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

OMB No. 1545-0047

Department of the Treasury

A For the 2024 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address change ELEPHANT HAVENS WILDLIFE FOUNDATION Name 82-3352560 change Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 4104 CALCULUS DRIVE (972) 620-1365 6,053,260. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended DALLAS, TX 75244-7311 H(a) Is this a group return return
Application
pending F Name and address of principal officer: DEBRA STEVENS Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.ELEPHANTHAVENS.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2017 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE FINANCIAL SUPPORT TO Activities & Governance PROGRAMS DEVOTED TO THE SAFEGUARDING (CONTINUED ON SCH. O) 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 7 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 1,437,091, 4,960,917. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0 Program service revenue (Part VIII, line 2g) -323 473,974. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 5,411. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 123 11 1,436,891 5,440,302. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,035,771 2,390,689. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 53,140. 59,017. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,088,911. 2,449,706. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 347,980. 2,990,596. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 1,051,870 3,589,714. Total assets (Part X, line 16) 0 0 21 Total liabilities (Part X, line 26) 三年 1,051,870. 3,589,714. Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DEBRA STEVENS, PRESIDENT Here Type or print name and title Date PTIN Check Preparer's name Preparer's signature JONATHAN MARCH JONATHAN MARCH 03/31/25 P01384684 Paid ARMANINO ADVISORY LLC 94-6214841 Preparer Firm's name Firm's EIN 15950 N. DALLAS PKWY, #600 Use Only Firm's address Phone no.972-661-1843

No

Yes

DALLAS, TX 75248

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	PROVIDE FINANCIAL SUPPORT TO PROGRAMS DEVOTED TO THE SAFEGUARDING OF	
	VALUABLE SPECIES, THE PRESERVATION OF WILDLIFE IN THEIR NATURAL	
	HABITAT, THE DISSEMINATION OF KNOWLEDGE FOR THE FURTHERANCE OF	
	WILDLIFE PRESERVATION, (CONTINUED ON SCH. O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ü	If "Yes," describe these changes on Schedule O.	163140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	w ovnoncoo
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
_	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,438,767. including grants of \$ 2,390,689. ) (Revenue \$	)
	OTHER EXPENSES RELATED TO CARRYING OUT THE FUNDING OF THE CONSTRUCTION	
	OF THE ORPHANAGE FACILITY, BOTSWANA STAFF WAGES AND HOUSING, FENCING,	
	SOLAR PANELS, PHOTO/VIDEO EQUIPMENT, FEEDING AND CARE OF YOUNG	
	ELEPHANTS, VETERINARY EXPENSES, AND TRANSPORTATION COSTS AS WELL AS	
	COMMUNITY OUTREACH INCLUDING DEVELOPMENT OF WATER WELLS AND SANITATION	
	FACILITIES.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
A -I	Other presum comitees (December on Cahadult C.)	
4d	Other program services (Describe on Schedule O.)	<b>\</b>
_	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses 2,438,767.	Form <b>990</b> (2024)
		rom 220 (2024)

# Form 990 (2024) ELEPHANT HAVENS WITTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	, ,	8		x
9	Schedule D, Part III			
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10	х	
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		x
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	1.0		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 110		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
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	
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	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	_ <u></u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Form 990 (2024) ELEPHANT HAVENS WILDLIF
Part IV | Checklist of Required Schedules (contin

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

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Form	990 (2024) ELEPHANT HAVENS WILDLIFE FOUNDATION 82-335256	0	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	'' <del>'</del>		
·	to file Form 8282?	7c		x
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
e •		7f		X
f				<del></del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12  Consequenciate included on Form 200 Part VIII, line 10 for public uses of all the facilities.	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	ł		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	<b>Note:</b> 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	-		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	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.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedTX			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Y Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DEBRA STEVENS - (972) 620-1365			
	4104 CALCULUS DRIVE, DALLAS, TX 75244-7311			

Form 990 (2024)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	than of strus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DEBRA K. STEVENS	30.00									
PRESIDENT	1 00	Х		Х				0.	0.	0.
(2) CAMILLA COWAN VICE PRESIDENT	1.00	x		х				0.	0.	0.
(3) SHANNON NEWSOM	1.00	^		^				0.	٠.	· ·
VICE PRESIDENT	1.00	х		х				0.	0.	0.
(4) J. SCOTT JACKSON	1.00	Α				$\vdash$		<u> </u>	0.	0.
SECRETARY/TREASURER	1.00	х		x				0.	0.	0.
(5) KIRSTEN KERRIGAN	1.00			-				· · ·	••	
BOARD MEMBER		х						0.	0.	0.

(A)	(B)			(C	•		- 1	(D)	(E)		(F)	
Name and title	Average	(40		Posit		an or	[ ۵	Reportable	Reportable		Estimat	ed
	hours per	box	, unles	s pers	son is	both a	ın	compensation	compensation		amount	of
	week		cer an	d a dir	ector/	trustee	e)	from	from related		other	
	(list any	ector						the	organizations		compensa	atio
	hours for	r dire			- 1	DE I		organization	(W-2/1099-MISC	/	from th	e
	related	stee (	ruste			28		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations below	altru	onal t		loyee	5 g		1099-NEC)			and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	employee	Former				organizat	ions
	iii ie)	Ĕ	lus	8	- Š	i ei	요			$\dashv$		
					1		$\dashv$			1		
					_	+	4			_		
					$\perp$							
					$\dashv$		+			1		
					$\dashv$		$\dashv$			_		
Subtotal								0.		0.		
							ŀ	0		<u> </u>		
Total from continuation sheets to Part	VII, Section A							0.		0.		
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				0.		0.		
Total from continuation sheets to Part	VII, Section A	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				0.		-+		
Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including bu compensation from the organization	VII, Section A	ose	liste	d ab	ove)	who	rec	0. ceived more than \$100,	000 of reportable	-+	Yes	
Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including bu compensation from the organization  Did the organization list any former office	VII, Section A t not limited to the	ee, k	liste	d abo	ove)	who	rec	0 . ceived more than \$100,	000 of reportable	-+		N
Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J fo	t not limited to the er, director, trust	ee, k	liste	d abo	ove)	who	rec	0 . ceived more than \$100, nest compensated empl	000 of reportable	-+	Yes 3	
Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the	t not limited to the er, director, trust r such individual sum of reportable	ee, k	liste	mplo	ove)	who or h	rec	0 . ceived more than \$100, nest compensated empl	oyee on	-+	3	N
Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including bu compensation from the organization  Did the organization list any former offic line 1a? If "Yes," complete Schedule J fo For any individual listed on line 1a, is the and related organizations greater than \$1	t not limited to the r, director, trust r such individual sum of reportable 50,000? If "Yes,	ee, k	liste	mplo	ove)	who or h	red nigh	0. ceived more than \$100, nest compensated empler compensation from the compensation from the compensation from the compensation such individual	ooo of reportable oyee on ne organization	-+		N
Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the	t not limited to the r, director, trust r such individual sum of reportable 50,000? If "Yes, or accrue comper	ee, k	liste	mplo	ove)  oyee  ion a	or h	reconnight	o. ceived more than \$100, nest compensated emplers compensation from the compensation from the compensation or individual dorganization or individual	oyee on ne organization	-+	3	N X
Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive or rendered to the organization? If "Yes," coction B. Independent Contractors	t not limited to the rer, director, trust resuch individual sum of reportable 50,000? If "Yes, or accrue compercomplete Scheduling of the sum of the sum of reportable sum of	ee, k	liste	mplo mplo nnsat sete S	ove)  pyee  checker  any Lerso	who or h	reconnigh	o. ceived more than \$100, nest compensated empl er compensation from the compensation or individual dorganization or individual	oyee on ne organization	0.	3 4 5	N
Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive contended to the organization? If "Yes," continuation is independent Contractors  Complete this table for your five highest	t not limited to the r, director, trust r such individual sum of reportability 50,000? If "Yes, or accrue compensated incompensated incompensa	ee, k	liste	mplo mplo mnsat ete S oom a	ove)  ove)  ion a  check any u  erso  ntrace	or h	reconnight	o. ceived more than \$100, nest compensated empler compensation from the compensation or individual dorganization or individual at received more than \$	ooyee on ne organization dual for services	0.	3 4 5	N X
Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a received rendered to the organization? If "Yes," continual listed on line 1a received to the organization? If "Yes," continual listed on line 1a received the organization? If "Yes," continual listed on line 1a received the organization? If "Yes," continual listed on line 1a received the organization. Report compensation for the organization. Report compensation for (A)	t not limited to the rer, director, trust resuch individual sum of reportable 50,000? If "Yes, or accrue compercomplete Schedule compensated incor the calendar years."	ee, k le co " co nsati	liste	mplo mplo mnsat ete S oom a	ove)  ove)  ion a  check any u  erso  ntrace	or h	reconnight	o. ceived more than \$100, mest compensated emplor compensation from the compensation or individual dorganization or individual at received more than \$100.  the organization's tax years.	loyee on	0.	3 4 5 ion from (C)	X
Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a received rendered to the organization? If "Yes," Continual listed on line 1a received the organization? If "Yes," Continual listed on line 1a received rendered to the organization? If "Yes," Continual listed on line 1a received the organization? If "Yes," Continual listed on line 1a received the organization? If "Yes," Continual listed on line 1a received the organization. Report compensation for the organization.	t not limited to the rer, director, trust resuch individual sum of reportable 50,000? If "Yes, or accrue compercomplete Schedule compensated incor the calendar years."	ee, k	liste	mplo mplo mnsat ete S oom a	ove)  ove)  ion a  check any u  erso  ntrace	or h	reconnight	o. ceived more than \$100, nest compensated empler compensation from the compensation or individual dorganization or individual at received more than \$ the organization's tax years.	loyee on	0.	3 4 5	) )
Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a received rendered to the organization? If "Yes," continual listed on line 1a received to the organization? If "Yes," continual listed on line 1a received the organization? If "Yes," continual listed on line 1a received the organization? If "Yes," continual listed on line 1a received the organization. Report compensation for the organization. Report compensation for (A)	t not limited to the rer, director, trust resuch individual sum of reportable 50,000? If "Yes, or accrue compercomplete Schedule compensated incor the calendar years."	ee, k le co " co nsati	liste	mplo mplo mnsat ete S oom a	ove)  ove)  ion a  check any u  erso  ntrace	or h	reconnight	o. ceived more than \$100, mest compensated emplor compensation from the compensation or individual dorganization or individual at received more than \$100.  the organization's tax years.	loyee on	0.	3 4 5 ion from (C)	2 2 2
Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a received rendered to the organization? If "Yes," continual listed on line 1a received the organization? If "Yes," continual listed on line 1a received rendered to the organization? If "Yes," continual listed on line 1a received the organization. Report compensation for the organization. Report compensation for (A)	t not limited to the rer, director, trust resuch individual sum of reportable 50,000? If "Yes, or accrue compercomplete Schedule compensated incor the calendar years."	ee, k le co " co nsati	liste	mplo mplo mnsat ete S oom a	ove)  ove)  ion a checkeny underso	or h	reconnight	o. ceived more than \$100, mest compensated emplor compensation from the compensation or individual dorganization or individual at received more than \$100.  the organization's tax years.	loyee on	0.	3 4 5 ion from (C)	2 2 2
Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a received rendered to the organization? If "Yes," continual listed on line 1a received to the organization? If "Yes," continual listed on line 1a received the organization? If "Yes," continual listed on line 1a received the organization? If "Yes," continual listed on line 1a received the organization. Report compensation for the organization. Report compensation for (A)	t not limited to the rer, director, trust resuch individual sum of reportable 50,000? If "Yes, or accrue compercomplete Schedule compensated incor the calendar years."	ee, k le co " co nsati	liste	mplo mplo mnsat ete S oom a	ove)  ove)  ion a checkeny underso	or h	reconnight	o. ceived more than \$100, mest compensated emplor compensation from the compensation or individual dorganization or individual at received more than \$100.  the organization's tax years.	loyee on	0.	3 4 5 ion from (C)	2 2 2
Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a received rendered to the organization? If "Yes," continual listed on line 1a received the organization? If "Yes," Continual listed on line 1a received rendered to the organization? If "Yes," Continual listed on line 1a received the organization. Report compensation for the organization. Report compensation for (A)	t not limited to the rer, director, trust resuch individual sum of reportable 50,000? If "Yes, or accrue compercomplete Schedule compensated incor the calendar years."	ee, k le co " co nsati	liste	mplomnsat	ove)  ove)  ion a checkeny underso	or h	reconnight	o. ceived more than \$100, mest compensated emplor compensation from the compensation or individual dorganization or individual at received more than \$100.  the organization's tax years.	loyee on	0.	3 4 5 ion from (C)	2 2 2
Total from continuation sheets to Part d Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive or rendered to the organization? If "Yes," control B. Independent Contractors  Complete this table for your five highest the organization. Report compensation for (A)	t not limited to the rer, director, trust resuch individual sum of reportable 50,000? If "Yes, or accrue compercomplete Schedule compensated incor the calendar years."	ee, k le co " co nsati	liste	mplomnsat	ove)  ove)  ion a checkeny underso	or h	reconnight	o. ceived more than \$100, mest compensated emplor compensation from the compensation or individual dorganization or individual at received more than \$100.  the organization's tax years.	loyee on	0.	3 4 5 ion from (C)	X
Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a received rendered to the organization? If "Yes," continual listed on line 1a received to the organization? If "Yes," continual listed on line 1a received the organization? If "Yes," continual listed on line 1a received the organization? If "Yes," continual listed on line 1a received the organization. Report compensation for the organization. Report compensation for (A)	t not limited to the rer, director, trust resuch individual sum of reportable 50,000? If "Yes, or accrue compercomplete Schedule compensated incor the calendar years."	ee, k le co " co nsati	liste	mplomnsat	ove)  ove)  ion a checkeny underso	or h	reconnight	o. ceived more than \$100, mest compensated emplor compensation from the compensation or individual dorganization or individual at received more than \$100.  the organization's tax years.	loyee on	0.	3 4 5 ion from (C)	2 2 2

Form 990 (2024)
Part VIII

	Part VIII	Statement of	Revenue
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			Check if Schedule O contains a respons	e or note to any lin	ne in this Part VIII			
			Officer if Geriedale & contains a respons	c or riote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
			ТТ					sections 512 - 514
nts tts			Federated campaigns 1a		-			
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
A,G		С	Fundraising events 1c					
ar /			Related organizations 1d					
s, G			Government grants (contributions) 1e					
Sign		f	All other contributions, gifts, grants, and					
ber Er			similar amounts not included above 1f	4,960,917.				
ĕ₹		a	Noncash contributions included in lines 1a-1f	1,027,202.				
Ν		_	Total. Add lines 1a-1f	, ,	4,960,917.			
0 10		<u>'''</u>	Total. Add lines 14-11	Business Code	2,222,221			
	_	_		Business Code				
ice	2			-				
er re		b		-				
n S		С						
ran 3ev		d						
Program Service Revenue		е						
<u> </u>		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte	rest, and				
			other similar amounts)		35,063.			35,063.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties	•	291.			291.
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a		1			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c		-			
			Net rental income or (loss)	(ii) Other				
	′	а	CATOCO CATACONICATION CATOCOCIC	· · ·	-			
			assets other than inventory 7a 1,051,869	' •	-			
		b	Less: cost or other basis					
Revenue			and sales expenses 7b 612,958		-			
Ver		С	Gain or (loss) 7c 438,911	. •				
Be		d	Net gain or (loss)		438,911.			438,911.
her	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b		3b				
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
				a				
		h		b	1			
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	а	• • • • • • • • • • • • • • • • • • • •	0a 5,120.				
					-			
			J	, , , , , , , , , , , , , , , , , , ,	E 120			F 120
_		С	Net income or (loss) from sales of inventory		5,120.			5,120.
Ø				Business Code				
on e	11	а						
Miscellaneous Revenue		b		.				
eve		С						
Alisc B		d	All other revenue					
_			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		5,440,302.	0.	0.	479,385.

432009 12-10-24

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not i	Check if Schedule O contains a respons include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	ants and other assistance to domestic organizations				
and	d domestic governments. See Part IV, line 21				
<b>2</b> Gr	rants and other assistance to domestic				
inc	dividuals. See Part IV, line 22	5,000.	5,000.		
<b>3</b> Gr	rants and other assistance to foreign				
-	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16	2,385,689.	2,385,689.		
	enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employees				
	ompensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	ther salaries and wages				
	ension plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	ther employee benefits				
	ayroll taxes				
	ees for services (nonemployees):				
	anagement	2,774.		2,774.	
	egal	7,005.		7,005.	
	counting	7,003.		7,005.	
	obbying				
	ofessional fundraising services. See Part IV, line 17	1,111.		1,111.	
	vestment management feesther. (If line 11g amount exceeds 10% of line 25,	-,			
-	lumn (A), amount, list line 11g expenses on Sch O.)	5,885.	5,885.		
	dvertising and promotion	13,178.	13,178.		
	ffice expenses	12,685.	12,685.		
	formation technology	,	,		
	pyalties				
	ccupancy				
	avel				
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials				
	onferences, conventions, and meetings				
	terest				
	ayments to affiliates				
	epreciation, depletion, and amortization				
	surance				
<b>24</b> Oth	her expenses. Itemize expenses not covered ove. (List miscellaneous expenses on line 24e. If				
am	e 24e amount exceeds 10% of line 25, column (A), nount, list line 24e expenses on Schedule 0.)				
	ANK FEES	16,330.	16,330.		
b FO	DREIGN TAXES	49.		49.	
c _					
d					
e All	l other expenses				
25 Tot	tal functional expenses. Add lines 1 through 24e	2,449,706.	2,438,767.	10,939.	
26 Joi	int costs. Complete this line only if the organization				
rep	ported in column (B) joint costs from a combined				
edi	ucational campaign and fundraising solicitation.				
Ch	eck here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2024) Part X | Balance Sheet

2   Savings and temporary cash investments   115, 2   142,262.							
1			Check if Schedule O contains a response or not	e to any line in this Part X			
Piedges and grants receivable, net					Beginning of year		
3 Pelegies and grants receivable, net		1	Cash - non-interest-bearing		1,037,893.	1	1,643,473.
A   Accounts receivable, net   5   Loss and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   5		2	Savings and temporary cash investments		115.	2	142,262.
A   Accounts receivable, net   5   Loss and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   5		3	Pledges and grants receivable, net			3	
Secure   Continue		4				4	
Controlled entity or family member of any of these persons   5		5					
1			trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
The content of the			controlled entity or family member of any of the		5		
Total content   Total conten		6	Loans and other receivables from other disquali	fied persons (as defined			
8			under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
8	Ø	7	Notes and loans receivable, net			7	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   10b   10c   10c   11   1   1,803,979.   12   1   1   1,803,979.   12   1   1   1   1,803,979.   13   1   1   1   1,803,979.   14   15   15   15   15   15   15   15	set	8				8	
10a	As	9				9	
b Less: accumulated depreciation   10b   10c   13,862.   11   1,803,979.   12   Investments - publicly traded securities   13,862.   11   1,803,979.   12   Investments - program-related. See Part IV, line 11   13   Investments - program-related. See Part IV, line 11   13   Investments - program-related. See Part IV, line 11   14   Intangible assets   14   15   Cither assets. See Part IV, line 11   15   15   Total assets. Add lines 1 through 15 (must equal line 33)   1,051,870.   16   3,589,714.   17   Accounts payable and accrued expenses   17   Accounts payable and accrued expenses   17   Accounts payable and accrued expenses   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   22   23   24   Unsecured notes and loans payable to unrelated third parties   23   24   Unsecured notes and loans payable to unrelated third parties   24   25   Other liabilities (including federal income tax, payables to related third parties   24   25   Other liabilities, Add lines 17 through 25   0. 26   0. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.   27   Net assets without donor restrictions   28   29   Capital stock or trust principal, or current funds   0. 29   0. 30   0. 20   0. 30		10a					
b Less: accumulated depreciation   10b   10c   10c   11   Investments - publicly traded securities   13,862. 111   1,803,979. 12   Investments - publicly traded securities   13,862. 111   1,803,979. 12   Investments - program-related. See Part IV, line 11   13   Investments - program-related. See Part IV, line 11   14   Intangible assets   14   15   Cither assets. See Part IV, line 11   15   15   Total assets. Add lines 1 through 15 (must equal line 33)   1,051,870. 16   3,589,714.			basis. Complete Part VI of Schedule D	10a			
11   Investments - publicly traded securities   13,862. 11   1,803,979.		b				10c	
12   Investments - other securities. See Part IV, line 11   13   Investments - program-related. See Part IV, line 11   13   Intangible assets		11			13,862.	11	1,803,979.
13   Investments - program-related. See Part IV, line 11   14   Intangible assets   14   14   Intangible assets   14   15   Other assets. See Part IV, line 11   15   15     16   Total assets. Add lines 1 through 15 (must equal line 33)   1, 051,870. 16   3, 589,714.   17   Accounts payable and accrued expenses   17   17   Accounts payable and accrued expenses   17   18   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   Escrow or custodial account liability. Complete Part IV of Schedule D   22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   controlled entity or family member of any of these persons   22   Unsecured notes and loans payable to unrelated third parties   23   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   25   Other liabilities (including federal income tax, payables to related third parties   25   Other liabilities. Add lines 17 through 25   0. 26   0. Organizations that follow FASB ASC 958, check here   and complete lines 27, 28, 22, and 33.   27   Net assets without donor restrictions   28   Organizations that do not follow FASB ASC 958, check here   and complete lines 29 through 33.   28   Organizations that do not follow FASB ASC 958, check here   and complete lines 29 through 33.   29   Capital stock or trust principal, or current funds   0. 29   0. 20   0. 2		12				12	
14   Intangible assets   14   15   15   15   15   15   15   15		13			13		
15 Other assets. See Part IV, line 11		14			14		
16 Total assets. Add lines 1 through 15 (must equal line 33)		15				15	
The service of the se		16			1,051,870.	16	3,589,714.
The service of the se		17	Accounts payable and accrued expenses			17	
Per p		18			18		
20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0, 26 0.  26 Total liabilities (and lines 17 through 25 0, 26 0.  27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  28 Net assets without donor restrictions 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 0, 29 0, 30		19			19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X or Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 40 Quality and a section of the section of the funds and a section of the fun		20			20		
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets with onor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  0 Paid-in or capital surplus, or land, building, or equipment fund  1 Retained earnings, endowment, accumulated income, or other funds  1 1,051,870. 31 3,589,714.		21		D-4 IV -4 O-11-1- D		21	
Unsecured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  20 Paid-in or capital surplus, or land, building, or equipment fund  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  33 Sed Total net assets or fund balances  24  24  25  26  27  28  29  30 Paid-in or capital surplus, or land, building, or equipment fund  30 Paid-in or sapital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  33 Sed Total net assets or fund balances	G	22	Loans and other payables to any current or form				
Unsecured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  20 Paid-in or capital surplus, or land, building, or equipment fund  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  33 Sed Total net assets or fund balances  24  24  25  26  27  28  29  30 Paid-in or capital surplus, or land, building, or equipment fund  30 Paid-in or sapital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  33 Sed Total net assets or fund balances	ij		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
Unsecured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  20 Paid-in or capital surplus, or land, building, or equipment fund  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  33 Sed Total net assets or fund balances  24  24  25  26  27  28  29  30 Paid-in or capital surplus, or land, building, or equipment fund  30 Paid-in or sapital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  33 Sed Total net assets or fund balances	liqe		controlled entity or family member of any of the	se persons		22	
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25  26 Total liabilities. Add lines 17 through 25 0. 26 0.  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 27  28 Net assets with donor restrictions 28  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 0. 29 0.  30 Paid-in or capital surplus, or land, building, or equipment fund 0. 30 0.  31 Retained earnings, endowment, accumulated income, or other funds 1,051,870. 31 3,589,714.  32 Total net assets or fund balances 1,051,870. 32 3,589,714.	Ë	23	Secured mortgages and notes payable to unrela	.4		23	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  28 Net assets with out donor restrictions  28 Net assets with donor restrictions  29 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  25  26  27  28  28  29  30  31  31  31  3589,714.		24	Unsecured notes and loans payable to unrelated			24	
parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  28 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  29 Paid-in or capital surplus, or land, building, or equipment fund  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  1,051,870. 31 3,589,714.		25					
Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  0. 26  0. 27  28  Organizations that follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  0. 29  0. 30  0. 30  0. 30  1,051,870. 31  3,589,714.			parties, and other liabilities not included on lines	s 17-24). Complete Part X			
Total liabilities. Add lines 17 through 25			of Schedule D			25	
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  28 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  33 A 589,714.		26			0.	26	0.
			Organizations that follow FASB ASC 958, che	eck here			
	Ses		and complete lines 27, 28, 32, and 33.				
	auc	27	Net assets without donor restrictions			27	
	Bal	28		T T		28	
	pu						
	Ī		and complete lines 29 through 33.				
	ğ	29	Capital stock or trust principal, or current funds		0.	29	0.
	sets	30			0.	30	0.
	As	31		T T	1,051,870.	31	3,589,714.
	ét	32			1,051,870.	32	3,589,714.
33 Total liabilities and net assets/fund balances 1,051,870. 33 3,589,714.		33			1,051,870.	33	3,589,714.

Form **990** (2024)

82-3352560

Ра	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,440,	302.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,449,	706.		
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,990,	596.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5		-453,	270.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8			518.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3	,589,	714.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	t				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h				

432012 12-10-24

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Attach to Form 990 or Form 990-EZ.

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

Oper

Open to Public

OMB No. 1545-0047

Inspection
Employer identification number

		ELEPHA	NT HAVENS WILDL	IFE FOUNDATION					82-3352560	
Pa	art I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction:	S.		
The	orgar	nization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from th	e general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	p fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to car	ry out the	purposes of one or	
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> (	509(a)(2).	See <b>section 5</b>	609(a)(3). (	Check the box on	
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.		
а	ı 🗀	Type I. A supporting orga	anization operated, s	upervised, or controlled I	by its supp	orted orga	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b	, L		anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving	
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
C	;	Type III functionally inte	grated. A supporting	g organization operated i	in connect	tion with, a	and functionall	y integrate	ed with,	
	_	its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ections A,	D, and E.			
C	ı		integrated. A supp	orting organization opera	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally into	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	/eness	
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
e	•	Check this box if the orga					Type I, Type I	I, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.				_
		er the number of supported o	•							_
ç		vide the following information (i) Name of supported	about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other	_
		organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see in	•	support (see instructions	3)
				above (see instructions))	Yes	No				_
										_
										-
										_

432021 01-14-25

### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	576,032.	747,445.	930,922.	1,437,258.	4,960,917.	8,652,574.
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	576,032.	747,445.	930,922.	1,437,258.	4,960,917.	8,652,574.
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)						2,793,730.
6	Public support. Subtract line 5 from line 4.						5,858,844.
_	ction B. Total Support			'			· · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	576,032.	747,445.	930,922.	1,437,258.	4,960,917.	8,652,574.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	186.	603.	22,285.	171.	35,354.	58,599.
9	Net income from unrelated business			·		,	· · · · · · · · · · · · · · · · · · ·
•	activities, whether or not the						
	business is regularly carried on			133,752.			133,752.
10	Other income. Do not include gain			,			,
	or loss from the sale of capital						
	assets (Explain in Part VI.)		2,019.			5,120.	7,139.
11	Total support. Add lines 7 through 10		,			,	8,852,064.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	, ,
	First 5 years. If the Form 990 is for th	•	,		•		
	organization, check this box and stop	· ·		•		. , . ,	
Se	ction C. Computation of Publi						
14	Public support percentage for 2024 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	66.19 %
15	Public support percentage from 2023	Schedule A, Part I	I, line 14			15	72.53 %
16a	33 1/3% support test - 2024. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2023. If the o	organization did no	t check a box on li	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
k	10% -facts-and-circumstances test	-	•	• • •			
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio		-				
							Form 990) 2024

432022 01-14-25

#### 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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T		
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•	.,.,	
<u>C - </u>	check this box and stop here						
	ction C. Computation of Publi					T I	
	Public support percentage for 2024 (I					15	<u>%</u>
	Public support percentage from 2023					16	%
	ction D. Computation of Inves			no 12 notice (a)		17	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	33 1/3% support tests - 2024. If the						
ı.	more than 33 1/3%, check this box ar						
i.	33 1/3% support tests - 2023. If the line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2024

Т.,

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	TU		
	4c		
	10		
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	5b		
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Schedule A (Form 990) 2024

Sche	ddio 77 (i oith ood) 2024	2-3352560	Pa	age <b>5</b>
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ers,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru- The organization satisfied the Activities Test. Complete line 2 below.	ctions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	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.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
_7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2024

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - p	5		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	·	8	
9	Distributable amount for 2024 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2024	Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2024 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			
	Excess from 2024			

Schedule A (Form 990) 2024

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE	A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INC	
2021 AMOU	
GROSS INC	OME FROM SALES OF INVENTORY
2024 AMOU	

# Schedule B (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

#### **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

**Employer identification number** 

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

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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\_\_\_\_\_\_\$

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

ELEPHANT HAVENS WILDLIFE FOUNDATION

82-3352560

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 2,104,660. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	Name, address, and ZIP + 4	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 3	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	\$ 298,678. Type of contribution  Person X Payroll D Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<b>No.</b> 6	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)

· · · · · · · · · · · · · · · · · · ·	3
Name of organization	Employer identification number
ELEPHANT HAVENS WILDLIFE FOUNDATION	82-3352560
	· - · · · - · · · -

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	rume, address, und En 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

ELEPHANT HAVENS WILDLIFE FOUNDATION

82-3352560

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK		
1			
		\$1,002,160.	06/12/24
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	STOCK		
2			
		\$ 25,042.	02/28/24
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Parti			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		
		\$	
(a)		()	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		, , , , , , , , , , , , , , , , , , , ,	
		\$	
		ı · ———	

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

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ELEPHANT HAVENS WILDLIFE FOUNDATION

Employer identification number 82-3352560

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, l	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel-	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	<del></del>		
8	Does each conservation easement reported on line 2d above		
_			
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the
Pai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Similar Assets
. u	Complete if the organization answered "Yes" on Form		nior cirmar Addeto.
10	If the organization elected, as permitted under FASB ASC 95		and halance cheet works
ıa	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finar	· · · · · · · · · · · · · · · · · · ·	•
h			
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	•	exhibition, education, or research in furti	refairce of public service,
	provide the following amounts relating to these items.		Ф
	(i) Revenue included on Form 990, Part VIII, line 1		_
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treations are the control of the cont	acurae or other cimilar assets for financia	
~	the following amounts required to be reported under FASB A		i gain, provide
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	, access moladed in Form 600, 7 art A		Ψ

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

Schedule D (Form 990) (Rev. 12-2024)

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or Ot	her S	imilar	Assets	(conti	inued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that mak	e signi	ificant ι	se of its			
	collection items (check all that apply).										
а	Public exhibition	c	ı 🔲	Loan or exc	hange program						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organization's e	exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, his	storical treas	sures, or other sim	nilar as	sets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the	organization	answered "Yes"	on For	m 990,	Part IV, lin	ne 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	s or other assets	not inc	luded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amour	ıt	
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	istodial account li	ability?		L	Yes	L	_ No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if	the organization ans									
		(a) Current year	(b) P	rior year	(c) Two years bad	k (d)	Three y	ears back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance	0.									
b	Contributions	1,548,421.									
С	Net investment earnings, gains, and losses	-115,365.									
d	Grants or scholarships	0.									
е	Other expenditures for facilities										
	and programs	0.									
f	Administrative expenses	0.									
g	End of year balance	1,433,056.									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a)	) held as:						
а	Board designated or quasi-endowment	100	_%								
b	Permanent endowment0000	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are held ar	nd administered fo	or the					
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		Х
	(ii) Related organizations?								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV			t X, line	e 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	1 ,	•	umulate ciation	d	( <b>d</b> ) Boo	ok valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment	<b>I</b>									
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. line 1	Oc. column	(B))						0.
		urt	10					D /Earm (	)00\ (D	10	2024\

Schedule D (Form 990) (Rev. 12-2024)

Part VII				<u> </u>
	Complete if the organization answered "Yes"		T	
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, line 12, col. (B))			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	h)			
Part IX	b) must equal Form 990, Part X, line 13, col. (B))  Other Assets			
Turtix	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description	114. 333 1 3111 333, 1 417 1, 1113 13.	(b) Book value
(1)	( )	1		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, line 15, co	l. (B))		
Part X	Other Liabilities	5 000 B 1 N 1 1	14 14 0 5 000 5 1 1 1 1 0 5	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(h) Daala value
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5) (6)				
(6)				
(8)				
( <del>0)</del> (9)				
	ımn (b) must equal Form 990, Part X, line 25, co	/ (R))		
	r for uncertain tax positions. In Part XIII, provide	,		nat reports the
-	ation's liability for uncertain tax positions under		*	

Schedule D (Form 990) (Rev. 12-2024)

	edule D (Form 990) (Rev. 12-2024) ELEPHANT HAVENS WILDLIFE FOUNDA		82-3352560	Page 4
Pa	TXI Reconciliation of Revenue per Audited Financial States  Complete if the organization answered "Yes" on Form 990, Part IV, I		e per Return	
1	T		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С				
d	611 (5 11 1 5 1 1 111)			
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1:	2 <u>.)</u>	5	
Ра	rt XII Reconciliation of Expenses per Audited Financial S		ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	•		
e				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b		·	40	
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line			
	rt XIII Supplemental Information	16.)		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b and 2b; P	art V, line 4; Part X, line 2; Pa	art XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			
PAR	V, LINE 4:			
THE	ENDOWMENT FUND SUPPORTS THE ORGANIZATION'S OPERATIONS AN	ND WAS CREATED		
TO I	ENSURE THAT FUTURE FUNDING FOR THE ORGANIZATION IS AVAILA	ABLE WHEN		
NEEI	DED.			

#### SCHEDULE F (Form 990) (Rev. December 2024)

Department of the Treasury

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** ELEPHANT HAVENS WILDLIFE FOUNDATION 82-3352560 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region BOTSWANA GRANTMAKING 2,385,689. 0 0 2,385,689. 3 a Subtotal ..... **b** Total from continuation 0 sheets to Part I ...... c Totals (add lines 3a

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

Schedule F (Form 990) (Rev. 12-2024)

2,385,689.

and 3b)

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(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	2,385,689.	WIRE TRANSFER	0.		
				, ,				
2 Enter total number of	recipient organizatio	ns listed above that are r	recognized as charities by the f	oreign 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

Schedule F (Form 990) (Rev. 12-2024)

3 Enter total number of other organizations or entities

Part II

Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method o valuation (book, FMV, appraisal, othe				

#### Part IV Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see the Instructions for Form 926) 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 Yes X No U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Yes X No Certain Foreign Corporations (see the Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Yes X No Fund (see the Instructions for Form 8621) 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 Yes X No Foreign Partnerships (see the Instructions for Form 8865)

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

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

Schedule F (Form 990) (Rev. 12-2024)

Yes X No

6

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
ALL EXPENSES PAID OUT OF GRANTS ARE REQUIRED TO BE BACKED UP BY RECEIPTS.
BOARD OF DIRECTORS PERSONALLY VISIT THE PROJECT SITE EVERY 45 TO 60 DAYS
TO SEE THAT FUNDS ARE USED FOR THE PURPOSES FOR WHICH THE GRANTS WERE
DESIGNATED. GRANTS ARE FUNDED AGAINST SPECIFIC, DETAILED EXPENSES THAT
ARE THE SUBJECT OF THE GRANT.
ARE THE BUBULET OF THE GRANT.

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	ELEPHANT HAVENS WILDLIFE FOUNDATION 82-3352560											
Pai	t I Types of Property											
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d Method of d noncash contrib	etermin	•	s			
1	Art - Works of art											
2	Art - Historical treasures											
3	Art - Fractional interests											
4	Books and publications											
5	Clothing and household goods											
6	Cars and other vehicles											
7	Boats and planes											
8	Intellectual property											
9	Securities - Publicly traded	Х	2	1,027,202.	FMV							
10	Securities - Closely held stock											
11	Securities - Partnership, LLC, or											
	trust interests											
12	Securities - Miscellaneous											
13	Qualified conservation contribution -											
	Historic structures											
14	Qualified conservation contribution - Other											
15	Real estate - Residential											
16	Real estate - Commercial											
17	Real estate - Other											
18	Collectibles											
19	Food inventory											
20	Drugs and medical supplies											
21	Taxidermy											
22	Historical artifacts											
23	Scientific specimens											
24	Archeological artifacts											
25	Other ()											
26	Other ()											
27	Other ()											
28	Other ( )											
29	Number of Forms 8283 received by the organi	zation during	the tax year for co	ontributions								
	for which the organization completed Form 82	.83, Part V, D	onee Acknowledg	ement <b>29</b>				0				
								Yes	No			
30a	During the year, did the organization receive b	y contributio	n any property rep	orted on Part I, lines 1 throu	ıgh 28	, that it						
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for							
	exempt purposes for the entire holding period	?					30a		Х			
b	If "Yes," describe the arrangement in Part II.											
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?		31		Х			
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash								
	contributions?						32a		Х			
b	If "Yes," describe in Part II.											
33	If the organization didn't report an amount in o	column (c) for	r a type of property	for which column (a) is che	cked,							
	describe in Part II.											

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

Schedule M (Form 990) 2024

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CHEDULE HIS NUMB							OF	COMMETE	TIMOD C	моп	mur	MIIMDED	OF.			
TEMS CON				5 111	2 140	NEDEL	X OF	CONTRIE	oloka,	NOI	105	NOMBER	Or			
TEMB CON	IKID	OIED	•													

#### **SCHEDULE 0** (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  ELEPHANT HAVENS WILDLIFE FOUNDATION	Employer identification number 82-3352560
	02-3332300
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
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 REARING	
,	
ORPHAN ELEPHANTS, AND EFFECTIVE REINTEGRATION OF ORPHAN ELEPHANTS BACK	
INTO THE WILD.	
EODY 000 DADE III IINE 1 DECORDEDITON OF ODCANIZATION MICCION	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADDRESSING ANIMAL WELFARE ISSUES, RESCUING AND REARING ORPHAN	
ELEPHANTS, AND EFFECTIVE REINTEGRATION OF ORPHAN ELEPHANTS BACK INTO	
THE WILD.	
FORM 990, PART VI, SECTION A, LINE 2:	
THERE IS A FAMILY RELATIONSHIP BETWEEN BOARD MEMBERS DEBRA STEVENS AND	
SCOTT JACKSON.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS' CHAIR AND A COPY IS	
DISTRIBUTED TO MEMBERS OF THE BOARD FOR COMMENT.	
FORM 990, PART VI, SECTION B, LINE 12C:	
MONITORING IS DONE THROUGH INQUIRY AT THE BOARD MEETINGS.	
FORM 990, PART VI, SECTION B, LINE 15:	
OFFICERS AND MEMBERS OF THE BOARD ARE NOT COMPENSATED.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS SUBJECT TO PUBLIC DISCLOSURE ARE AVAILABLE FOR REVIEW UPON	
REQUEST.	

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

Schedule O (Form 990) (Rev. 12-2024)