## **PUBLIC DISCLOSURE COPY**

#### PLEASE FILE IN A SAFE PLACE

## ARMANINO LLP

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#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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.

A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change ELEPHANT HAVENS WILDLIFE FOUNDATION Name change 82-3352560 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 4104 CALCULUS DRIVE (972) 620-1365 696,499. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return DALLAS, TX 75244-7311 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DEBRA STEVENS for subordinates? ..... Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)) **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.ELEPHANTHAVENS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2017 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE FINANCIAL SUPPORT TO Governance PROGRAMS DEVOTED TO THE SAFEGUARDING OF VALUABLE SPECIES. THE if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 576,032, 693,877. Contributions and grants (Part VIII, line 1h) 8 Revenue 0 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 186 2,622. 11 576 218. 696 499. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 406,801 633,281. 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. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 22,865. 33,292. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 429,666. 666,573. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 146,552. 29,926. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 311,801. 281 875 Total assets (Part X, line 16) 0 0 21 Total liabilities (Part X, line 26) 三年 281,875. 311,801. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DEBRA STEVENS, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JONATHAN MARCH JONATHAN MARCH 03/28/22 P01384684 Paid Firm's name ARMANINO, LLP 94-6214841 Preparer Firm's EIN ▶ Firm's address 15950 N. DALLAS PKWY, #600 Use Only Phone no.972-661-1843 DALLAS, TX 75248

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	PROVIDE FINANCIAL SUPPORT TO PROGRAMS DEVOTED TO THE SAFEGUARDING OF	
	VALUABLE SPECIES, THE PRESERVATION OF WILDLIFE IN THEIR NATURAL	
	HABITAT, THE DISSEMINATION OF KNOWLEDGE FOR THE FURTHERANCE OF	
	WILDLIFE PRESERVATION, ADDRESSING ANIMAL WELFARE ISSUES, RESCUING AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes." describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	ynaneae
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants are required to report the amount of grants are required to report the grants are required to report the grants are required to report the grants are required to the grants are required to report the grants are required to the grants are require	
	revenue, if any, for each program service reported.	perises, ariu
	660,000	
4a	(Code:) (Expenses \$ 660, 2/8 including grants of \$ 633, 281 ) (Revenue \$ OTHER EXPENSES RELATED TO CARRYING OUT THE FUNDING OF THE CONSTRUCTION	)
	OF THE ORPHANAGE FACILITY, BOTSWANA STAFF WAGES AND HOUSING, FENCING,	
	SOLAR PANELS, PHOTO/VIDEO EQUIPMENT, FEEDING AND CARE OF YOUNG	
	ELEPHANTS, VETERINARY EXPENSES, AND TRANSPORTATION COSTS AS WELL AS	
	COMMUNITY OUTREACH INCLUDING DEVELOPMENT OF WATER WELLS AND SANITATION	
	FACILITIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$ including grants of \$) (Hevenue \$)	)
	·	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶ 660,278.	
		Form <b>990</b> (2021)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		<del></del>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the construction of the Light of Object	14a		х
b	Did the organization maintain an office, employees, or agents outside of the United States?  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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.12		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		<del></del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<del>                                     </del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			•
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

132003 12-09-21

# Form 990 (2021) ELEPHANT HAVENS WILDLIFE FOR Part IV Checklist of Required Schedules (continued)

	· Touristady		Yes	Na.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Z-Tu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		ı
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   If "Yes." complete			ı
		25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ı
		26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ı
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u></u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ı
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
•	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	ı
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	х	

82-3352560

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

					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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instructions	S				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х
b	If "Yes," enter the name of the foreign country		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		х
b				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
_	to file Form 8282?		•	7c		x
d		7d	1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	on an artist of the first transfer of the second of the se	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the annual in a constitution and a constant to distribution and according 40000			9a		
				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	112	1			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104	1?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	)			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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		1			
	organization is licensed to issue qualified health plans	13b	)	_		
С	Enter the amount of reserves on hand	130				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	$\textbf{Section 501(c)(21) organizations.} \ \ \textbf{Did the trust, any disqualified person, or mine operator engage in}$	any				
	•			17		
	If "Yes," complete Form 6069.					

Form 990 (2021)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4		
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	Х	
3	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		v
	more members of the governing body?	7a		Х
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.		х
	persons other than the governing body?	7b		Α
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0.0	х	
a b	The governing body?  Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
	(This Section B requests information about policies not required by the internal nevertue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	15a		X
b	Other officers or key employees of the organization	15b		Х
	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			77
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶™			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	e Only)	availal	
10	for public inspection. Indicate how you made these available. Check all that apply.	orny)	uvandi	510
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DEBRA STEVENS - (972) 620-1365			
_	4104 CALCULUS DRIVE, DALLAS, TX 75244-7311			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organizatio (A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	١		Pos	itior	1		Reportable	Reportable	Estimated
, value and une	hours per					than o		compensation	compensation	amount of
	week	offi	cer ar	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				pg .		organization	(W-2/1099-MISC/	from the
	related	ste c	ruste			eusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altrus	onal t		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DEBRA STEVENS	30.00	Ĕ	Ĕ	#0	ş.	불'등	혼			
PRESIDENT	30.00	х		х				0.	0.	
(2) CAMERON PARSONS	1.00	Λ		_				0.	0.	0
SECRETARY	1.00	Х		х				0.	0.	0
(3) J. SCOTT JACKSON	1.00	Α.	$\vdash$	^				· · · · · · · · · · · · · · · · · · ·	٠.	
TREASURER/ASSISTANT SECRET	1.00	Х		х				0.	0.	(
(4) ALLISON V. SMITH	1.00			<del></del>				· ·	· ·	
DIRECTOR		х						0.	0.	(
		1								
		1								
		1								
			_							
		_								
		-								
						-				
		1								
			_		<u> </u>	-				
		1								
		<u> </u>	$\vdash$		$\vdash$	$\vdash$				
		1	l	l	l	1	I	1		

Form 990 (2021) ELEPHANT HAVE	ENS WILDLIF	E F	OUN	DAT:	ION				82-335	2560	Р	age 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,			ghes	t C	•	s (continued)			
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations	box,	not cl unles cer an	ss per	ition more rson is irecto	Highest compensated hard than constant that the second that th	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC 1099-NEC)	;/	(F) Estimate amount other compensation from the organization and relations.	of ation ie tion
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former	,			organizat	ions
										+		
										+		
1b Subtotal							<u> </u>	0.		0.		0.
c Total from continuation sheets to Part VI	, Section A						<b>&gt;</b>	0.		0.		0.
2 Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable			0
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	oyee on		Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i> 4 For any individual listed on line 1a, is the su											3	Х
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4	Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch <u>r</u>	oers	on .				[	5	Х
Complete this table for your five highest countered the organization. Report compensation for the organization for the organization.	•	•							•	nsati	on from	
(A) Name and business	address	NO	NE					(B) Description of s	ervices	Сс	(C) empensatio	n
							$\downarrow$					
							-					
							$\dashv$					
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	thos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	· ·					0		· 		F	orm <b>990</b> (	(2021)

132008 12-09-21

20500328 701245 125511.0

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
<b>'0</b> '0	4.	Fadaustad assurations de					
nts Ints		Federated campaigns 1a					
Gra		Membership dues 1b					
S, (		Fundraising events 1c					
ig Iar	C	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	e Government grants (contributions) 1e					
ion	f	All other contributions, gifts, grants, and					
bd		similar amounts not included above 1f	693,877.				
Öţ	ç	Noncash contributions included in lines 1a-1f					
Sol	ŀ	Total. Add lines 1a-1f	<b></b>	693,877.			
			Business Code				
an a	2 a	1					
Š	Z t						
er ue							
n S	C						
an Be	C						
Program Service Revenue	e						
۵		All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)					
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties		603.			603.
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		I Net rental income or (loss)					
		` '	(ii) Other				
	7 8	(7)	(ii) Other				
		assets other than inventory 7a					
-	b	Less: cost or other basis					
an		and sales expenses					
Ş.	C	Gain or (loss) 7c					
ther Revenue	c	l Net gain or (loss)	<u>,</u>				
her	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	k	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	<b></b>				
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	r	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 a	3,					
	_	and allowances 10a					
		Less: cost of goods sold 10b	•				
-		Net income or (loss) from sales of inventory					
ဖွ			Business Code				
on e	11 a	MISCELLANEOUS	900099	2,019.			2,019.
ane	k						
Miscellaneous Revenue	c	:					
lisc B	c	All other revenue					
2		Total. Add lines 11a-11d		2,019.			
	12	Total revenue. See instructions		696,499.	0.	0.	2,622.
			• • • • • • • • • • • • • • • • • • • •	•	•		·

132009 12-09-21

82-3352560

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... 633,281. 633,281. Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): а Management Legal 6,295. 6,295 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 17,717. 17,717. Advertising and promotion 12 5,344. 5,344. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ...... 19 20 Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization ..... 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) BANK FEES 2,202. 2,202. MISCELLANEOUS 1,734 1,734 С d All other expenses Total functional expenses. Add lines 1 through 24e 666,573 660,278 6,295 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

## Form 990 (2021) Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any line in this Part X			
				<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		281,875.	1	311,801.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of thes	·		5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described	•		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9				9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		281,875.	16	311,801.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
S	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
abil		controlled entity or family member of any of thes	e persons		22	
Ë	23	Secured mortgages and notes payable to unrelate	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow FASB ASC 958, chee	ck here 🕨 🗌			
ces		and complete lines 27, 28, 32, and 33.				
an	27	Net assets without donor restrictions			27	
Ва	28	Net assets with donor restrictions			28	
Fund Balances		Organizations that do not follow FASB ASC 95	58, check here 🕨 🗓			
		and complete lines 29 through 33.				
Net Assets or	29	Capital stock or trust principal, or current funds		0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or eq		0.	30	0.
t As	31	Retained earnings, endowment, accumulated inc		281,875.	31	311,801.
Š	32	Total net assets or fund balances		281,875.	32	311,801.
	33	Total liabilities and net assets/fund balances		281,875.	33	311,801.

Form **990** (2021)

82-3352560

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		696,	499.
2	Total expenses (must equal Part IX, column (A), line 25)	2		666,	573.
3	Revenue less expenses. Subtract line 2 from line 1	3		29,	926.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		281,	875.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10		311,	801.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** ELEPHANT HAVENS WILDLIFE FOUNDATION 82-3352560 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Calendar year (or fiscal year beginning in)  (a) 2017  (b) 2018  (c) 2019  (d) 2020  (e) 2021  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  39,190. 587,672. 683,953. 576,032. 693,163.  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  39,190. 587,672. 683,953. 576,032. 693,163.	(f) Total 2,580,010.
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  39,190. 587,672. 683,953. 576,032. 693,163.	
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  39,190. 587,672. 683,953. 576,032. 693,163.	2.580.010.
include any "unusual grants.")  39,190. 587,672. 683,953. 576,032. 693,163.  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  39,190. 587,672. 683,953. 576,032. 693,163.	2 580 010.
ization'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 39,190. 587,672. 683,953. 576,032. 693,163.	<u>, ,</u>
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 39,190. 587,672. 683,953. 576,032. 693,163.	
The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3 39,190. 587,672. 683,953. 576,032. 693,163.	
furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3 39,190. 587,672. 683,953. 576,032. 693,163.	
the organization without charge	
4 Total. Add lines 1 through 3 39,190. 587,672. 683,953. 576,032. 693,163.	
5. The portion of total contributions	2,580,010.
• 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)	1,149,162.
6 Public support. Subtract line 5 from line 4.	1,430,848.
Section B. Total Support	
Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021	(f) Total
7 Amounts from line 4 39,190. 587,672. 683,953. 576,032. 693,163.	2,580,010.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 186. 603.	789.
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.) 20,000. 2,665.	22,665.
11 Total support. Add lines 7 through 10	2,603,464.
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	<b>X</b>
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	<u>%</u>
15 Public support percentage from 2020 Schedule A, Part II, line 14	<u>%</u>
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box a	and
stop here. The organization qualifies as a publicly supported organization	▶□
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this line 15 is 30 1/3% or more, check this li	box
and stop here. The organization qualifies as a publicly supported organization	▶□
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or	more,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	ion
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 100	% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9с 10a 10b

132024 01-04-21

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	Tion 6. Type it Supporting Organizations		· ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	_1		
360	tion b. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.								
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
_6	Multiply line 5 by 0.035.	6							
_7_	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see					
	instructions).								

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continue)</sub>	d)					
Secti	on D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity	nts paid to perform activity that directly furthers exempt purposes of supported zations, in excess of income from activity istrative expenses paid to accomplish exempt purposes of supported organizations							
3	Administrative expenses paid to accomplish exempt purpose		3						
4	Amounts paid to acquire exempt-use assets		4						
5	Qualified set-aside amounts (prior IRS approval required - pr		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	he organization is responsive							
	(provide details in Part VI). See instructions.	•		8					
9	Distributable amount for 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount		-	10					
Section	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6								
	Underdistributions, if any, for years prior to 2021 (reason-			$\neg$					
_	able cause required - explain in <b>Part VI</b> ). See instructions.								
3	Excess distributions carryover, if any, to 2021								
	From 2016								
	From 2017								
	From 2018								
	From 2019								
	From 2020								
	Total of lines 3a through 3e								
	Applied to underdistributions of prior years			$\neg$					
	Applied to 2021 distributable amount								
	Carryover from 2016 not applied (see instructions)								
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
•	line 7: \$								
a	Applied to underdistributions of prior years			$\neg$					
	Applied to 2021 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
	Remaining underdistributions for years prior to 2021, if								
•	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in <b>Part VI.</b> See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
_	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3								
-	and 4c.								
8	Breakdown of line 7:								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
_									

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING PROCEEDS
2019 AMOUNT: \$ 20,000.
OTHER INCOME
2021 AMOUNT: \$ 2,665.

## 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

2021

Schedule B (Form 990) (2021)

Employer identification number

EL	ELEPHANT HAVENS WILDLIFE FOUNDATION 82-3352560							
rganization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> 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							
• •	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.						
General Rule								
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•						
Special Rules								
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) If the complete Parts I and II.	d that received from any one						
contributor, durino literary, or educati	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, so onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (exp) instead of the contributor name and address), II, and III.	ientific,						
year, contributions is checked, enter purpose. Don't co	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5.000 or more during the year							
answer "No" on Part IV, line	religious, charitable, etc., contributions totaling \$5,000 or more during the year  **Total Contributions**  **Total Cont							

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

Name of organization

ELEPHANT HAVENS WILDLIFE FOUNDATION

82-3352560

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 2	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$\$ 71,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Haine, audiess, and ZIF + +	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization

ELEPHANT HAVENS WILDLIFE FOUNDATION

82-3352560

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	### Total contributions  ### 45,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Humo, audi 655, and £if T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ELEPHANT HAVENS WILDLIFE FOUNDATION 82-3352560

art II Noi	ncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om ort I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
a) lo. om irt l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		<b>S</b>	1

Name of or	ganization		Employer identification number				
ELEPHANT	HAVENS WILDLIFE FOUNDATION		82-3352560				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additionals	through <b>(e) and</b> the following line ent charitable, etc., contributions of <b>\$1,000 or</b> l	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations less for the year. (Enter this info. once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	ft				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	ft				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

## SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

SLEP	HANT	HAVENS WILDLI					82-3352560			
Par	rt I	General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on		
		Form 990, Part IV	/, line 14b.							
1	For g	r <b>antmakers.</b> Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,			
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No									
2										
	United States.									
3	Activit	ies per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)				
		) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		/ity listed in (d)	(f) Total		
			offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and		
			in the region	independent	gram services, investments, grants to		specific type	investments		
				contractors in the region	recipients located in the region)	of service	(s) in the region	in the region		
зотѕ	WANA		0	0	 GRANTMAKING			633,281.		
								100,202.		
								<del>                                     </del>		
								<u> </u>		
								1		
								1		
3 2	Subto	tal	0	0				633,281.		
			<u> </u>					133,201.		
D		from continuation	0	0				0.		
_		s to Part I	-	-						
С		s (add lines 3a	0	0				633,281.		
	and 3	U)	ı	ı				1 000,401.		

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

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROGRAM SERVICES AND FACILITIES IMPROVEMENT	633 281.	WIRE TRANSFER	0.		
			I recognized as charities by the f or counsel has provided a sect			<b>&gt;</b>		0

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

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

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

Sched	ule F (Form 990) 2021 ELEPHANT HAVENS WILDLIFE FOUNDATION	82-3352560	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No

Schedule F (Form 990) 2021

Yes X No

6

Part V   Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
ALL EXPENSES PAID OUT OF GRANTS ARE REQUIRED TO BE BACKED UP BY RECEIPTS.
BOARD OF DIRECTORS PERSONALLY VISIT THE PROJECT SITE EVERY 45 TO 60 DAYS
TO SEE THAT FUNDS ARE USED FOR THE PURPOSES FOR WHICH THE GRANTS WERE
DESIGNATED. GRANTS ARE FUNDED AGAINST SPECIFIC, DETAILED EXPENSES THAT
ARE THE SUBJECT OF THE GRANT.
PART I, LINE 3F - INVESTMENTS & EXPENDITURES PER REGION
SOUTH AFRICA REGION EXPENDITURES INCLUDE EQUIPMENT RENTAL FOR RESCUE OF
ORPHAN ELEPHANTS, COMMUNITY OUTREACH PROGRAMS, CAPITAL IMPROVEMENTS,
EQUIPMENT, SALARIES AND CONTRACT LABOR FOR PROJECTS, VETERINARY BILLS,
AND OTHER GENERAL SUPPORT TO CARRY OUT THE OBJECTIVES OF THE PROGRAM
SERVICES.

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2021 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number

Name of the organization ELEPHANT HAVENS WILDLIFE FOUNDATION 82-3352560 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRESERVATION OF WILDLIFE IN THEIR NATURAL HABITAT. THE DISSEMINATION OF KNOWLEDGE FOR THE FURTHERANCE OF WILDLIFE PRESERVATION. ADDRESSING ANIMAL WELFARE ISSUES, RESCUING AND REARING ORPHAN ELEPHANTS, AND EFFECTIVE REINTEGRATION OF ORPHAN ELEPHANTS BACK INTO THE WILD. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: REARING ORPHAN ELEPHANTS, AND EFFECTIVE REINTEGRATION OF ORPHAN ELEPHANTS BACK INTO THE WILD, FORM 990, PART VI, SECTION A, LINE 2: THERE IS A FAMILY RELATIONSHIP BETWEEN BOARD MEMBERS DEBRA STEVENS AND SCOTT JACKSON. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS' CHAIR AND A COPY IS DISTRIBUTED TO MEMBERS OF THE BOARD FOR COMMENT. FORM 990, PART VI, SECTION B, LINE 12C: MONITORING IS DONE THROUGH INQUIRY AT THE BOARD MEETINGS FORM 990, PART VI, SECTION B, LINE 15: OFFICERS AND MEMBERS OF THE BOARD ARE NOT COMPENSATED. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS SUBJECT TO PUBLIC DISCLOSURE ARE AVAILABLE FOR REVIEW UPON

132211 11-11-21

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Name of the organization		Employer identification number 82-3352560
	EDELIGATION WIDDLIFE FOUNDATION	02-3332300
REQUEST.		