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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A I	For the	2023 calendar year, or tax year beginning	and	ending				
В	Check if applicable	C Name of organization			D Employer	identific	ation number	
Г	Addres	S ELEPHANT HAVENS WILDLIFE FOUNDATI	ON					
F	Name				82-33	52560		
F	Initial return	Number and street (or P.O. box if mail is not de	te E Telephone	E Telephone number				
	Final return/	4104 CALCULUS DRIVE		(972) 620-1365				
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts	\$	1,436,891.	
	Ameno return	DALLAS, IX /3244-/311			H(a) Is this a	group ret	turn	
	Application	F Name and address of principal officer: DEBRA	A STEVENS		for subo	rdinates?	Yes X No	
	pendin	SAME AS C ABOVE			H(b) Are all subd	ordinates inc	cluded? Yes No	
Ι.	Tax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 52	27 If "No," a	attach a l	ist. See instructions	
	Websit				H(c) Group ex	xemption	number	
<u>K</u>	Form of		sociation Other	L Yea	ar of formation: 20	17 M	State of legal domicile: TX	
Pa	art I	Summary						
Ф	1	Briefly describe the organization's mission or most			CIAL SUPPORT	TO		
Š		PROGRAMS DEVOTED TO THE SAFEGUARDING	OF VALUABLE SPECIES, TH	Œ				
ern	2		ntinued its operations or dispos			1 1	ets.	
Š	3	Number of voting members of the governing body					4	
જ	4	Number of independent voting members of the gov					4	
ies	5	Total number of individuals employed in calendar y					0	
Activities & Governance	6	Total number of volunteers (estimate if necessary)		-371.				
Ą	/ a	Total unrelated business revenue from Part VIII, co					0.	
	B	Net unrelated business taxable income from Form	990-1, Part I, line 11		Prior Year		Current Year	
ine	8	Contributions and grants (Part VIII, line 1h)				922.	1,437,091.	
	9	75 13/11/11 6 3				0.	0,	
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		21	736.	-323.	
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				1,189.	123.	
	1	Fotal revenue - add lines 8 through 11 (must equal			,847.	1,436,891.		
		Grants and similar amounts paid (Part IX, column (-	3,712.	1,035,771.	
	1	Benefits paid to or for members (Part IX, column (A				0.	0.	
S	45	Salaries, other compensation, employee benefits (F				0.	0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0.	0.	
ē	b	Total fundraising expenses (Part IX, column (D), line		0.				
û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		4.5	,163.	53,140.	
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)			8,875.	1,088,911.	
	19	Revenue less expenses. Subtract line 18 from line	12			2,972.	347,980.	
Net Assets or	g			<u>_</u> E	Beginning of Curre		End of Year	
sets	20	Total assets (Part X, line 16)			686	,020.	1,051,870.	
7 A	21	, , , , , , , , , , , , , , , , , , , ,				0.	0.	
Ž,	22	Net assets or fund balances. Subtract line 21 from	line 20		686	,020.	1,051,870.	
	art II	Signature Block	tanto de a como antena esta de la				Lancord and the Park State	
		ties of perjury, I declare that I have examined this return,			•		knowledge and beliet, it is	
rue	, correc	and complete. Declaration of preparer (other than office	r) is based on all illiormation of wi	nch prepar	er nas any knowied	ge.		
۰:	_	Signature of officer			I Date			
Sign Here		DEBRA STEVENS, PRESIDENT			Dato			
пеі	е	Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date	Check	T PTIN	
Paid	d l		JONATHAN MARCH		04/16/24	if self-employe		
	parer	Firm's name ARMANINO, LLP			Firm's		04-6214841	
	Only	Firm's address 15950 N. DALLAS PKWY, #600)		1111113	LIIN		
	,	DALLAS, TX 75248			Phone	no.972-	661-1843	
Ma	v the IF	S discuss this return with the preparer shown abo	ve? See instructions		1		. X Yes No	

82-3352560

Pa	Till 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 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?	Ves X No
Ū	If "Yes," describe these changes on Schedule O.	103110
4		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,080,816. including grants of \$1,035,771.) (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 COST	
	COMMUNITY OUTREACH INCLUDING DEVELOPMENT OF WATER WELLS D SANITATION	
	FACILITIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Allering grante of V	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program as mises (Describe as Calcalide C.)	
4d	Other program services (Describe on Schedule O.)	\
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 1,080,816.	
		Form 990 (2023)

82-3352560

Form 990 (2023) ELEPHANT HAVENS WIP 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	Х	
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
•	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10		10		х
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
b	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	110		
·	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	1.0		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 110		
	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
h	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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	- 1.0		
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <u></u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2023) ELEPHANT HAVENS WILDLIFE FOR Part IV Checklist of Required Schedules (continued)

	· (outlineday)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a		x
h	"Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in receive more than \$25,00	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? 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 Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	Щ_
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in box 3 of Form 1006 Enter 0 = t applicable		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0 trip of applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	

332004 12-21-23

Form	990 (2023) ELEPHANT HAVENS WILDLIFE FOUNDATION 82-33	52560	Р	age 5
Par	t 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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
oa		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>Va</u>		┢▔
b		6b		
7	were not tax deductible? Organizations that may receive deductible contributions are section 170(c).			
7		vor2 7 2		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pa			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		\vdash
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7с		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			┢┷
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			├
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			-
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		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 income?	16		Х

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

If "Yes," complete Form 6069.

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

Form **990** (2023)

17

If "Yes," complete Form 4720, Schedule O.

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			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion 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?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
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			
	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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedTX			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	free blic inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Des on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	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, 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.

X Check this box if neither the organization n						nper	sate				
(A)	(B)		(C) Position			,		(D)	(E)	(F)	
Name and title	Average	(do	(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated				
	hours per week	offi			compensation from	compensation from related	amount of other				
	(list any	tor						the	organizations	compensation	
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the	
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	al trus	onal tı		oloyee	comp		1099-NEC)		and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) DEBRA K. STEVENS	30.00	드	드	5	<u>ş</u>	포 등	요				
PRESIDENT	30.00	Х		x				0.	0.	0.	
(2) CAMILLA COWAN	1.00							· · ·	••		
VICE PRESIDENT		х		х				0.	0.	0.	
(3) SHANNON NEWSOM	1.00										
VICE PRESIDENT		х		х				0.	0.	0.	
(4) J. SCOTT JACKSON	1.00										
SECRETARY/TREASURER		х	L	х		L	L	0.	0.	0.	
-											
		-									
		-									
		l									
		ł									
							<u> </u>	l		000	

		ploy	loyees, and Highest Compensated Employees (continued)											
(A)	(B)	. ,						(D)	(E)		(F)		
Name and title	Average	(do		Pos heck		າ than ເ	one	Reportable	Reportable	Reportable		nated	l	
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	ו ו	amo	unt o	f	
	week		Cerar	ia a a	recio	or/trus	iee)	from	from related			her		
	(list any	recto						the	organizations		I			
	hours for related	or di	98			ated		organization	(W-2/1099-MIS	ز/ (ن				
	organizations	ustee	trust		e e	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organ and r			
	below	ual tr	tional		ploye	t con	_	1099-NEC)			organi			
	line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				organi	Zatio	13	
		<u> </u>	=	0	~	T 60	ш.							
		-												
		\vdash												
		1												
		-												
		▙												
		-												
		\vdash												
		-												
1b Subtotal				<u> </u>			<u> </u>	0.		0.			0.	
c Total from continuation sheets to Par	t VII. Section A							0.		0.			0.	
d Total (add lines 1b and 1c)								0.		0.			0.	
2 Total number of individuals (including b								eceived more than \$100,	000 of reportable					
compensation from the organization											Y	es	0 No	
3 Did the organization list any former off	icer, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on					
line 1a? If "Yes," complete Schedule J	or such individual										3		Х	
4 For any individual listed on line 1a, is th														
and related organizations greater than S											4		Х	
5 Did any person listed on line 1a receive														
rendered to the organization? If "Yes."	complete Schedul	e J f	or su	ıch ı	oers	on .					5		Х	
Section B. Independent Contractors 1 Complete this table for your five highes	t componented inc	dono	ndo	ot co	ntr	acto	rc th	nat received more than \$	100 000 of comp	ancat	ion from			
the organization. Report compensation										Silsai	lion non			
(A)								(B)	om dooo	_	(C)	ation		
Name and busin	less address	NO	NE				\dashv	Description of s	ervices		ompens	alion		
2 Total number of independent contractor	rs (including but n	ot lir	niter	d to	thos	se lis	ted	above) who received mo	ore than					
\$100,000 of compensation from the org		J. 1111		0		0	.54							
											Form 99	90 (20	023	

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Form 990 (2023) ELEPHANT HAR

		Check if Schedule O contains a response of	r 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
S S	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	1 6						
جَجَ جَ							
fts, Ar							
ig ig							
ns, Sim	•	e Government grants (contributions)					
e ë	T	f All other contributions, gifts, grants, and	1 427 001				
듗됨		similar amounts not included above 1f	1,437,091.				
d of	ć	g Noncash contributions included in lines 1a-1f 1g \$		4 427 004			
<u>0 g</u>	ŀ	h Total. Add lines 1a-1f		1,437,091.			
			Business Code				
9	2 8	a					
Program Service Revenue	k	b					
Sugar	C	С					_
eve eve	c	d					
Pg B	6	e					
Ā	f	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		-323.		-371.	48.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties		123.			123.
	•	(i) Real	(ii) Personal				
	6 -	a Gross rents 6a	()				
		b Less: rental expenses 6b					
		' "					
		` ,					
		d Net rental income or (loss)	(;;) Othor				
	7 8	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	b Less: cost or other basis					
ne		and sales expenses					
ĕ	C	c Gain or (loss)7c					
Be	C	d Net gain or (loss)					
ther Revenue	8 8	a Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	b Less: direct expenses 9b					
	c	c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	k	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
snc	11 a	a					
ne	ŀ	b					
Miscellaneous Revenue	,	c					
Sc	,	d All other revenue					
Σ	_	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,436,891.	0.	-371.	171.

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Pai	t IX Statement of Functional Expense	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	1,035,771.	1,035,771.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	8,095.		8,095.	
C	Accounting	0,093.		0,095.	
d	Lobbying Professional fundamining convices. See Part IV, line 17				
e	Professional fundraising services. See Part IV, line 17				
f a	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	6,870.	6,870.		
12	Advertising and promotion	21,330.	21,330.		
13	Office expenses	15,184.	15,184.		
14	Information technology	,	, -		
15	Royalties				
16	Occupancy	276.	276.		
17	Travel				
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				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BANK FEES	1,385.	1,385.		
b		, -	,		
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,088,911.	1,080,816.	8,095.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	685,423.	1	1,037,893.
	2	Savings and temporary cash investments		2	115.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, direc			
		trustee, key employee, creator or founder, substantial contributor, or	35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defin			
		under section 4958(f)(1)), and persons described in section 4958(c)(3	3)(B)	6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	13,862.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,051,870.
	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 Part IV of Schedule I		21	
Ø	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or	35%		
abi		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related thir	rd		
		parties, and other liabilities not included on lines 17-24). Complete P.	art X		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
"		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions		27	
Fund Balances	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here	X		
		and complete lines 29 through 33.	_		-
ts c	29	Capital stock or trust principal, or current funds		29	0.
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	0.
Net Assets or	31	Retained earnings, endowment, accumulated income, or other funds		31	1,051,870.
S	32	Total net assets or fund balances		32	1,051,870.
	33	Total liabilities and net assets/fund balances	686,020.	33	1,051,870.

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Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	436,	,891.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	088,	,911.
3	Revenue less expenses. Subtract line 2 from line 1	3		347,	,980.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		686,	,020.
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		13,	,977.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		3,	,893.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	051,	,870.
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 O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	(2023)

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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.

Open to Public Inspection

Name of the organization

ELEPHANT HAVENS WILDLIFE FOUNDATION

Employer identification number

OMB No. 1545-0047

82-3352560 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	683,953.	576,032.	747,445.	930,922.	1,437,258.	4,375,610.
2	Tax revenues levied for the organ-						
	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	683,953.	576,032.	747,445.	930,922.	1,437,258.	4,375,610.
	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)						1,072,520.
6	Public support. Subtract line 5 from line 4.						3,303,090.
	ction B. Total Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	683,953.	576,032.	747,445.	930,922.	1,437,258.	4,375,610.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		186.	603.	22,285.	171.	23,245.
9	Net income from unrelated business				·		· ·
	activities, whether or not the						
	business is regularly carried on	19,296.			133,752.		153,048.
10	Other income. Do not include gain	·			·		· · ·
	or loss from the sale of capital						
	assets (Explain in Part VI.)			2,019.			2,019.
11	Total support. Add lines 7 through 10			,			4,553,922.
	Gross receipts from related activities,	etc. (see instructio	ns)	•		12	
	First 5 years. If the Form 990 is for th	•		ourth, or fifth tax ye	ear as a section 50	D1(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi		_				
14	Public support percentage for 2023 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	72.53 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	59.81 %
16a	33 1/3% support test - 2023. If the o	organization did not	t check the box on	line 13, and line 14	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did not	t check a box on lii	ne 13 or 16a, and l	ine 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this l	oox and stop here	e. Explain in Part '	VI how the organiza	ation
	meets the facts-and-circumstances tes	st. The organization	n qualifies as a pub	olicly supported org	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not cl	neck a box on line			
	more, and if the organization meets th	-					
	organization meets the facts-and-circu	ımstances test. The	e organization qua	lifies as a publicly s	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	
			•				Form 990) 2023

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
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	3b		
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Schedule A (Form 990) 2023

Par	T 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		i
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	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 instance)	struction	(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,			1
	how the organization was responsive to those supported organizations, and how the organization determined			1
	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			1
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2.7		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	1 5 II 165. Geodine III The fole played by the organization in this regard.			

ELEPHANT HAVENS WILDLIFE FOUNDATION

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).					

Schedule A (Form 990) 2023

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion 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 exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior IRS	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

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:
OTHER INCOME
2021 AMOUNT: \$ 2,019.
·

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

ELEPHANT HAVENS WILDLIFE FOUNDATION

82-3352560

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a contributor, during	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't cor	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).						

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

ELEPHANT HAVENS WILDLIFE FOUNDATION

82-3352560

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD & SUSIE BAUER 4421 WILDWOOD RD, DALLAS, TX 75209	\$151,414.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THOMAS GRANT & KAREN JOHN 212 GOLDEN BEAR DR AUSTIN, TX 78738	\$\$ 82,750.	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	T & K VYROSTEK GIVING FOUNDATION 36 WHITE FOX TRAIL MARIETTA, SC 29661-5199	\$80,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No4	Name, address, and ZIP + 4 THE CARUTHERS FAMILY FOUNDATION 8181 E. TUFTS AVE SUITE 600 DENVER, CO 80237	\$ 80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DALLAS ZOOLOGICAL SOCIETY 650 S RL THORNTON FWY DALLAS, TX 75203	\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ROBERT & KAY ONSTEAD FOUNDATION 5298 MEMORIAL DR HOUSTON, TX 77007	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **2**

Name of organization

ELEPHANT HAVENS WILDLIFE FOUNDATION

82-3352560

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CAMILLA COWAN 5733 GREENBRIER DR DALLAS, TX 75209	\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4 COLOSSAL BIOSCIENCES 1401 LAVACA ST, UNIT #155 AUSTIN, TX 78701	\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MARILYN JUNKINS 9436 MEADOWBROOK DRIVE DALLAS, TX 75220	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4 CLASSIC AFRICA, LLC PO BOX 326 MIDDLE HADDAM, CT 06456	* Total contributions	Person X Payroll
(a)	(b)	(c)	(d)
No. 11	Name, address, and ZIP + 4 KURT & CINDY KALKOMEY 4431 LIVELY LANE DALLAS, TX 75220	\$\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

ELEPHANT HAVENS WILDLIFE FOUNDATION 82-3352560

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

Page **4**

Employer identification number

Name of organization

ELEPHANT HAVENS WILDLIFE FOUNDATION 82-3352560 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE 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.

Department of the Treasury Internal Revenue Service

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

3 a Subtotal 0 0 1,035,771. b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a 0 0.	Name of the organization	Employer identification number					
General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 980, Par IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the granteer delighbility for the grants or assistance? X Yes No Intel States. No Intel S	ELEPHANT HAVENS WILDLT	FE FOUNDATIO	N			82-3352560	
Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed: (a) Region (b) Number of (c) Number				side the United States. Comple	te if the organ		Yes" on
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LHA 332071 11-29-23

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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					
		SOUTH AFRICA	IMPROVEMENT	1,035,771.	WIRE TRANSFER	0.		
			recognized as charities by the for counsel has provided a sect			ı		0
			p	: (=)(=) = 9				

Schedule F (Form 990) 2023

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance Part III can be duplicated if a			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(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)

	1 oreign rorms		
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 the 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 the 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? /f "Yes."		
3			
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to	Yes	X No
	Certain Foreign Corporations (see the Instructions for Form 5471)	res	LA 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 the Instructions for Form 8621)	Yes	X No
5	Did the executation have an expression interest in a favoir nontravelin during the tay year?		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? ## "Yes," ***********************************		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		X No
	Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	the Instructions for Form 5713: don't file with Form 990)	Yes	X No

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

Schedule F (Form 990) 2023

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.

SCHEDULE 0 (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.

OMB No. 1545-0047

Department of the Treasury

Inspection Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **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:

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS SUBJECT TO PUBLIC DISCLOSURE ARE AVAILABLE FOR REVIEW UPON

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

OFFICERS AND MEMBERS OF THE BOARD ARE NOT COMPENSATED.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization ELEPHANT HAVENS WILDLIFE FOUNDATION	Employer identification number 82-3352560
REQUEST.	·
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN PARTNERSHIP CAPITAL 3,893.	
IN TAKINEKOHII CALITAD 5,055.	