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

Department of the Treasury Internal Revenue Service

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



| AF | or the 2 | 2023 calendar year, or tax year beginning and e | ending | | |
|-------------------------|-----------------------|--|-------------------|------------------------------|-------------------------------|
| B C | heck if oplicable: | C Name of organization | | D Employer identifi | cation number |
| | Address change | ELEPHANT HAVENS WILDLIFE FOUNDATION | | | |
| | Name change | Doing business as | 82-3352560 | | |
| | Initial return | Number and street (or P.0. box if mail is not delivered to street address) | E Telephone numbe | r | |
| | Final return/ | 4104 CALCULUS DRIVE | (972) 620-13 | 65 | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,436,891. |
| | Amende return | DALLAS, IX /5244-7511 | | H(a) Is this a group re | |
| | Applica- tion | F Name and address of principal officer: DEBRA STEVENS | | for subordinates | ? Yes 🗴 No |
| | pending | SAME AS C ABOVE | | H(b) Are all subordinates ir | ncluded? Yes No |
| <u>I</u> T | ax-exer | npt status: 🗴 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o | or 527 | If "No," attach a | list. See instructions |
| _ | Vebsite | | | H(c) Group exemptio | |
| | | rganization: X Corporation Trust Association Other | L Year | of formation: 2017 | A State of legal domicile: TX |
| Ра | | Summary | | | |
| e | | riefly describe the organization's mission or most significant activities: PROVIDE | | IAL SUPPORT TO | |
| Activities & Governance | | ROGRAMS DEVOTED TO THE SAFEGUARDING OF VALUABLE SPECIES, THE | | | |
| erni | | heck this box if the organization discontinued its operations or dispose | | | sets. |
| Ň | | | | | 4 |
| s S | | umber of independent voting members of the governing body (Part VI, line 1b) | | | 4 |
| ies | | otal number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 0 |
| ivit | 6 T | otal number of volunteers (estimate if necessary) | | 6 | 6 |
| Act | | otal unrelated business revenue from Part VIII, column (C), line 12 | | | -371. |
| | b N | et unrelated business taxable income from Form 990-T, Part I, line 11 | <u></u> | | 0. Current Year |
| | • • | | | 930,922 . | 1,437,091. |
| ne | | ontributions and grants (Part VIII, line 1h) | | 930,922. | 1,437,091. |
| Revenue | | rogram service revenue (Part VIII, line 2g) | | 21,736. | -323. |
| Re | | ivestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 134,189. | 123. |
| | | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,086,847. | 1,436,891. |
| | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 688,712. | 1,035,771. |
| | | irants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) | | 0.000,712. | 0. |
| | | alaries, other compensation, employee benefits (Part IX, column (A), line 4) | | 0. | 0. |
| Expenses | | rofessional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Den | | otal fundraising expenses (Part IX, column (D), line 176) | 0. | | |
| Exp | | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 45,163. | 53,140. |
| | | otal expenses (1 at 1X, column (X), lines 1 a 1 a, 112 4e) | | 733,875. | 1,088,911. |
| | | evenue less expenses. Subtract line 18 from line 12 | | 352,972. | 347,980. |
| or | | | | ginning of Current Year | End of Year |
| ets (anci | | otal assets (Part X, line 16) | | 686,020. | 1,051,870. |
| Assets (d Balanc | 21 T | otal liabilities (Part X, line 26) | | 0. | 0. |
| Net, | | et assets or fund balances. Subtract line 21 from line 20 | | 686,020. | 1,051,870. |
| | | Signature Block | | , - | , , , |

Part II Signature Block

т

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

| Sign | Signature of off | icer | | | | Date | | | |
|-----------|------------------|------------------------------------|-------------------------|-----------------|---|---------------------|-----------|-----------------|--------|
| Here | DEBRA STEVE | NS, PRESIDENT | | | | | | | |
| | Type or print na | me and title | | | | | | | |
| | Print/Type prepa | arer's name | Preparer's signature Da | | | Date Ch | | PTIN | |
| Paid | JONATHAN MA | RCH | JONATHAN MARCH | | 1 | if self-employed | P01384684 | | |
| Preparer | Firm's name | ARMANINO, LLP | | | | Firm's | EIN 94- | 6214841 | |
| Use Only | Firm's address | 15950 N. DALLAS PKWY, #60 | 0 | | | | | | |
| | | DALLAS, TX 75248 | | | | Phone | 972-66 | 51-1843 | |
| May the I | RS discuss this | return with the preparer shown abo | ve? See instructions | | | | | X Yes | No |
| LHA For | Paperwork Re | duction Act Notice, see the separ | ate instructions. | 332001 12-21-23 | | | | Form 990 | (2023) |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | 990 (2023) ELEPHANT HAVENS WILDLIFE FOUNDATION | 82-3352560 | Page 2 |
|--------|---|---------------------|-------------------|
| | rt III Statement of Program Service Accomplishments | | ·3- |
| | 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 | XNo |
| | 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 |
| | 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 m | easured by expenses | |
| - | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others | | |
| | 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 COSTS AS WELL AS | | |
| | COMMUNITY OUTREACH INCLUDING DEVELOPMENT OF WATER WELLS AND SANITATION | | |
| | FACILITIES. | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 1,080,816. | , | |
| | | Form | 990 (2023) |
| 332002 | 2 12-21-23 | | , , , |
| | 3 | | |

| | | | 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 | L |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | <u> </u> |
| 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 | | X |
| 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 | | | |
| | 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 | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | - | | |
| | Schedule D, Part III | 8 | | X |
| 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? | | | v |
| 40 | 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 | 40 | | x |
| 44 | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | ~ |
| 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | | 11a | | x |
| b | Part VI | 11a | | |
| b | | 11b | | x |
| с | assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| U | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| Ь | 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 | 110 | | |
| ŭ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | x |
| | 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 | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D. Parts XI and XII | 12a | | x |
| 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 | | x |
| 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 | | Х |
| 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 | <u> </u> |
| 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 | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | x | <u> </u> |
| 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 | | X |
| 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 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 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 | | X |
| | 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 | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 000 | X (0000) |
| 332003 | 12-21-23 | ⊢orm | 330 (| (2023) |

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332003 12-21-23

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| Form 990 (| 2023) | | | WILDLIFE | _ |
|------------|--------------|---------------|---------|--------------|----|
| Part IV | Checklist of | f Required Se | chedule | es (continue | d) |

| | | | 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 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | x |
| | Schedule J | 23 | | |
| 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 | 04- | | x |
| h | Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 240 | | <u> </u> |
| U | | 24c | | |
| h | any tax-exempt bonds? 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 | 2-14 | | |
| 200 | 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 | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? 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? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 0 | | x |
| 22 | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | | x |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 34 | | x |
| 35 a | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 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 | - 554 | | |
| ~ | 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 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 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 | |
| Par | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a3 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 332004 | \$ 12-21-23 | Form | 990 | (2023) |

| | | -3352560 | Page 5 | | | | | | |
|------------|--|-----------|---------------|--|--|--|--|--|--|
| Par | rt 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 | | | v | | | | | | |
| 3a | | | X | | | | | | |
| b | | <u>3b</u> | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | v | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <u>4a</u> | X | | | | | | |
| D | 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). | 5. | x | | | | | | |
| 5a | | | X | | | | | | |
| b | | | | | | | | | |
| c Ca | , 5 | | | | | | | | |
| юа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sol | | x | | | | | | |
| h | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | | | | | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | Ch | | | | | | | |
| - | were not tax deductible? | <u>6b</u> | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | x | | | | | | |
| a | | | | | | | | | |
| b | | <u>7b</u> | | | | | | | |
| С | | 70 | x | | | | | | |
| ا م | to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d | <u>7c</u> | | | | | | | |
| d | | 7e | X | | | | | | |
| e f | | 74 | X | | | | | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | | |
| y h | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| 8 | Sponsoring organization metaning donor advised funds. Did a donor advised fund maintained by the | 098-C? 7h | | | | | | | |
| 0 | | 8 | | | | | | | |
| 9 | Sponsoring organization have excess business holdings at any time during the year? | | | | | | | | |
| a | Did the energy ing experimentary make any tay able distributions under section 10662 | 9a | | | | | | | |
| b | Did the encourse eventies realized a distribution to a dense dense advices as valeted as second | 04 | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | | | | | | | | | |
| b | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| | Gross income from members or shareholders | | | | | | | | |
| b | | | | | | | | | |
| - | 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 | | | | | | | |
| | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| а | | 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 | | | | | | | | | |
| 14a | | 14a | X | | | | | | |
| b | | | | | | | | | |
| 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 | x | | | | | | |
| | 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? | | X | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | |
| 332005 | D5 12-21-23 | Form | 990 (2023) | | | | | | |

⁵ 2023.03030 ELEPHANT HAVENS WILDLIFE CUS00001

| Form | 990 (2023) ELEPHANT HAVENS WILDLIFE FOUNDATION | | 82-335 | | Р | age 6 |
|--------|--|-----------------------|-------------------|---------------------|--------------|--------|
| Par | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th | nrough | 7b below, and i | for a "No" | respon | se |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | | | |
| | 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 | 1a | | 4 | | |
| | 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 0. | | | | | |
| 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 a | 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 | direc | t 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 9 | 90 wa | s filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 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 ap | point | one or | | | |
| | more members of the governing body? | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | lders, or | | 1 | |
| | persons other than the governing body? | | | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | r by the | e following: | | | |
| а | The governing body? | | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | |
| | 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 Re | | | | | |
| | | | , | | 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 ch | | | | | |
| | 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 | / befor | e 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 | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | | | | | |
| | 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? | | | | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | , | • | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | x |
| | Other officers or key employees of the organization | | | l | | x |
| | 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 arrangen | nent w | ith a | | | |
| | taxable entity during the year? | | | 16a | | x |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | |
| ~ | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | <u></u> | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed TX | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | nd 000 | -T (section 501(c | (3) = (3) = (3) | availal | |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | 10 330 | | <i>)</i> (0)3 0119) | avanai | |
| | | 0 | | | | |
| 10 | | | , | and finan | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | I IIICT C | minuerest policy, | , and inar | udl | |
| 20 | statements available to the public during the tax year. | ko cr | 1 1000100 | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo DEBRA STEVENS - (972) 620-1365 | iks and | arecords | | | |
| | | | | | | |
| | , , , | | | г. | n 990 | (0000) |
| 332006 | 12-21-23 6 | | | Forr | 11 3 3 0 | (2023) |
| 704 | | T T N T | זדיאני הידדי | ידי דר | 011 | S00 |
| 104 | 16 701245 CUS000016403 2023.03030 ELEPHANT | пА | испир МТПГ | | CU | 200 |

001

| 1a Comple | ete this table for all persons required to be listed. Report compensation for the calendar year ending with c | or within the organization's | s tax year. | | | | | | |
|--|---|------------------------------|-------------|--|--|--|--|--|--|
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | | | | | | | |
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | |
| <u>Form 990 (</u> | | 82-3352560 | Page 1 | | | | | | |

• 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 nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | | (C) | | (D) | (E) | (F) | | | |
|----------------------|----------------|--------------------------------|---|---------|--------------|---------------------------------|--------------|-----------------|-----------------|------------------------|
| Name and title | Average | (do | | Pos | itior | | | Reportable | Reportable | Estimated |
| | hours per | box | (do not check more than one box, unless person is both an | | n an | compensation | compensation | amount of | | |
| | week | | cer ar I | id a d | irecto | r/trus T | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | e | | | ted | | organization | (W-2/1099-MISC/ | from the |
| | related | stee | truste | | e | pens | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | ual tru | onal | | ploye | ee com | | 1099-NEC) | | and related |
| | below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) DEBRA K. STEVENS | 30.00 | | | 0 | $ \ge $ | Ξæ | ш | | | |
| PRESIDENT | | х | | х | | | | 0. | 0. | 0. |
| (2) CAMILLA COWAN | 1.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | х | | | | 0. | ٥. | 0. |
| (3) SHANNON NEWSOM | 1.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | х | | | | 0. | 0. | 0. |
| (4) J. SCOTT JACKSON | 1.00 | | | | | | | | | |
| SECRETARY/TREASURER | | х | | х | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| 222007 12 21 22 | 1 | | | | | | | 1 | | Form 990 (2023) |

Form 990 (2023)

7

| | 990 (2023) ELEPHANT HAVE | ENS WILDLIF | E F | OUN | DAT | ION | [| | | 82-33 | 5256(|) | P | age 8 |
|-----|--|--|------------|-----------------|-------------|--|-------------|--|--|--|----------|------------|----------------------------------|--------------|
| Par | VII Section A. Officers, Directors, Trust | tees, Key Emp | oloy | ees, | and | d Hig | ghes | t Co | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per week | (do box | not c , unle | Pos heck | C) itior ^{more} rson i | | one 1 an | (D) Reportable compensation from | (E) Reportable compensatio from related | | | (F) stimate nount other | |
| | | (list any hours for related organizations below line) line) (line) (list any hours for related below line) | | | | | s | compensation from the organization and related organizations | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | Quinte test | | | | | | | | 0. | | 0. | | | 0. |
| С | Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) | I, Section A | | | | | | | 0. | | 0. 0. | | | 0. 0. |
| 2 | Total number of individuals (including but no compensation from the organization | | | | | | | | eceived more than \$100, | 000 of reportable | | | | 0 |
| 3 | Did the organization list any former officer, | - | | | • | | | Ŭ | • • | | | • | Yes | No X |
| 4 | line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportabl | e co | mpe | ensa | tion | and | oth | er compensation from t | he organization | | 3 | | x |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> | iccrue compen | sati | on fi | rom | any | unre | elate | ed organization or individ | dual for services | | 5 | | x |
| Sec | ion B. Independent Contractors | - | | | - | | | | | | | | | |
| 1 | Complete this table for your five highest con the organization. Report compensation for t | • | • | | | | | | | • | ensat | ion fro | om | |
| | (A) Name and business | address | NO | NE | | | | | (B) Description of s | ervices | C | (C ompe | C) nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir \$100,000 of compensation from the organiz | - | ot lin | niteo | d to | | se lis 0 | ted | above) who received mo | ore than | | | | |
| | | | | | | | | | | | | | | |

332008 12-21-23

| | | | 2023) ELEPHANT HAVEN | IS WIL | DLIFE FOUNDAT | TION | | 82-335256 | 0 Page 9 |
|---|--------|----------|--|-----------|---------------------|-----------------------------|--|-----------|--|
| Pa | rt V | /111 | Statement of Revenue | | | | | | |
| | | | Check if Schedule O contains a res | sponse | or note to any line | | (=) | (C) | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | | (D) Revenue excluded from tax under sections 512 - 514 |
| ŝ | 1 | а | Federated campaigns1 | a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues 1 | _ | | | | | |
| n Gr | | | Fundraising events 1 | c | | | | | |
| ifts ar A | | | Related organizations 1 | d | | | | | |
| s, G mila | | е | Government grants (contributions) | е | | | | | |
| r Si | | f | All other contributions, gifts, grants, and | | | | | | |
| ibut | | | similar amounts not included above 1 | f | 1,437,091. | | | | |
| d O | | g | Noncash contributions included in lines 1a-1f | g \$ | | | | | |
| an Su | | h | Total. Add lines 1a-1f | | | 1,437,091. | | | |
| | | | | | Business Code | | | | |
| e | 2 | а | | | | | | | |
| Program Service Revenue | | b | | | | | | | |
| am Ser | | С | | | | | | | |
| Jev | | d | | | | | | | |
| rog | | е | | | | | | | |
| ₽. | | | All other program service revenue | | | | | | |
| | - | | Total. Add lines 2a-2f | | | | | | |
| | 3 | | Investment income (including dividend | | | -323. | | -371. | 48. |
| | | | other similar amounts) Income from investment of tax-exempt | | | 525. | | 571. | ±0. |
| | 4 5 | | | • | 1 | 123. | | | 123. |
| | 5 | | Royalties | leal | (ii) Personal | 110. | | | 110. |
| | 6 | 2 | | loui | | | | | |
| | 0 | a b | Gross rents 6a Less: rental expenses 6b | | | | | | |
| | | c | Rental income or (loss) 6c | | | | | | |
| | | | Net rental income or (loss) | | | | | | |
| | 7 | | Gross amount from sales of (i) Sec | urities | (ii) Other | | | | |
| | - | | assets other than inventory 7a | | | | | | |
| | | b | Less: cost or other basis | | | | | | |
| e | | | and sales expenses 7b | | | | | | |
| evenue | | с | Gain or (loss) 7c | | | | | | |
| | | d | Net gain or (loss) | <u>.</u> | | | | | |
| Other R | | | Gross income from fundraising events (not | | | | | | |
| ₽ | | | including \$ o | of | | | | | |
| | | | contributions reported on line 1c). See | | | | | | |
| | | | Part IV, line 18 | <u>8a</u> | | | | | |
| | | b | Less: direct expenses | 8b | | | | | |
| | | | Net income or (loss) from fundraising e | | | | | | |
| | 9 | а | Gross income from gaming activities. S | | | | | | |
| | | | Part IV, line 19 | | | | | | |
| | | | Less: direct expenses | | | | | | |
| | 40 | | Net income or (loss) from gaming activ | iτies | | | | | |
| | 10 | а | Gross sales of inventory, less returns | 10 | | | | | |
| | | L | and allowances | | | | | | |
| | | | Less: cost of goods sold | ···· 🖵 | | | | | |
| | | 0 | Net income or (loss) from sales of inver | погу | Business Code | | | | |
| sn | 11 | 2 | | | 2 | | | | |
| neo | | a b | | | | | | | |
| slla | | c | | | | | | | |
| Miscellaneous Revenue | | | All other revenue | | | | | | |
| Σ | | | Total. Add lines 11a-11d | | | | | | |
| | 12 | | Total revenue. See instructions | | | 1,436,891. | 0. | -371. | 171. |
| 33200 | 9 12- | -21- | | | | | | | Form 990 (2023 |

9

332009 12-21-23

ELEPHANT HAVENS WILDLIFE FOUNDATION

82-3352560 <u>Page</u> 10

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 (B) (C) (D) (A) 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 1 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. Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 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 11 Fees for services (nonemployees): а Management b Legal 8,095. 8,095 Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 6,870 6,870 column (A), amount, list line 11g expenses on Sch 0.) 21,330, 21,330, Advertising and promotion 12 15,184. 15,184. 13 Office expenses Information technology 14 15 Royalties 276. 276. 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 Interest Payments to affiliates 21 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.) BANK FEES 1,385. 1,385, а b С d All other expenses е 1,088,911 1,080,816 8,095 0. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

332010 12-21-23

10 2023.03030 ELEPHANT HAVENS WILDLIFE CUS00001

Form 990 (2023)

20270416 701245 CUS000016403

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

Cash - non-interest-bearing

Savings and temporary cash investments

ELEPHANT HAVENS WILDLIFE FOUNDATION

| | 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, subst | , or 35% | | | | |
| | | controlled entity or family member of any of these persons | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied persons (as d | efined | | | |
| | | under section 4958(f)(1)), and persons described | d in section 4958(| c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | | | | | 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 - | | 597. | 12 | | |
| | 13 | Investments - program-related. See Part IV, line | 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 equ | al line 33) | | 686,020. | 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 | le D | | 21 | | |
| es | 22 | Loans and other payables to any current or form | r, | | | | |
| iabilities | | trustee, key employee, creator or founder, subs | , or 35% | | | | |
| iab. | | controlled entity or family member of any of the | | 22 | | | |
| | 23 | Secured mortgages and notes payable to unrela | | 23 | | | |
| | 24 | Unsecured notes and loans payable to unrelated | d third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | - | | | | |
| | | parties, and other liabilities not included on lines | e Part X | | | | |
| | | of Schedule D | | ······ | | 25 | |
| | 26 | | | | 0. | 26 | 0. |
| s | | Organizations that follow FASB ASC 958, che | ck here | | | | |
| Balances | | and complete lines 27, 28, 32, and 33. | | | | | |
| alar | 27 | Net assets without donor restrictions | | | | 27 | |
| B | 28 | Net assets with donor restrictions | | | | 28 | |
| ŭ | | Organizations that do not follow FASB ASC 9 | 58, check here | X | | | |
| υF | | and complete lines 29 through 33. | | | 0 | | 0 |
| Net Assets or Fun | 29 | Capital stock or trust principal, or current funds | | | 0. | 29 | 0. |
| SSE | 30 | Paid-in or capital surplus, or land, building, or ed | | | 686,020. | 30 | 1,051,870. |
| etA | 31 | Retained earnings, endowment, accumulated in | | | 686,020. | 31 | 1,051,870. |
| ž | 32 22 | | | 686,020. | 32 | 1,051,870. | |
| | 33 | Total liabilities and net assets/fund balances . | | | 000,020. | 33 | Form 990 (2023) |
| | | | | | | | ronn 330 (2023) |

(B) End of year

1,037,893.

115.

(A) Beginning of year

685,423.

1

2

Form 990 (2023)

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| Form | 990 (2023) ELEPHANT HAVENS WILDLIFE FOUNDATION | 82-335256 | 0 | Pa | _{ae} 12 |
|------|---|-----------|---------|-------|------------------|
| Par | t XI Reconciliation of Net Assets | | | | 2 |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 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 | | З, | 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. |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Cash 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 | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | 1 |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | x |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | | 000 | |

Form **990** (2023)

(Form 990)

Total

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.

| OMB No. 1545-0047 |
|-------------------|
| 2023 |
| Open to Public |

| Department of the Treasury Internal Revenue Service | | | | Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | Open to Public Inspection |
|--|--------------------------|--------------------|-------------------|--|--|------------------|-----------------------------------|-----------------|---------------|------------------------------|
| Nan | Name of the organization | | | | | | | | Employer | identification number |
| | | | ELEPHA | NT HAVENS WILDL | IFE FOUNDATION | | | | | 82-3352560 |
| Pa | rt I | Reason | for Public (| Charity Status. | (All organizations must c | omplete tł | nis part.) S | ee instructior | IS. | |
| The | organ | | | | For lines 1 through 12, cl | | | | | |
| 1 | | A church, co | nvention of ch | urches, or associatio | on of churches described | in sectio | on 170(b)(1 | I)(A)(i). | | |
| 2 | | | | | Attach Schedule E (Form | | | | | |
| 3 | | | | | anization described in se | |)(b)(1)(A)(ii | ii). | | |
| 4 | | | | | njunction with a hospital | | | |)(iii). Enter | the hospital's name, |
| | | city, and stat | e: | | | | | | | |
| 5 | | An organizat | ion operated fo | or the benefit of a co | llege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in |
| | | section 170 | (b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | | | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | X | | | - | ntial part of its support fr | | | | he general | oublic described in |
| | | | | omplete Part II.) | | Ū | | | | |
| 8 | | | | | (1)(A)(vi). (Complete Part | t II.) | | | | |
| 9 | | An agricultur | al research or | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college |
| | | - | - | - | ulture (see instructions). | | - | | - | - |
| | | university: | - | | | | | | - | |
| 10 | | | ion that norma | Illy receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | nip fees, an | d gross receipts from |
| | | activities rela | ted to its exen | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of it | s support f | rom gross investment |
| | | income and ι | unrelated busir | ness taxable income | (less section 511 tax) fro | m busines | sses acqui | red by the org | ganization a | after June 30, 1975. |
| | | See section | 509(a)(2). (Co | mplete Part III.) | | | | | | |
| 11 | | An organizat | ion organized a | and operated exclusi | ively to test for public sat | fety. See | section 50 | 09(a)(4). | | |
| 12 | | An organizat | ion organized a | and operated exclusi | ively for the benefit of, to | perform t | he functio | ns of, or to ca | arry out the | purposes of one or |
| | | more publicly | supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section | 509(a)(3). | Check the box on |
| | | lines 12a thro | bugh 12d that | describes the type of | f supporting organizatior | n and com | plete lines | 12e, 12f, and | d 12g. | |
| а | | Type I. A s | upporting orga | anization operated, s | upervised, or controlled | by its supp | orted org | anization(s), t | ypically by | giving |
| | | the suppor | ted organizatio | on(s) the power to re | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | upporting |
| | | organizatio | n. You must o | complete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. As | supporting org | anization supervised | l or controlled in connect | ion with it | s supporte | ed organizatio | n(s), by hav | ving |
| | | control or r | management o | of the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the sup | ported |
| | | organizatio | n(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| с | | Type III fui | nctionally inte | grated. A supportin | g organization operated | in connect | tion with, a | and functiona | lly integrate | ed with, |
| | | its support | ed organizatio | n(s) (see instructions |). You must complete I | Part IV, Se | ections A, | D, and E. | | |
| d | |] Type III no | n-functionally | y integrated. A supp | porting organization oper | ated in co | nnection v | vith its suppo | rted organi: | zation(s) |
| | | that is not | functionally int | egrated. The organiz | zation generally must sat | isfy a distr | ibution rec | quirement and | d an attentiv | /eness |
| | | requiremer | nt (see instruct | ions). You must cor | nplete Part IV, Sections | A and D, | and Part | v . | | |
| е | | Check this | box if the orga | anization received a v | written determination from | m the IRS | that it is a | Туре I, Туре | II, Type III | |
| | | functionally | / integrated, or | r Type III non-functio | nally integrated supportin | ng organiz | ation. | | | |
| f | Ente | er the number | of supported of | organizations | | | | | | |
| <u> </u> | | | 0 | n about the supporte | <u> </u> | (iv) is the even | a institut listad | | | |
| | (| (i) Name of supp | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your govern | anization listed ing document? | (v) Amount o | - | (vi) Amount of other |
| | | organizatior | 1 | | above (see instructions)) | Yes | No | support (see i | | support (see instructions) |
| | | | | | | | | | | |
| | | | | | | | | | | |
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ELEPHANT HAVENS WILDLIFE FOUNDATION

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 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.)

| See | ction A. Public Support | | | | | | |
|------|---|---------------------|-----------------------|------------------------|--------------------|---------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | 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. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 1,072,520. |
| | Public support. Subtract line 5 from line 4. | | | | | | 3,303,090. |
| | ction B. Total Support | | | | | | |
| | 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. |
| 8 | 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. |
| | Total support. Add lines 7 through 10 | | | | | | 4,553,922. |
| | Gross receipts from related activities, | | , | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | • | st, second, third, fo | ourth, or fifth tax ye | ear as a section 5 | 01(c)(3) | |
| 800 | organization, check this box and stop | | ontago | | | <u></u> | |
| | ction C. Computation of Publi | | - | | | | 72.53 % |
| | Public support percentage for 2023 (li | | | | | 14 | /0 |
| | Public support percentage from 2022 | | | | | 15 | 59.81 % |
| 168 | 33 1/3% support test - 2023. If the c | | | | | | V |
| | stop here. The organization qualifies | | - | | | | ····· |
| C | 33 1/3% support test - 2022. If the c | | | | | | |
| 47 | and stop here. The organization qual | | • • | | | | |
| 1/a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the facts | | | - | - | vi now the organiza | ation |
| | meets the facts-and-circumstances te | 0 | • | , | | To and line 15 is 1 | |
| b | 10% -facts-and-circumstances test | - | | | | | U% 0r |
| | more, and if the organization meets the | | | | | | |
| 10 | organization meets the facts-and-circu Private foundation If the organization | | | | | | |
| 18 | Private foundation. If the organizatio | THUIL HOL CHECK & D | | , 100, 17a, 01 17D, | CHECK THE DOX SI | | Form 990) 2023 |
| | | | | | | | |

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 | Stion A. Public Support | | | | | | |
|-------------|--|-----------------------|-----------------------|----------------------|---------------------|----------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | 3 (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 | | | | | | | |
| 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 | | | | | | |
| 5 | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 received from disgualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | | - | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | 3 (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 <i>a</i> | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | he organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) orgai | nization, |
| | | | | | | | |
| Sec | ction C. Computation of Public | ic Support Per | centage | | | | |
| 15 | Public support percentage for 2023 (| line 8, column (f), d | livided by line 13, o | column (f)) | | 15 | % |
| | Public support percentage from 2022 | | | | | 16 | % |
| Sec | ction D. Computation of Inves | stment Income | e Percentage | | | | |
| | Investment income percentage for 20 | | | | | 17 | % |
| 18 | Investment income percentage from | | | | | 18 | % |
| 198 | 33 1/3% support tests - 2023. If the | | | | | | |
| | more than 33 1/3%, check this box at | - | • | | • • | | |
| b | 33 1/3% support tests - 2022. If the | - | | | | | |
| ••• | line 18 is not more than 33 1/3%, che | | • | - | | - | |
| | Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check t | nis box and see ins | | |
| 33202 | 23 12-21-23 | | 15 | | | Schee | dule A (Form 990) 2023 |

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

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.)

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10b | | | Schedule A (Form 990) 2023

| Pa | rt IV Supporting Organizations (continued) | | | |
|----|--|-----|-----|----------|
| | | | Yes | N |
| 1 | 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 | | |
| с | 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 | | |
| С | tion B. Type I Supporting Organizations | | _ | |
| | | | Yes | |
| | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? 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. Did the organization operate for the benefit of any supported organization other than the supported | 1 | | |
| | 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 | | |
| С | tion C. Type II Supporting Organizations | • | | <u> </u> |
| | | | Yes | |
| | 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 | | |
| С | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | |
| I | 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 | | | |

| 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 | | | |
| | | 2 | | |

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

| 1 Che | ck the box next to the me | thod that the organiza | ation used to satisfy | the Integral Part Test | t during the vear | (see instructions). |
|-------|---------------------------|------------------------|-----------------------|------------------------|-------------------|---------------------|
|-------|---------------------------|------------------------|-----------------------|------------------------|-------------------|---------------------|

a The organization satisfied the Activities Test. Complete line 2 below.

| b 🗋 | The organization i | s the parent of each | of its supported organizations. | Complete line 3 below. |
|-----|--------------------|----------------------|---------------------------------|------------------------|
|-----|--------------------|----------------------|---------------------------------|------------------------|

| c | | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions). | |
|---|--|---|---|--|
|---|--|---|---|--|

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- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2023

2a

2b

За

Yes No

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| Sche | dule A (Form 990) 2023 ELEPHANT HAVENS WILDLIFE FOUNDATION | | | 82-3352560 | Page 6 | | | |
|----------|--|---------|-----------------------------|-------------------------|--------|--|--|--|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | Orga | nizations | | | | | |
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions. | | | | | | | |
| | All other Type III non-functionally integrated supporting organizations must c | | • | | | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current (optiona | | | | |
| 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 (optiona | | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | | | |
| <u>a</u> | Average monthly value of securities | 1a | | | | | | |
| b | Average monthly cash balances | 1b | | | | | | |
| C | Fair market value of other non-exempt-use assets | 1c | | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | | | |
| 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 Y | 'ear | | | |
| 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-functionally | integra | ted Type III supporting org | anization (see | | | | |

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

332027 12-21-23

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

| Sect | tion D - Distributions | | Current Year | | |
|------|---|------------------------------|--------------|-------|--|
| 1 | Amounts paid to supported organizations to accomplish exer | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | 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 | | | | |
| | (provide details in Part VI). See instructions. | 8 | | | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 10 | 10 Line 8 amount divided by line 9 amount | | | | |
| | | (i) | (ii) | (iii) | |

Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e 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: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c 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: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

. . .

Schedule A (Form 990) 2023

| Schedule A | (Form 990) 2023 ELEPHANT HAVENS WILDLIFE FOUNDATION | 82-3352560 | Page 8 |
|----------------|--|------------------------------------|---------------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line | 8, lines 1 and 2; Part IV, Sectior | ۱C, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.) | additional information. | , |
| SCHEDULE | A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: | | |
| OTHER INC | OME | | |
| 2021 AMOU | NT: \$ 2,019. | | |
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| 332028 12-21-2 | | Schedule A (Form S | 990) 2023 |
| | 20 | | |

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

| LEPHANT HAVENS WILDLIFE FOUNDATION | 82-3352560 |
|--|---|
| x one): | |
| Section: | |
| X 501(c)(³) (enter number) organization | |
| 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| 527 political organization | |
| 501(c)(3) exempt private foundation | |
| 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| 501(c)(3) taxable private foundation | |
| | |
| n is covered by the General Rule or a Special Rule. | |
| | Section: X 501(c)(³) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) exempt private foundation 501(c)(3) taxable private foundation |

General Rule

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

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.

| ELEPHANT | HAVENS WILDLIFE FOUNDATION | | 82-3352560 |
|------------|--|-----------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$151,414. | 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 |
| 2 | | \$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 | | \$80,000. | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$80,000. | 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 |
| 5 | | \$70,000. | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

2023.03030 ELEPHANT HAVENS WILDLIFE CUS00001

323452 12-26-23

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

| ELEPHANI | HAVENS WILDLIFE FOUNDATION | 8 | 2-3352560 |
|------------|--|-----------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$50,000. | 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 |
| 8 | | \$50,000. | 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 |
| 9 | | \$46,000. | 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 |
| 10 | | \$44,070. | 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 |
| | | \$ | 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 |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

2023.03030 ELEPHANT HAVENS WILDLIFE CUS00001

323452 12-26-23

Schedule B (Form 990) (2023)

Name of organization

Page 2

Employer identification number

| Name of o | rganization | | Employer identification number |
|------------------------------|---|---|--------------------------------|
| ELEPHANT | T HAVENS WILDLIFE FOUNDATION | | 82-3352560 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | additional space is needed | l. |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
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323453 12-26-23

Schedule B (Form 990) (2023)

Page 3

20270416 701245 CUS000016403

Schedule B (Form 990) (2023)

| Schedule B (Form 990) (2023) |
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Page 4

| ame of or | ganization | | Employer identification nur | | |
|--------------------------|---|---|--|--|--|
| EPHANT | HAVENS WILDLIFE FOUNDATION | | 82-3352560 | | |
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a | ions to organizations described in set | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the | | |
| | completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or l | ess for the year. (Enter this info. once.) | | |
| a) No | Use duplicate copies of Part III if additional | space is needed. | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| - | | (e) Transfer of gift | t | | |
| - | Transferee's name, address, a | 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 gif | t | | |
| - | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | (e) Transfer of gift | [| | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| ŀ | | (e) Transfer of gift | t | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | |
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| 454 12-26- | -23 | | Schedule B (Form 990) | | |

| ELE | PHANT HAVENS WILDLI | | | | | 82-3352560 | |
|-----|-------------------------------|--------------------|----------------------------|---|------------------|--------------------------------------|---------------------------|
| Pa | rt I General Info | rmation on A | ctivities Out | side the United States. Comple | ete if the organ | ization answered " | Yes" on |
| | Form 990, Part IV | | | | | | |
| 1 | | | | ds to substantiate the amount of its gra | | | |
| | the grantees' eligibility for | or the grants or a | assistance, and t | the selection criteria used to award the | grants or assis | tance? | Yes 🗌 No |
| 2 | For grantmakers. Desc | ribe in Part V the | e organization's | procedures for monitoring the use of its | grants and ot | her assistance outs | side the |
| | United States. | | 5 | 5 | 5 | | |
| 3 | Activities per Region. (T | he following Part | I, line 3 table ca | an be duplicated if additional space is n | eeded.) | | |
| | (a) Region | (b) Number of | (c) Number of employees, | (d) Activities conducted in the region | | vity listed in (d) | (f) Total expenditures |
| | | offices | agents, and | (by type) (such as, fundraising, pro- | | gram service, | for and |
| | | in the region | independent contractors | gram services, investments, grants to recipients located in the region) | | e specific type (s) in the region | investments |
| | | | in the region | recipients located in the region) | | (s) in the region | in the region |
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| вот | SWANA | 0 | 0 | GRANTMAKING | | | 1,035,771. |
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| 3 0 | Subtotal | 0 | 0 | | | | 1,035,771. |
| | Subtotal | | | | | | _,,, |
| , N | sheets to Part I | 0 | 0 | | | | 0. |
| с | Totals (add lines 3a | | | | | | |
| | and 3b) | 0 | 0 | | | | 1,035,771. |

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.

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

LHA 332071 11-29-23

and 3b)

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|---|------------|---|-----------------------------|--|---|--|--|
| | | | PROGRAM SERVICES AND FACILITIES IMPROVEMENT | 1,035,771. | WIRE TRANSFER | 0. | | |
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ______

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

0

ELEPHANT HAVENS WILDLIFE FOUNDATION

82-3352560

Schedule F (Form 990) 2023 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. (e) Manner of cash disbursement (c) Number of (d) Amount of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2023

(h) Method of valuation (book, FMV, appraisal, other)

Page 4

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i> | 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? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i> | 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? <i>If</i> "Yes," <i>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)</i> | 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 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? <i>If</i> "Yes," <i>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)</i> | Yes | X No |

Schedule F (Form 990) 2023

332074 11-29-23

82-3352560

Page 5

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.

20270416 701245 CUS000016403

| SCHEDULE O (Form 990) | Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. | -EZ | OMB No. 1545-0047 |
|--|---|------|------------------------------|
| Department of the Treasury Internal Revenue Service | Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. | | Open to Public Inspection |
| Name of the organization | | | identification number |
| FORM 990, PART I, | LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | | |
| PRESERVATION OF WI | LDLIFE IN THEIR NATURAL HABITAT, THE DISSEMINATION OF | | |
| KNOWLEDGE FOR THE | FURTHERANCE OF WILDLIFE PRESERVATION, ADDRESSING | | |
| ANIMAL WELFARE ISS | UES, RESCUING AND REARING ORPHAN ELEPHANTS, AND | | |
| EFFECTIVE REINTEGR | ATION OF ORPHAN ELEPHANTS BACK INTO THE WILD. | | |
| FORM 990, PART III | , LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | | |
| REARING ORPHAN ELE | PHANTS, AND EFFECTIVE REINTEGRATION OF ORPHAN | | |
| ELEPHANTS BACK INT | O 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 REVIEW | ED BY THE BOARD OF DIRECTORS' CHAIR AND A COPY IS | | |
| DISTRIBUTED TO MEM | BERS 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 MEMBE | RS OF THE BOARD ARE NOT COMPENSATED. | | |
| | | | |
| FORM 990, PART VI, | SECTION C, LINE 19: | | |
| DOCUMENTS SUBJECT | TO PUBLIC DISCLOSURE ARE AVAILABLE FOR REVIEW UPON | | |
| For Paperwork Reduct | on Act Notice, see the Instructions for Form 990 or 990-EZ. | Sche | dule O (Form 990) 2023 |

LHA 332211 11-14-23

| Name of the organization | Employer identification number |
|---|--------------------------------|
| ELEPHANT HAVENS WILDLIFE FOUNDA | |
| | |
| REQUEST. | |
| | |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN PARTNERSHIP CAPITAL | 3,893. |
| | 5,055. |
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| 332212 11-14-23 | Schedule O (Form 990) 20 |
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