAL | \$ 53,191 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 3 | ADVERTISING - PRINT | s 87,260 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

| W | ILDLIFE FOREVER | | 36-3566121 |
|----------|--|---|---------------------------------|
| Pa | Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F | nds or Other Similar Funds or A | |
| | | (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 | |
| ŭ | funds are the organization's property, subject to the organization's exclusions and deficient to the organization of the organ | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | | |
| • | only for charitable purposes and not for the benefit of the donor or donor | | |
| | in the state of th | | Yes No |
| P | art II Conservation Easements. | ···· | |
| | Complete if the organization answered "Yes" on F | 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 educ | ation) Preservation of a historically i | mportant land area |
| | Protection of natural habitat | Preservation of a certified hist | toric structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conser | vation contribution in the form of a conser | rvation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| þ | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 2b |
| | Number of conservation easements on a certified historic structure includes | | 2c |
| d | Number of conservation easements included in (c) acquired after July 2 | 25, 2006, and not on a | |
| | | | |
| 3 | Number of conservation easements modified, transferred, released, ext | tinguished, or terminated by the organizati | ion during the |
| | tax year | | |
| 4 | Number of states where property subject to conservation easement is lo | | |
| 5 | Does the organization have a written policy regarding the periodic moni | toring, inspection, handling of | |
| _ | violations, and enforcement of the conservation easements it holds? | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of | t violations, and enforcing conservation ea | asements during the year |
| 7 | Amount of company incurred in manifesting inspecting handling of viola | stions and enforcing companiation accom- | anto divina the vee |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of viola | ations, and emorcing conservation easem | lents during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the | he requirements of section 170(h)(4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easeme | ents in its revenue and expense statement | t and |
| | balance sheet, and include, if applicable, the text of the footnote to the | , | |
| | organization's accounting for conservation easements. | | |
| Pa | organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F | | Similar Assets. |
| | <u> </u> | | |
| та | If the organization elected, as permitted under FASB ASC 958, not to re | • | |
| | of art, historical treasures, or other similar assets held for public exhibiti | | or public |
| L | service, provide in Part XIII the text of the footnote to its financial staten | | and works of |
| IJ | If the organization elected, as permitted under FASB ASC 958, to report art, historical treasures, or other similar assets held for public exhibition | | |
| | provide the following amounts relating to these items: | , education, or research in furtherance of | public service, |
| | • | | ¢ |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| 2 | (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or | other similar assets for financial gain, pro- | \$ |
| _ | following amounts required to be reported under FASB ASC 958 relating | | vide (IIE |
| 2 | · · · · · · · · · · · · · · · · · · · | • | • |
| | Revenue included on Form 990, Part VIII, line 1 | ••••• | \$ |

| Da | _ | _ | 2 |
|----|---|---|---|
| | | | |

| Pa | rt III Organizations Maintaining (| Collections of | Art, Historic | al Treasures, | or Other | Simil | ar Assets | (continued | (1) |
|-------------|---|---------------------------------------|--------------------|---|---|------------|---------------|---------------|--------------|
| 3 | Using the organization's acquisition, accession collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | d 🗍 I | Loan or exchan | ge program | | | | | |
| b | Scholarly research | e 🗌 (| Other | | | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's colle | ections and explain | how they furth | er the organization | 's exempt p | urpose | in Part | | |
| | XIII. | | | | | | | | |
| 5 | During the year, did the organization solicit or r | eceive donations o | of art, historical | treasures, or other | similar | | | | |
| | assets to be sold to raise funds rather than to be | | art of the organ | ization's collection | <u>?</u> | | | Yes | No |
| 1311 (60.13 | rt IV Escrow and Custodial Arrar Complete if the organization a 990, Part X, line 21. | inswered "Yes" | | | | orted a | n amount | on Form | |
| 1a | Is the organization an agent, trustee, custodian | or other intermedi | iary for contribu | tions or other asse | ts not | | | | |
| | included on Form 990, Part X? | .,, | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII ar | nd complete the fol | lowing table: | | | | | | |
| | | | | | | - 1 | | Amount | |
| | Beginning balance | | | | | | 1c | · · · · · · | |
| | Additions during the year | | | | | | 1d | | |
| е | Distributions during the year | | | | | | 1e | | |
| f | Ending balance | | | | | l | 1 <u>f</u> | | |
| | Did the organization include an amount on For | | | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. C | heck here if the ex | cplanation has t | een provided on F | art XIII | | | <u></u> | |
| Pa | rt V Endowment Funds. Complete if the organization a | newored "Vee" | on Form 90 | 0 Part IV line | 10 | | | | |
| | Complete if the organization a | (a) Current year | (b) Prior yea | | | (d) Thr | ee years back | (e) Four yea | rs back |
| 4 | Bastanlan of war balance | (a) Current year | (b) Filot yea | (0) 1 #0 90 | ala pack | (4) 1111 | - years pack | (c) i our you | - Duon |
| | Beginning of year balance | | | - - | | | | + | |
| | Contributions | | | | | | | + - | |
| С | Net investment earnings, gains, and | | | | | | | | |
| _ | losses | | | | | | | + | |
| | Grants or scholarships | | | | | | | + | |
| е | Other expenditures for facilities and | | | | | | | | |
| | programs | | | - - | | | | | |
| , i | Administrative expenses | · · · · · · · · · · · · · · · · · · · | | | | | | 1 | |
| 9 | End of year balance Provide the estimated percentage of the currer | t year and halance | line 1g colur | n (a)) bold as: | | | | | |
| 2 | Board designated or quasi-endowment | • | s (iiile 19, colui | iii (a)) ficid as. | | | | | |
| | Permanent endowment % | | | | | | | | |
| | Term endowment % | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c should | d equal 100% | | | | | | | |
| 32 | Are there endowment funds not in the possess | • | ition that are he | ld and administere | ed for the | | | | |
| Ja | organization by: | ion or the organiza | aron and aro me | ia ana daminiotoro | | | | Ye | s No |
| | (i) Unrelated organizations | | | | | | | | |
| | (ii) Related organizations | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organizati | ons listed as requi | red on Schedul | e R? | | | | | |
| 4 | Describe in Part XIII the intended uses of the co | | | * | | | | | |
| Pa | rt VI Land, Buildings, and Equip | | , | | | | | | |
| *** | Complete if the organization a | | on Form 99 | 0, Part IV, line | 11a. See | Form | 990, Parl | X, line 10. | |
| | Description of property | (a) Cost or other b | | Cost or other basis | I | ccumulate | 1 | (d) Book valu | e |
| | | (investment) | | (other) | dej | preclation | | | |
| 1a | Land | | 1 | | 1 5 3 10 0 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 100 m | | |
| b | Buildings | | | | | | | | |
| | Leasehold improvements | - | İ | | | | | | |
| | Equipment | | | 57,976 | | 23 | ,341 | 34 | , 635 |
| е | Other | | | | | | | | |
| Tota | I. Add lines 1a through 1e. (Column (d) must eq | ual Form 990, Part | X, column (B), | line 10c.) | <u></u> | | | 34 | <u>, 635</u> |

| Part VII | Investments – Other Securities. Complete if the organization answered "Yes" on | Form 000 Dort IV I | ing 11h, Soo Form 990, Port V, ling 12 |
|------------------|--|---------------------------------------|---|
| | (a) Description of security or category | (b) Book value | (c) Method of valuation: |
| | (Including name of security) | (b) Book value | Cost or end-of-year market value |
| (1) Financial of | I. I. a. C. a. a. | | |
| | perivatives ald equity interests | | |
| (A) Other | | | |
| | | | |
| | | ****** | |
| | | | |
| (D) | | | |
| (E) | | | |
| (F) | | - | |
| (C) | | | |
| | | | |
| Total. (Columi | n (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII | Investments – Program Related. | | |
| | Complete if the organization answered "Yes" on | Form 990, Part IV, I | |
| | (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) | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | 1. 2. 3. 4. 公益 解析前200年 別 的表现的 3. 2. 2. 1. 1. 2. 2. 2. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. |
| Part IX | Other Assets. Complete if the organization answered "Yes" on | Form 990, Part IV, I | ine 11d. See Form 990, Part X, line 15. |
| | (a) Description | · | (b) Book value |
| (1) | RIGHT OF USE ASSET | | 103,352 |
| (2) | LEASE DEPOSIT | - | 2,417 |
| (3) | | | |
| (4) | | <u> </u> | |
| (5) | | | |
| (6) | | | |
| _(7) | | | |
| (8) | | | |
| (9) | | | 105.560 |
| | n (b) must equal Form 990, Part X, col. (B) line 15.) | · · · · · · · · · · · · · · · · · · · | 105,769 |
| Part X | Other Liabilities. | F 000 D 11/1 | : 44 44f C Farm 000 Dt V |
| | Complete if the organization answered "Yes" on line 25. | Form 990, Part IV, I | ine 11e or 11f. See Form 990, Part X, |
| 1. | (a) Description of liability | | (b) Book value |
| (1) Federal | income taxes | | |
| | NDABLE ADVANCE | - | 158,476 |
| (3) LEASE | LIABILITY | | 105,403 |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | · - · | |
| <u>(9)</u> | | 44 4 | |
| | n (b) must equal Form 990, Part X, col. (B) line 25.) | | 263,879 |
| 2. Liability for | uncertain tax positions. In Part XIII, provide the text of the foot | note 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

| P | art XI Reconciliation of Revenue per Audited Financial Stat | | • | turn. | |
|----------|--|---------------------------------------|---------------------------------------|-----------|---------------------------------------|
| 4 | Complete if the organization answered "Yes" on Form 99 | 90, Part IV, line | 12a. | 4 | 1,650,841 |
| 1 | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | distraire | 1,630,841 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | اما | | | |
| a h | Net unrealized gains (losses) on investments | 2a 2b | 46,974 | | |
| 0 | Donated services and use of facilities | 26 2c | 40,314 | | |
| d | Recoveries of prior year grants | 2d | -37,881 | | |
| | Other (Describe in Part XIII.) Add lines 2a through 2d | [| | 2e | 9,093 |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,641,748 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | HERE | |
| а | | 4a | | | |
| b | *************************************** | | | 4.84 | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | | | | 5 | 1,641,748 |
| Pa | art XII Reconciliation of Expenses per Audited Financial Sta | atements With | Expenses per F | Return | • |
| | Complete if the organization answered "Yes" on Form 99 | | | | · · · · · · · · · · · · · · · · · · · |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,593,699 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | · | | |
| а | Donated services and use of facilities | 2a | 46,974 | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | 4000 | |
| | Add lines 2a through 2d | | | 2e | 46,974 |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,546,725 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | 37,881 | light of | |
| | Other (Describe in Part XIII.) | 4b | 37,881 | | 27 001 |
| | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | ., | | 4c 5 | 37,881 1,584,606 |
| | art XIII Supplemental Information. | | | | 1,301,000 |
| P. M. | vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provant X - FIN 48 FOOTNOTE ANAGEMENT HAS EVALUATED FOR UNCERTAIN TA THERE ARE NO UNCERTAIN TAX POSITIONS AS OF THE PAST THREE YEARS REMAIN OPEN FOR | AX POSITIO | information. INS AND HAS R 31, 2022 | DET | ERMINED |
| | ART XI, LINE 2D - REVENUE AMOUNTS INCLUD | ED IN FIN | | | -37,881 |
| ••• | ART XII, LINE 4B - EXPENSE AMOUNTS INCLU IRECT MERCHANDISE COSTS | DED ON RE | | | 27 001 |
| | | | | | - 3/,001 |
| | , | | Ş | | 37,881 |

| Schedule D (Form 990) 2022 | WILDLIFE | FOREVER | 36-3566121 | Page 5 |
|---|---|---|---|---|
| Schedule D (Form 990) 2022 Part XIII Suppleme | ntal Information | (continued) | | |
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SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number WILDLIFE FOREVER 36-3566121 Types of Property (c) (d) (a) (b) Noncash contribution Check if Method of determining Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art 1 Art — Historical treasures 2 Art — Fractional interests 3 Books and publications 4 Clothing and household 5 goods Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities — Publicly traded Securities — Closely held stock 10 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous 12 Qualified conservation contribution - Historic structures Qualified conservation contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other Collectibles 18 Food inventory 19 Drugs and medical supplies Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Other (ADVERTISING) 447,216 EST. X 25 FAIR MARKET VALUE **VALUE** X 1 5,064 EST. FAIR MARKET 26 Other (MERCHANDISE 118,426 5425 EST. FAIR MARKET 27 Other (STATE FISH ART) X 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 X 31

If "Yes." describe in Part II.

describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

32a

X

Schedule M (Form 990) 2022 WILDLIFE FOREVER

| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |
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Page 2

36-3566121

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

WILDLIFE FOREVER

Employer identification number 36-3566121

| FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCES THE FORM 990 IS DISTRIBUTED TO BOARD MEMBERS FOR RE PRIOR TO FILING. | |
|--|--|
| FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLI | |
| BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF FORM ANNUALLY. | F INTEREST DISCLOSURE |
| FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS | FOR TOP OFFICIAL |
| THE ORGANIZATION'S C.E.O. IS EVALUATED BY THE BOARD | OF DIRECTORS ANNUALLY, |
| AT WHICH TIME COMPENSATION IS DETERMINED. | |
| FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DI | SCLOSURE EXPLANATION |
| THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF | INTEREST POLICY, AND |
| FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. | |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET AS | SETS EXPLANATION |
| DIRECT MERCHANDISE COSTS | \$ -37,881 |
| DIRECT MERCHANDISE COSTS | \$ 37,881 |
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