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CLIENT'S COPY

### ROWE CPA GROUP LLC P.O. BOX 9233 JACKSON, WY 83002

SEPTEMBER 19, 2023

JACKSON HOLE WILDLIFE FOUNDATION PO BOX 8042 JACKSON, WY 83002

JACKSON HOLE WILDLIFE FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

ROWE CPA GROUP LLC

### \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning , 2022, and

, 2022, and ending , 20

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form **8879-TE** 

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

JACKSON HOLE WILDLIFE FOUNDATION

83-0302830

EIN or SSN

Name and title of officer or person subject to tax RENEE SEIDLER WULFF EXECUTIVE DIRECTOR

|                                                                   |                                                       |                                                                                                                                                                                                       | E2                                                             | RECOLIAE DI                                                                                                                    | RECTOR                                                                                 |                                                                                                               |                                                                                                              |                                                                     |                                                                |
|-------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------|
| Part                                                              |                                                       | Type of Return and                                                                                                                                                                                    | d Retur                                                        | n Information                                                                                                                  |                                                                                        |                                                                                                               |                                                                                                              |                                                                     |                                                                |
| Form 53 or <b>10a</b> k                                           | 30 file<br>elow,                                      | x for the return for which yers may enter dollars and and the amount on that li                                                                                                                       | cents. For<br>ine for the                                      | all other forms, enter<br>return being filed wit                                                                               | whole dollars only<br>this form was bl                                                 | y. If you check the<br>ank, then leave lin                                                                    | e box on line <b>1a, 2</b> ;<br>e <b>1b, 2b, 3b, 4b, 5</b>                                                   | a, 3a, 4a,<br>5b, 6b, 7b                                            | , 5a, 6a, 7a, 8a, 9a<br>o, 8b, 9b, or 10b,                     |
|                                                                   |                                                       | ipplicable, blank (do not e<br>n Part I.                                                                                                                                                              | enter -0-). E                                                  | But, if you entered -0-                                                                                                        | on the return, the                                                                     | n enter -0- on the a                                                                                          | applicable line bek                                                                                          | ow. <b>Do no</b>                                                    | ot complete more                                               |
| 1a                                                                | Form                                                  | <b>990</b> check here                                                                                                                                                                                 | Х ь                                                            | Total revenue, if an                                                                                                           | y (Form 990, Part                                                                      | VIII, column (A), lir                                                                                         | ne 12)                                                                                                       | 1b _                                                                | 596,231.                                                       |
| 2a                                                                | Form                                                  | 990-EZ check here                                                                                                                                                                                     | b                                                              | Total revenue, if an                                                                                                           | y (Form 990-EZ, lir                                                                    | ne 9)                                                                                                         |                                                                                                              | 2b                                                                  |                                                                |
| 3a                                                                | Form                                                  | 1120-POL check here                                                                                                                                                                                   |                                                                | Total tax (Form 112                                                                                                            |                                                                                        |                                                                                                               |                                                                                                              |                                                                     |                                                                |
|                                                                   |                                                       | 990-PF check here                                                                                                                                                                                     |                                                                | Tax based on inves                                                                                                             |                                                                                        |                                                                                                               |                                                                                                              |                                                                     |                                                                |
|                                                                   |                                                       | 8868 check here                                                                                                                                                                                       | b                                                              | Balance due (Form                                                                                                              | 8868, line 3c)                                                                         |                                                                                                               |                                                                                                              | 5b _                                                                |                                                                |
|                                                                   |                                                       | 990-T check here                                                                                                                                                                                      | b                                                              | Total tax (Form 990                                                                                                            | -T, Part III, line 4)                                                                  |                                                                                                               |                                                                                                              | 6b _                                                                |                                                                |
|                                                                   |                                                       | 4720 check here                                                                                                                                                                                       |                                                                | Total tax (Form 472                                                                                                            |                                                                                        |                                                                                                               |                                                                                                              |                                                                     |                                                                |
|                                                                   |                                                       | 5227 check here                                                                                                                                                                                       |                                                                | FMV of assets at e                                                                                                             |                                                                                        | rm 5227, Item D)                                                                                              |                                                                                                              |                                                                     |                                                                |
|                                                                   |                                                       | <b>5330</b> check here                                                                                                                                                                                |                                                                | Tax due (Form 5330                                                                                                             |                                                                                        | 1/5                                                                                                           | D                                                                                                            |                                                                     |                                                                |
| 10a<br>Part                                                       |                                                       | 8038-CP check here  Declaration and Si                                                                                                                                                                |                                                                | Amount of credit p                                                                                                             |                                                                                        |                                                                                                               |                                                                                                              | 106                                                                 |                                                                |
|                                                                   |                                                       | es of perjury, I declare tha                                                                                                                                                                          |                                                                |                                                                                                                                |                                                                                        |                                                                                                               |                                                                                                              | oncot to                                                            | /nama                                                          |
| -                                                                 |                                                       | es or perjury, r deciare tria                                                                                                                                                                         |                                                                |                                                                                                                                |                                                                                        | -                                                                                                             | =                                                                                                            | -                                                                   | -                                                              |
|                                                                   |                                                       | ic return and accompanyi                                                                                                                                                                              |                                                                |                                                                                                                                |                                                                                        |                                                                                                               |                                                                                                              |                                                                     |                                                                |
| entry to<br>financia<br>later tha<br>paymer<br>persona<br>PIN: ch | the fir<br>I instit<br>In 2 bu<br>It of ta<br>Il iden | If applicable, I authorize thancial institution account ution to debit the entry to usiness days prior to the passes to receive confidential iffication number (PIN) as the box only thorize ROWE CPA | t indicated<br>this acco<br>payment (sal informat<br>my signat | I in the tax preparatio<br>unt. To revoke a payr<br>settlement) date. I als<br>ion necessary to ansv<br>ure for the electronic | n software for pay<br>nent, I must conta<br>o authorize the fin<br>ver inquiries and r | ment of the feder<br>tot the U.S. Treast<br>ancial institutions<br>esolve issues relat<br>licable, the conser | al taxes owed on t<br>iry Financial Agen<br>involved in the pri<br>ted to the paymer<br>nt to electronic fur | this return<br>at at 1-888<br>rocessing<br>at. I have<br>ands withd | n, and the<br>3-353-4537 no<br>of the electronic<br>selected a |
| LA                                                                | ⊒ i au                                                | thorize KOWE CFA                                                                                                                                                                                      | GICOU                                                          | ERO firm n                                                                                                                     | ama                                                                                    |                                                                                                               | to enter my                                                                                                  |                                                                     | er five numbers, but                                           |
|                                                                   |                                                       |                                                                                                                                                                                                       |                                                                | ENO IIIIII II                                                                                                                  | ailie                                                                                  |                                                                                                               |                                                                                                              |                                                                     | not enter all zeros                                            |
|                                                                   | with                                                  | ny signature on the tax ye<br>a a state agency(ies) regul<br>he return's disclosure cor                                                                                                               | ating char                                                     | ities as part of the IR                                                                                                        |                                                                                        |                                                                                                               |                                                                                                              |                                                                     | •                                                              |
|                                                                   | retu                                                  | an officer or person subjec<br>rn. If I have indicated with<br>Fed/State program, I will                                                                                                              | nin this ret<br>enter my l                                     | urn that a copy of the<br>PIN on the return's di                                                                               | return is being fil<br>sclosure consent                                                | ed with a state ag<br>screen.                                                                                 | ency(ies) regulatin                                                                                          |                                                                     | •                                                              |
|                                                                   |                                                       |                                                                                                                                                                                                       |                                                                | HIS IS NOT                                                                                                                     | A FILEABI                                                                              | E COPY **                                                                                                     | r** Da                                                                                                       | ate                                                                 |                                                                |
| Part                                                              |                                                       | Certification and A                                                                                                                                                                                   |                                                                |                                                                                                                                |                                                                                        |                                                                                                               |                                                                                                              |                                                                     |                                                                |
|                                                                   |                                                       | PIN. Enter your six-digit eld<br>) followed by your five-dig                                                                                                                                          |                                                                |                                                                                                                                |                                                                                        | 8310808<br>Do not enter                                                                                       |                                                                                                              |                                                                     |                                                                |
| •                                                                 | ing thi                                               | ne above numeric entry is<br>s return in accordance wit<br>urns.                                                                                                                                      |                                                                | , ,                                                                                                                            |                                                                                        | •                                                                                                             |                                                                                                              |                                                                     |                                                                |
| ERO's si                                                          | gnature                                               | <u> </u>                                                                                                                                                                                              |                                                                |                                                                                                                                |                                                                                        | Date                                                                                                          | 09/19/23                                                                                                     | 3                                                                   |                                                                |
|                                                                   |                                                       |                                                                                                                                                                                                       |                                                                |                                                                                                                                |                                                                                        |                                                                                                               |                                                                                                              |                                                                     |                                                                |
|                                                                   |                                                       |                                                                                                                                                                                                       | ER                                                             | O Must Retain T                                                                                                                | his Form - Se                                                                          | e Instructions                                                                                                |                                                                                                              |                                                                     | <u> </u>                                                       |

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2022)

### EXTENDED TO NOVEMBER 15, 2023

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

| A             | For the              | e 2022 calendar year, or tax year beginning and ending                                                                                                                                                               |                                | •                               |
|---------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|
|               | Check if applicabl   |                                                                                                                                                                                                                      | D Employer identific           | cation number                   |
|               | applicabl            | e:                                                                                                                                                                                                                   | ' '                            |                                 |
|               | Addre<br>chang       | JACKSON HOLE WILDLIFE FOUNDATION                                                                                                                                                                                     |                                |                                 |
| F             | Name<br>chang        |                                                                                                                                                                                                                      | 83-03028                       | 30                              |
| F             | Initial return       | Number and street (or P.O. box if mail is not delivered to street address)  Room/s                                                                                                                                   |                                |                                 |
| F             | Final                | DO BOY 8042                                                                                                                                                                                                          | 307-739-                       |                                 |
|               | termin<br>ated       |                                                                                                                                                                                                                      | G Gross receipts \$            | 598,385.                        |
| Г             | Amen                 |                                                                                                                                                                                                                      | H(a) Is this a group re        |                                 |
| F             | Applic               |                                                                                                                                                                                                                      | for subordinates               |                                 |
|               | pendi                | PO BOX 8042, JACKSON, WY 83002                                                                                                                                                                                       | H(b) Are all subordinates in   | ····· — —                       |
| $\overline{}$ | Ταν.αν               |                                                                                                                                                                                                                      |                                | list. See instructions          |
|               | Websit               |                                                                                                                                                                                                                      | H(c) Group exemptio            |                                 |
|               |                      | <del></del>                                                                                                                                                                                                          | rear of formation: 1993        |                                 |
|               | art I                | Summary                                                                                                                                                                                                              | ear or formation. ± 2 2 3 N    | Julia de la legal domicile. W 1 |
| •             |                      | Briefly describe the organization's mission or most significant activities: JACKSON                                                                                                                                  | HOLE WILDLIFE                  | FOIINDATTON                     |
| 9             | '                    | ADVANCES WILDLIFE CONSERVATION DRIVEN BY SCI                                                                                                                                                                         | ENCE COLLABO                   | RATTON AND                      |
| Jan           |                      |                                                                                                                                                                                                                      |                                |                                 |
| Governance    | 2                    | Check this box if the organization discontinued its operations or disposed of r                                                                                                                                      | 1 1                            | ssets.                          |
| ģ             | 3                    |                                                                                                                                                                                                                      | 3                              | 11                              |
| જ             | 4                    | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                        |                                | 7                               |
| ţį            |                      | Total number of individuals employed in calendar year 2022 (Part V, line 2a)                                                                                                                                         |                                | 270                             |
| Activities    | 6                    | Total number of volunteers (estimate if necessary)                                                                                                                                                                   | <u>6</u>                       | 0.                              |
| Ä             |                      | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                 |                                | 0.                              |
|               | b                    | Net unrelated business taxable income from Form 990-T, Part I, line 11                                                                                                                                               |                                |                                 |
|               |                      |                                                                                                                                                                                                                      | Prior Year                     | Current Year                    |
| ě             | 8                    | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                        | 496,104.                       | 567,210.                        |
| Revenue       | 9                    | Program service revenue (Part VIII, line 2g)                                                                                                                                                                         | 8,563.                         | 737.                            |
| Ę,            | 10                   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                        | 11.                            | 438.                            |
| _             | 11                   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                             | 0.                             | 27,846.                         |
|               | 12                   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                   | 504,678.                       | 596,231.                        |
|               | 13                   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                                     | 0.                             | 0.                              |
|               | 14                   | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                        | 0.                             | 0.                              |
| S             | 15                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                                    | 268,882.                       | 322,118.                        |
| Expenses      | 16a                  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  38,114. | 0.                             | 0.                              |
| ě             | b                    | Total fundraising expenses (Part IX, column (D), line 25) 38,114.                                                                                                                                                    |                                |                                 |
| û             |                      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                         | 132,972.                       | 213,905.                        |
|               |                      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                            | 401,854.                       | 536,023.                        |
|               | 19                   | Revenue less expenses. Subtract line 18 from line 12                                                                                                                                                                 | 102,824.                       | 60,208.                         |
| Or<br>Soc     | 3                    |                                                                                                                                                                                                                      | Beginning of Current Year      | End of Year                     |
| ets           | 20                   | Total assets (Part X, line 16)                                                                                                                                                                                       | 315,594.                       | 376,515.                        |
| ASS           | 21                   | Total liabilities (Part X, line 26)                                                                                                                                                                                  | 2,260.                         | 2,973.                          |
| Net Assets or | 22                   | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                                           | 313,334.                       | 373,542.                        |
| P             | art II               | Signature Block                                                                                                                                                                                                      |                                | -                               |
| Und           | der pena             | Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta                                                                                                               | atements, and to the best of m | y knowledge and belief, it is   |
|               |                      | t, and complete. Declaration of preparer (other than officer) is based on all information of which prep                                                                                                              |                                |                                 |
|               |                      |                                                                                                                                                                                                                      |                                |                                 |
| Sig           | ın                   | Signature of officer                                                                                                                                                                                                 | Date                           |                                 |
| He            |                      | RENEE SEIDLER WULFF, EXECUTIVE DIRECTOR                                                                                                                                                                              |                                |                                 |
|               |                      | Type or print name and title                                                                                                                                                                                         |                                |                                 |
| _             |                      | Print/Type preparer's name Preparer's signature                                                                                                                                                                      | Date Check                     | PTIN                            |
| Pai           | d                    | SUSAN ROWE SUSAN ROWE                                                                                                                                                                                                | 09/19/23 if self-employe       | P00115794                       |
|               | parer                | Firm's name ROWE CPA GROUP LLC                                                                                                                                                                                       | Firm's EIN 8                   | 8-2509624                       |
|               | Only                 | Firm's address P.O. BOX 9233                                                                                                                                                                                         | THIII S LIN U                  | <u> </u>                        |
| 500           |                      | JACKSON, WY 83002                                                                                                                                                                                                    | Phone no /3                    | 07)733-3874                     |
| N/10          | v the II             | RS discuss this return with the preparer shown above? See instructions                                                                                                                                               | [1 Holle Ho. ( 3               | X Yes No                        |
| ivid          | y ui <del>c</del> II | to allocate this retain with the preparet shown above: Dee Histiactions                                                                                                                                              |                                | 163 140                         |

| Pai  | Statement of Program Service Accomplishments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T77              |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
|      | Check if Schedule O contains a response or note to any line in this Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X                |
| 1    | Briefly describe the organization's mission:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | JACKSON HOLE WILDLIFE FOUNDATION ADVANCES WILDLIFE CONSERVAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TON DRIVEN       |
|      | BY SCIENCE, COLLABORATION, AND A COMMUNITY OF VOLUNTEERS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |
| 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         |
|      | If "Yes," describe these changes on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |
|      | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | al expenses, and |
|      | revenue, if any, for each program service reported.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4 4 5 5          |
| 4a   | (Code:) (Expenses \$117 , 078 •including grants of \$) (Revenue \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1,175.           |
|      | NATURE MAPPING JACKSON HOLE PROGRAM: A CITIZEN SCIENCE PROGRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |
|      | GOALS OF: 1) KEEPING COMMON SPECIES COMMON; 2) INCREASING CITI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |
|      | KNOWLEDGE OF AND APPRECIATION FOR WILDLIFE IN TETON COUNTY,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |
|      | 3) ENGAGING CITIZENS IN LONG-TERM WILDLIFE DATA COLLECTION; 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ) INFORMING      |
|      | MANAGEMENT DECISIONS THAT FAVOR WILDLIFE SUSTAINABILITY; AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | 5) CONTRIBUTING DATA TO THE WYOMING GAME AND FISH DEPARTMENT'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |
|      | OBSERVATION SYSTEM TO AUGMENT STATE DATA. THROUGH NATURE MAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | JACKSON, WE HAVE RECORDED MORE THAN 97,000 WILDLIFE OBSERVAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | MORE THAN 1000 TRAINED CITIZEN SCIENTISTS, OVER THE YEARS, S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | PROGRAM WAS ESTABLISHED IN 2009. IN 2022, WE TRAINED 60 CIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |
|      | SCIENTISTS THROUGH VIRTUAL TRAINING SESSIONS. WE BANDED 425                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |
|      | BIRDS IN 2022 AT OUR MONITORING AVIAN PRODUCTIVITY AND SURVI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VORSHIP          |
| 4b   | (Code: ) (Expenses \$ 101,735 · including grants of \$ ) (Revenue \$ PROCEST   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   10 | )                |
|      | WILDLIFE FRIENDLIER FENCING PROGRAM: IMPROVING LANDSCAPE PER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | FOR MIGRATING WILDLIFE THROUGH MODIFICATION AND REMOVAL OF F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | THROUGH 2022, WE HAVE IMPROVED MORE THAN 230 MILES OF FENCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | WILDLIFE. IN 2022, VOLUNTEERS CONTRIBUTED 870 VOLUNTEER HOUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | PROJECTS TO IMPROVE 6.16 MILES OF FENCE. WE WORK WITH MANY K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EY AGENCY        |
|      | PARTNERS AND PRIVATE LANDOWNERS THROUGH THIS PROGRAM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |
| 4c   | (Code:) (Expenses \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |
| 40   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | E AIM TO         |
|      | REDUCE WILDLIFE-VEHICLE COLLISIONS ON OUR ROADWAYS. THESE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EED LIMIT        |
|      | REDUCTIONS, WILDLIFE CROSSING STRUCTURE PLANNING. WE ALSO CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | COMPILE THE MOST COMPREHENSIVE WILDLIFE-VEHICLE COLLISION RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | COUNTY TO INFORM TRANSPORTATION PLANNING AND WILDLIFE CONSER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | EFFORTS. IN 2022, WE CONTINUED OUR GIVE WILDLIFE A BRAKE - D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | OUTREACH CAMPAIGN TARGETING TETON COUNTY MOTORISTS WITH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TOTIAL           |
|      | WILDLIFE-VEHICLE COLLISION STATS AND FACTS. THIS INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N TS             |
|      | DISTRIBUTED THROUGH FACEBOOK ADS. ADDITIONALLY, OUR ROAD ECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|      | EXPERT ASSISTED TETON COUNTY WITH THE PURCHASE OF GATES AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |
|      | IMPROVE WILDLIFE MITIGATION ALONG SOUTH HIGHWAY 89.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PIGIND IO        |
| اد 4 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |
| 4d   | ` 00 565                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ١                |
| 40   | 161                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | J                |
| 4e   | Total program service expenses 464,614.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |

### Form 990 (2022) JACKSON HOLE WILDLIFE FOUNDATION Part IV Checklist of Required Schedules

|     |                                                                                                                                                                                                                   |       | Yes | No           |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|--------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                                                                                               |       |     |              |
|     | If "Yes," complete Schedule A                                                                                                                                                                                     | 1     | X   |              |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                                                                                                   | 2     | Х   |              |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                                                                                   |       |     | , v          |
|     | public office? If "Yes," complete Schedule C, Part I                                                                                                                                                              | 3     |     | X            |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> | 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     |     | X            |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                                                                                         |       |     | _ v          |
| _   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                                      | 6     |     | X            |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II    | 7     |     | X            |
| 0   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                                                                                      |       |     | 1            |
| 8   | Schedule D, Part III                                                                                                                                                                                              | 8     |     | x            |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for                                                                                     | -     |     |              |
| •   | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                                                                                         |       |     |              |
|     | If "Yes," complete Schedule D, Part IV                                                                                                                                                                            | 9     |     | Х            |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                                                                                                      |       |     |              |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V                                                                                                                                                     | 10    |     | Х            |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,                                                                                 |       |     |              |
|     | as applicable.                                                                                                                                                                                                    |       |     |              |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                                                                       |       |     |              |
|     | Part VI                                                                                                                                                                                                           | 11a   | Х   |              |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total                                                                                      |       |     | 3,7          |
|     | 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                                                                                       |       |     | X            |
| لہ  | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                      | 11c   |     | Α.           |
| a   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                             | 11d   |     | x            |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                             | 11e   | Х   |              |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                                                           |       |     |              |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                                                            | 11f   |     | Х            |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                               |       |     |              |
|     | Schedule D, Parts XI and XII                                                                                                                                                                                      | 12a   |     | X            |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                         |       |     |              |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                             | 12b   |     | X            |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                 | 13    |     | X            |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                       | 14a   |     | X            |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                                                                                           |       |     |              |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                                                                                        | 4.41- |     | x            |
| 15  | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                                 | 14b   |     | - 22         |
| 13  | foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                              | 15    |     | х            |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                                                                                          |       |     |              |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                       | 16    |     | Х            |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                                                                           |       |     |              |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions                                                                                                                              | 17    |     | Х            |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                                                      |       |     |              |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                 | 18    |     | X            |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                                                                            |       |     |              |
|     | complete Schedule G, Part III                                                                                                                                                                                     | 19    | Х   |              |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                       | 20a   |     | X            |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                      | 20b   |     |              |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                                                                                       |       |     | <sub>V</sub> |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                                 | 21    |     | X            |

### Form 990 (2022) JACKSON HOLE WILDL Part IV Checklist of Required Schedules (continued)

|      |                                                                                                                                                                                                                                                       |     | Yes | No     |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                                                                                                                         |     |     | l      |
|      | 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                                                                                                                                        |     |     | 7.     |
|      | Schedule J                                                                                                                                                                                                                                            | 23  |     | Х      |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                                                                                                                               |     |     |        |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                                                                                                                    |     |     | 7.     |
|      | Schedule K. If "No," go to line 25a                                                                                                                                                                                                                   | 24a |     | Х      |
|      | 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                                                                                                                                          |     |     | X      |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                                                         | 25a |     |        |
| D    | 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                                                                                                                                 | 051 |     | X      |
| 00   | Schedule L, Part I                                                                                                                                                                                                                                    | 25b |     |        |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                                                                                                                                       |     |     |        |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                                                                                                                               | 00  |     | X      |
| 07   | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                                                                                                                                    | 26  |     |        |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                                                                                                                           |     |     |        |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27  |     | X      |
| 28   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,                                                                                                                                | 21  |     |        |
| 20   | instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                           |     |     |        |
| _    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>                                                                                                                               |     |     |        |
| а    | "Yes," complete Schedule L, Part IV                                                                                                                                                                                                                   | 28a |     | x      |
| h    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                                                                                                                                       | 28b |     | X      |
|      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f                                                                                                                                               |     |     |        |
| ·    | "Yes," complete Schedule L, Part IV                                                                                                                                                                                                                   | 28c |     | X      |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                                                              | 29  |     | Х      |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                                                                                                           |     |     |        |
| -    | contributions? If "Yes," complete Schedule M                                                                                                                                                                                                          | 30  |     | Х      |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                    | 31  |     | Х      |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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                                                                                                                             |     |     |        |
|      | Part V, line 1                                                                                                                                                                                                                                        | 34  |     | Х      |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                               | 35a |     | Х      |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                                                                                                                             |     |     |        |
|      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                               | 35b |     |        |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                                            |     |     |        |
|      | If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                                         | 36  |     | X      |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                                                                      |     |     |        |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                                                                                          | 37  |     | X      |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?                                                                                                                                        |     |     |        |
| _    | Note: All Form 990 filers are required to complete Schedule O                                                                                                                                                                                         | 38  | Х   |        |
| Pai  | t 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                                                                                                                                                                            |     |     | $\Box$ |
|      |                                                                                                                                                                                                                                                       |     | Yes | No     |
|      | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11                                                                                                                                                                       |     |     |        |
|      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable                                                                                                                                                                       |     |     |        |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                                                                                                                                    |     |     |        |
|      | (gambling) winnings to prize winners?                                                                                                                                                                                                                 | 1c  | X   |        |

### JACKSON HOLE WILDLIFE FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                        |     | Yes | NO |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-----|-----|----|
| <b>2</b> a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | 7                      |     |     |    |
|            | filed for the calendar year ending with or within the year covered by this return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2a         |                        | OI- | Х   |    |
|            | If at least one is reported on line 2a, did the organization file all required federal employment tax return Did the appropriation because the second of the control of the |            |                        | 2b  | Λ   | Х  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                        | 3a  |     |    |
|            | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | ity over a             | 3b  |     |    |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                        | 4-  |     | х  |
| h          | financial account in a foreign country (such as a bank account, securities account, or other financial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | accou      | пц,                    | 4a  |     |    |
| 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 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ccoun      | ate (FRAR)             |     |     |    |
| 52         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                        | 5a  |     | Х  |
|            | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                        | 5b  |     | X  |
|            | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                        | 5c  |     |    |
|            | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                        |     |     |    |
| -          | any contributions that were not tax deductible as charitable contributions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                        | 6a  |     | х  |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contribut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                        |     |     |    |
|            | were not tax deductible?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                        | 6b  |     |    |
| 7          | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                        |     |     |    |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | vices p    | provided to the payor? | 7a  |     | Х  |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                        | 7b  |     |    |
| С          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | as req     | uired                  |     |     |    |
|            | to file Form 8282?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                        | 7с  |     | Х  |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7d         |                        |     |     |    |
| е          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ontrac     | ct?                    | 7e  |     | X  |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | act?       |                        | 7f  |     | Х  |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | orm 88     | 399 as required?       | 7g  |     | X  |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                        | 7h  |     | X  |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | by th      | е                      |     |     |    |
| _          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                        | 8   |     |    |
| 9          | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                        |     |     |    |
| a          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                        | 9a  |     |    |
| b<br>10    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                        | 9b  |     |    |
| 10         | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10a        |                        |     |     |    |
| a<br>h     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10a        |                        |     |     |    |
| 11         | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 100        |                        |     |     |    |
| ''<br>a    | 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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11b        |                        |     |     |    |
| 12a        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | ?                      | 12a |     |    |
| b          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12b        |                        |     |     |    |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                        |     |     |    |
| а          | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                        | 13a |     |    |
|            | <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13b        |                        |     |     |    |
|            | Enter the amount of reserves on hand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13c        |                        |     |     |    |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                        | 14a |     | X  |
|            | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                        | 14b |     |    |
| 15         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                        |     |     | v  |
|            | excess parachute payment(s) during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                        | 15  |     | X  |
| 40         | If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                        | 40  |     | v  |
| 16         | Is the organization an educational institution subject to the section 4968 excise tax on net investment [In the complete Form 4730. School to 0.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | it inco    | me'?                   | 16  |     | X  |
| 17         | If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | .+i.vi+i.c |                        |     |     |    |
| 17         | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action would result in the imposition of an excise tax under section 4951, 4952 or 49532                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                        | 17  |     |    |
|            | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                        | 17  |     |    |
|            | n ros, complete i umi coca.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                        |     |     |    |

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

|          | Check if Schedule O contains a response or note to any line in this Part VI                                                                                             |           |         | X    |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|------|
| Sec      | tion A. Governing Body and Management                                                                                                                                   |           |         |      |
|          |                                                                                                                                                                         |           | Yes     | No   |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year                                                                                     |           |         |      |
|          | If there are material differences in voting rights among members of the governing body, or if the governing                                                             |           |         |      |
|          | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                                                                   |           |         |      |
| b        | Enter the number of voting members included on line 1a, above, who are independent 1b 1                                                                                 |           |         |      |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other                                                |           |         |      |
|          | officer, director, trustee, or key employee?                                                                                                                            | 2         |         | X    |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision                                                   |           |         |      |
|          | of officers, directors, trustees, or key employees to a management company or other person?                                                                             | 3         |         | X    |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                        | 4         |         | Х    |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                              | 5         |         | X    |
| 6        | Did the organization have members or stockholders?                                                                                                                      | 6         |         | X    |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                                                          |           |         | 37   |
|          | more members of the governing body?                                                                                                                                     | 7a        |         | _X_  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                                                      |           |         | 37   |
| _        | persons other than the governing body?                                                                                                                                  | 7b        |         | X    |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                       |           | Х       |      |
| a        | The governing body?                                                                                                                                                     | 8a        | Λ       | X    |
|          | Each committee with authority to act on behalf of the governing body?                                                                                                   | 8b        |         |      |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                                                    | 9         |         | x    |
| 800      | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                                                                                 | 9         |         |      |
| <u> </u> | tion b. I oncies (mis section b requests information about policies not required by the internal nevenue code.)                                                         |           | Yes     | No   |
| 10a      | Did the organization have local chapters, branches, or affiliates?                                                                                                      | 10a       | 103     | X    |
|          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,                                              | 100       |         |      |
| -        | 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       |      |
|          | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                           |           |         |      |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                 | 12a       | Х       |      |
|          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                     | 12b       | X       |      |
| 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       | X       |      |
| 13       | Did the organization have a written whistleblower policy?                                                                                                               | 13        | X       |      |
| 14       | Did the organization have a written document retention and destruction policy?                                                                                          | 14        | X       |      |
| 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       |         | X    |
| b        | Other officers or key employees of the organization                                                                                                                     | 15b       |         | X    |
|          | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                      |           |         |      |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a                                                   |           |         |      |
|          | taxable entity during the year?                                                                                                                                         | 16a       |         | X    |
| 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       |         |      |
|          | tion C. Disclosure                                                                                                                                                      |           |         |      |
| 17       | List the states with which a copy of this Form 990 is required to be filed NONE                                                                                         |           |         |      |
| 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    | availa  | able |
|          | for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain on Schedule O)       |           |         |      |
| 40       |                                                                                                                                                                         | ما الناسة | a die l |      |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an                                          | u rinai   | icial   |      |
| 20       | statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records |           |         |      |
| 20       | KATE GERSH - 307-739-0968                                                                                                                                               |           |         |      |
|          | 25 S WILLOW ST. SUITE 10. JACKSON. WY 83001                                                                                                                             |           |         |      |

### 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.

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)                                | (B)                    | (C)                            |                       |                 |                 |                                 |                | (D)                  | (E)                       | (F)                          |
|------------------------------------|------------------------|--------------------------------|-----------------------|-----------------|-----------------|---------------------------------|----------------|----------------------|---------------------------|------------------------------|
| Name and title                     | Average                | (do                            | not c                 | Pos<br>heck     | more            | than                            | one            | Reportable           | Reportable                | Estimated                    |
|                                    | hours per<br>week      | box<br>offi                    | , unle<br>cer an      | ss pe<br>ıd a d | rson<br>Iirecto | is bot<br>or/trus               | th an<br>stee) | compensation<br>from | compensation from related | amount of other              |
|                                    | (list any              | tor                            |                       |                 |                 |                                 |                | the                  | organizations             | compensation                 |
|                                    | hours for              | r dire                         |                       |                 |                 | ted                             |                | organization         | (W-2/1099-MISC/           | from the                     |
|                                    | related                | stee o                         | rustee                |                 |                 | seu sa                          |                | (W-2/1099-MISC/      | 1099-NEC)                 | organization                 |
|                                    | organizations<br>below | ual tru                        | onal t                |                 | ploye           | t com                           |                | 1099-NEC)            |                           | and related<br>organizations |
|                                    | line)                  | Individual trustee or director | Institutional trustee | Officer         | Key employee    | Highest compensated<br>employee | Former         |                      |                           | organizations                |
| (1) RENEE SEIDLER WULFF            | 55.00                  |                                |                       |                 |                 | Ť                               |                |                      |                           |                              |
| EXECUTIVE DIRECTOR                 |                        | Х                              |                       | X               |                 |                                 |                | 81,375.              | 0.                        | 9,387.                       |
| (2) BRUCE PASFIELD                 | 5.00                   |                                |                       |                 |                 |                                 |                |                      |                           |                              |
| PRESIDENT                          |                        | Х                              |                       | X               |                 |                                 |                | 0.                   | 0.                        | 0.                           |
| (3) LESLIE BAHN STEEN              | 1.00                   |                                |                       |                 |                 |                                 |                | _                    | _                         | _                            |
| VICE PRESIDENT                     |                        | X                              |                       | Х               |                 |                                 |                | 0.                   | 0.                        | 0.                           |
| (4) MARY ELLEN FAUSONE             | 1.00                   |                                |                       |                 |                 |                                 |                |                      |                           |                              |
| BOARD MEMBER                       |                        | X                              |                       |                 |                 |                                 |                | 0.                   | 0.                        | 0.                           |
| (5) ROSS MACINTYRE                 | 1.00                   |                                |                       | Z               |                 |                                 |                |                      |                           |                              |
| TREASURER                          |                        | X                              |                       | Х               |                 |                                 |                | 0.                   | 0.                        | 0.                           |
| (6) MARK NEWCOMB                   | 1.00                   |                                |                       |                 |                 |                                 |                |                      |                           |                              |
| BOARD MEMBER                       | 1 00                   | X                              |                       |                 |                 |                                 |                | 0.                   | 0.                        | 0.                           |
| (7) BEN WISE                       | 1.00                   | ,,                             |                       |                 |                 |                                 |                |                      |                           | •                            |
| BOARD MEMBER                       | 1 00                   | Х                              |                       |                 |                 |                                 |                | 0.                   | 0.                        | 0.                           |
| (8) JENNIFER NEWTON                | 1.00                   | X                              |                       |                 |                 |                                 |                | 0.                   | 0.                        | 0                            |
| BOARD MEMBER-NON VOTING            | 1.00                   | Α.                             |                       |                 |                 | -                               |                | 0.                   | 0.                        | 0.                           |
| (9) CAROLINE BAKER-DONZA SECRETARY | 1.00                   | x                              |                       | x               |                 |                                 |                | 0.                   | 0.                        | 0.                           |
| (10) GREG SERVHEEN                 | 1.00                   | ^                              |                       | ^               |                 | -                               |                | 0.                   | 0.                        | 0.                           |
| BOARD MEMBER                       | 1.00                   | X                              |                       |                 |                 |                                 |                | 0.                   | 0.                        | 0.                           |
| (11) DAN BERNSTEIN                 | 1.00                   | 122                            |                       |                 |                 |                                 |                | 0.                   | 0.                        | •                            |
| BOARD MEMBER                       | 1.00                   | X                              |                       |                 |                 |                                 |                | 0.                   | 0.                        | 0.                           |
| (12) WILLIAM RUDD                  | 1.00                   | 123                            |                       |                 |                 |                                 |                |                      | •                         | •                            |
| BOARD MEMBER                       | 1100                   | x                              |                       |                 |                 |                                 |                | 0.                   | 0.                        | 0.                           |
| (13) KATHRYN MAPES TURNER          | 1.00                   | <del></del>                    |                       |                 |                 |                                 |                |                      |                           |                              |
| BOARD MEMBER                       |                        | x                              |                       |                 |                 |                                 |                | 0.                   | 0.                        | 0.                           |
|                                    |                        | <del> </del>                   |                       |                 |                 |                                 |                | •                    | •                         |                              |
|                                    |                        | 1                              |                       |                 |                 |                                 |                |                      |                           |                              |
|                                    |                        |                                |                       |                 |                 |                                 |                |                      |                           |                              |
|                                    |                        | 1                              |                       |                 |                 |                                 |                |                      |                           |                              |
|                                    |                        |                                |                       |                 |                 |                                 |                |                      |                           |                              |
|                                    |                        | <u> </u>                       |                       | L               | L               |                                 | L              |                      |                           |                              |
|                                    |                        |                                |                       |                 |                 |                                 |                |                      |                           |                              |
|                                    |                        |                                |                       |                 |                 | 1                               |                |                      |                           |                              |

232007 12-13-22 Form **990** (2022)

| Section A. Officers, Directors, Trus                                                                                 | ices, Key Liii                                             | pioy                                                                                               | CCO                   | , and   | <u> </u> | gne                          | 31 C  | ompensated Employe                                          | es (continueu)                                              |           |                                                                      |                |                |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|---------|----------|------------------------------|-------|-------------------------------------------------------------|-------------------------------------------------------------|-----------|----------------------------------------------------------------------|----------------|----------------|
| (A)<br>Name and title                                                                                                | (B)<br>Average<br>hours per                                | Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |          |                              | h an  | ( <b>D)</b> Reportable compensation                         | <b>(E)</b><br>Reportable<br>compensatior                    | on amount |                                                                      |                |                |
|                                                                                                                      | week (list any hours for related organizations below line) | r director                                                                                         | Institutional trustee | Officer |          | Highest compensated Employee |       | from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | from related<br>organizations<br>(W-2/1099-MIS<br>1099-NEC) |           | other<br>compensa<br>from th<br>organizat<br>and relat<br>organizati |                | e<br>ion<br>ed |
|                                                                                                                      |                                                            |                                                                                                    | =                     | 0       | ×        | Τ θ                          | ш.    |                                                             |                                                             |           |                                                                      |                |                |
|                                                                                                                      |                                                            | H                                                                                                  |                       |         |          |                              |       |                                                             |                                                             |           |                                                                      |                |                |
|                                                                                                                      |                                                            | $\square$                                                                                          |                       |         |          |                              |       |                                                             |                                                             | _         |                                                                      |                |                |
|                                                                                                                      |                                                            |                                                                                                    |                       |         |          |                              |       |                                                             |                                                             |           |                                                                      |                |                |
|                                                                                                                      |                                                            | -                                                                                                  |                       |         |          |                              |       |                                                             |                                                             |           |                                                                      |                |                |
|                                                                                                                      |                                                            |                                                                                                    |                       |         |          |                              |       |                                                             |                                                             |           |                                                                      |                |                |
|                                                                                                                      |                                                            |                                                                                                    |                       |         |          |                              |       |                                                             |                                                             |           |                                                                      |                |                |
|                                                                                                                      |                                                            |                                                                                                    |                       |         |          |                              |       |                                                             |                                                             |           |                                                                      |                |                |
|                                                                                                                      |                                                            | $\Box$                                                                                             |                       |         |          |                              |       |                                                             |                                                             |           |                                                                      |                |                |
|                                                                                                                      |                                                            | П                                                                                                  |                       |         |          |                              |       |                                                             |                                                             |           |                                                                      |                |                |
| 1b Subtotal                                                                                                          |                                                            |                                                                                                    |                       |         |          |                              |       | 81,375.                                                     |                                                             | 0.        |                                                                      | 9,3            |                |
| c Total from continuation sheets to Part VI<br>d Total (add lines 1b and 1c)                                         |                                                            |                                                                                                    |                       |         |          |                              |       | 81,375.                                                     |                                                             | 0.        |                                                                      | 9,3            | 0.<br>87.      |
| Total number of individuals (including but n compensation from the organization                                      |                                                            |                                                                                                    |                       |         |          |                              |       | -                                                           | ,000 of reportable                                          | )         |                                                                      | ,              | 0              |
|                                                                                                                      |                                                            |                                                                                                    | V                     |         |          |                              |       |                                                             |                                                             |           |                                                                      | Yes            | No             |
| 3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s    |                                                            |                                                                                                    | -                     |         |          |                              |       | hest compensated emp                                        |                                                             |           | 3                                                                    |                | Х              |
| 4 For any individual listed on line 1a, is the su                                                                    |                                                            | le co                                                                                              | mpe                   | ensa    | ation    | n and                        | d otl | her compensation from                                       | the organization                                            |           | 4                                                                    |                | Х              |
| <ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul> |                                                            |                                                                                                    |                       |         |          |                              |       |                                                             |                                                             |           | 4                                                                    |                |                |
| rendered to the organization? If "Yes," com<br>Section B. Independent Contractors                                    | plete Schedul                                              | e J fo                                                                                             | or su                 | ıch p   | oers     | son .                        |       |                                                             |                                                             |           | 5                                                                    |                | Х              |
| Complete this table for your five highest co                                                                         |                                                            |                                                                                                    |                       |         |          |                              |       |                                                             |                                                             | pensa     | tion f                                                               | rom            |                |
| the organization. Report compensation for (A)                                                                        | the calendar y                                             | ear e                                                                                              | endi                  | ng w    | /ith     | or w                         | ithir | n the organization's tax y                                  | year.                                                       |           | (C                                                                   | ;)             |                |
| Name and business                                                                                                    | address                                                    | NC                                                                                                 | INC                   | 3       |          |                              |       | Description of s                                            | ervices                                                     | Co        | mpei                                                                 | nsatio         | 1              |
|                                                                                                                      |                                                            |                                                                                                    |                       |         |          |                              | 4     |                                                             |                                                             |           |                                                                      |                |                |
|                                                                                                                      |                                                            |                                                                                                    |                       |         |          |                              | _     |                                                             |                                                             |           |                                                                      |                |                |
|                                                                                                                      |                                                            |                                                                                                    |                       |         |          |                              | _     |                                                             |                                                             |           |                                                                      |                |                |
|                                                                                                                      |                                                            |                                                                                                    |                       |         |          |                              | -     |                                                             |                                                             |           |                                                                      |                |                |
| 2 Total number of independent contractors (i                                                                         | ncludina but n                                             | not lir                                                                                            | nite                  | d to    | tho      | se lis                       | stec  | d above) who received m                                     | nore than                                                   |           |                                                                      |                |                |
| \$100,000 of compensation from the organization                                                                      | -                                                          |                                                                                                    |                       |         |          | 0                            |       | ,                                                           |                                                             | -         | -orm (                                                               | 9 <b>90</b> (2 | 5055/          |

83-0302830 JACKSON HOLE WILDLIFE FOUNDATION Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations 1d 121,740. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 445,470. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 567,210. h Total. Add lines 1a-1f **Business Code** 519200 737. 737. 2 a PROGRAM & PROF SERVICE Program Service Revenue f All other program service revenue 737. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 438. 438. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses ..... 7b c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 30,000. Part IV, line 19 2,154. 9b **b** Less: direct expenses 27,846. 27,846. c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 

596,231.

1,175.

27,846. Form **990** (2022)

11 a

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

### Part IX Statement of Functional Expenses

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

|    | Check if Schedule O contains a respor                                                                   | <u> </u>         |                          | · · · · · · · · · · · · · · · · · · · |                         |
|----|---------------------------------------------------------------------------------------------------------|------------------|--------------------------|---------------------------------------|-------------------------|
| Do | not include amounts reported on lines 6b,                                                               | (A)              | (B)                      | (C)                                   | (D)                     |
|    | 8b, 9b, and 10b of Part VIII.                                                                           | Total expenses   | Program service expenses | Management and general expenses       | Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations                                                   |                  | СХРСПЗСЗ                 | general expenses                      | схрензез                |
| -  | and domestic governments. See Part IV, line 21                                                          |                  |                          |                                       |                         |
| 2  | Grants and other assistance to domestic                                                                 |                  |                          |                                       |                         |
|    | individuals. See Part IV, line 22                                                                       |                  |                          |                                       |                         |
| 3  | Grants and other assistance to foreign                                                                  |                  |                          |                                       |                         |
|    | organizations, foreign governments, and foreign                                                         |                  |                          |                                       |                         |
|    | individuals. See Part IV, lines 15 and 16                                                               |                  |                          |                                       |                         |
| 4  | Benefits paid to or for members                                                                         |                  |                          |                                       |                         |
| 5  | Compensation of current officers, directors,                                                            |                  |                          |                                       |                         |
|    | trustees, and key employees                                                                             | 81,375.          | 58,834.                  | 10,660.                               | 11,881.                 |
| 6  | Compensation not included above to disqualified                                                         |                  |                          |                                       |                         |
|    | persons (as defined under section 4958(f)(1)) and                                                       |                  |                          |                                       |                         |
|    | persons described in section 4958(c)(3)(B)                                                              | 100.01           | 1.65                     |                                       |                         |
| 7  | Other salaries and wages                                                                                | 189,861.         | 167,078.                 | 3,797.                                | 18,986.                 |
| 8  | Pension plan accruals and contributions (include                                                        |                  |                          |                                       |                         |
|    | section 401(k) and 403(b) employer contributions)                                                       | 00 000           | 05 750                   | F0F                                   | 0.007                   |
| 9  | Other employee benefits                                                                                 | 29,270.          | 25,758.                  | 585.                                  | 2,927.<br>2,161.        |
| 10 | Payroll taxes                                                                                           | 21,612.          | 19,019.                  | 432.                                  | 2,161.                  |
| 11 | Fees for services (nonemployees):                                                                       |                  |                          |                                       |                         |
| а  | • • • • • • • • • • • • • • • • • • • •                                                                 |                  |                          |                                       |                         |
| b  | •                                                                                                       | 8,083.           |                          | 8,083.                                |                         |
|    | Accounting                                                                                              | 0,003.           |                          | 0,003.                                |                         |
|    | Lobbying                                                                                                |                  |                          |                                       |                         |
|    | Professional fundraising services. See Part IV, line 17                                                 |                  |                          |                                       |                         |
| f  | Investment management fees Other. (If line 11g amount exceeds 10% of line 25,                           |                  |                          |                                       |                         |
| 9  | column (A), amount, list line 11g expenses on Sch 0.)                                                   |                  |                          |                                       |                         |
| 12 | Advertising and promotion                                                                               | 2,440.           | 319.                     | 2,121.                                |                         |
| 13 | Office expenses                                                                                         | 986.             | 986.                     |                                       |                         |
| 14 | Information technology                                                                                  | 6,095.           | 6,095.                   |                                       |                         |
| 15 | Royalties                                                                                               | ,,,,,,           | 7,777                    |                                       |                         |
| 16 | Occupancy                                                                                               | 16,320.          | 12,077.                  | 2,122.                                | 2,121.                  |
| 17 | Travel                                                                                                  | 1,871.           | 1,871.                   | <i>'</i>                              | <u> </u>                |
| 18 | Payments of travel or entertainment expenses                                                            |                  |                          |                                       |                         |
|    | for any federal, state, or local public officials                                                       |                  |                          |                                       |                         |
| 19 | Conferences, conventions, and meetings                                                                  |                  |                          |                                       |                         |
| 20 | Interest                                                                                                |                  |                          |                                       |                         |
| 21 | Payments to affiliates                                                                                  |                  |                          |                                       |                         |
| 22 | Depreciation, depletion, and amortization                                                               | 2,658.           | 2,658.                   |                                       |                         |
| 23 | Insurance                                                                                               | 3,791.           | 2,675.                   | 1,116.                                |                         |
| 24 | Other expenses. Itemize expenses not covered                                                            |                  |                          |                                       |                         |
|    | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), |                  |                          |                                       |                         |
|    | amount, list line 24e expenses on Schedule 0.)                                                          | 154 100          | 154 100                  |                                       |                         |
| а  | PROGRAM EXPENSES                                                                                        | 154,199.         | 154,199.                 | 4 010                                 |                         |
| b  | EVENTS AND PROMOTIONS                                                                                   | 9,582.           | 5,372.                   | 4,210.                                | 20                      |
| С  | DEVELOPE BOARD/DONOR/VO                                                                                 | 3,278.           | 3,240.                   |                                       | 38.                     |
| d  | BANK CHARGES                                                                                            | 1,885.<br>2,717. | 1,885.<br>2,548.         | 169.                                  |                         |
|    | All other expenses                                                                                      | 536,023.         | 464,614.                 | 33,295.                               | 38,114.                 |
| 25 | Total functional expenses. Add lines 1 through 24e                                                      | 330,043.         | 404,014.                 | 33,433.                               | 30,114.                 |
| 26 | Joint costs. Complete this line only if the organization                                                |                  |                          |                                       |                         |
|    | reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.   |                  |                          |                                       |                         |
|    | Check here following SOP 98-2 (ASC 958-720)                                                             |                  |                          |                                       |                         |
|    | 11 IOIIOWING SOP 98-2 (ASC 938-720)                                                                     |                  |                          |                                       | F 000 (2222)            |

| Pa                          | rt X | Balance Sheet                                                                           |                     |                        |                                 |         |                           |
|-----------------------------|------|-----------------------------------------------------------------------------------------|---------------------|------------------------|---------------------------------|---------|---------------------------|
|                             |      | Check if Schedule O contains a response or no                                           | te to ar            | ny line in this Part X |                                 |         |                           |
|                             |      |                                                                                         |                     |                        | <b>(A)</b><br>Beginning of year |         | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing                                                             |                     |                        | 214,452.                        | 1       | 59,584.                   |
|                             | 2    | Savings and temporary cash investments                                                  |                     |                        | 97,599.                         | 2       | 316,046                   |
|                             | 3    | Pledges and grants receivable, net                                                      |                     |                        | 3                               |         |                           |
|                             | 4    | Accounts receivable, net                                                                |                     |                        | 4                               |         |                           |
|                             | 5    | Loans and other receivables from any current of                                         |                     |                        |                                 |         |                           |
|                             |      | trustee, key employee, creator or founder, subs                                         | contributor, or 35% |                        |                                 |         |                           |
|                             |      | controlled entity or family member of any of the                                        |                     | 5                      |                                 |         |                           |
|                             | 6    | Loans and other receivables from other disqual                                          | ified pe            | rsons (as defined      |                                 |         |                           |
|                             |      | under section 4958(f)(1)), and persons describe                                         | ed in se            | ction 4958(c)(3)(B)    |                                 | 6       |                           |
| ts                          | 7    | Notes and loans receivable, net                                                         |                     |                        |                                 | 7       |                           |
| Assets                      | 8    | Inventories for sale or use                                                             |                     |                        |                                 | 8       |                           |
| ⋖                           | 9    | Prepaid expenses and deferred charges                                                   |                     |                        |                                 | 9       |                           |
|                             | 10a  | Land, buildings, and equipment: cost or other                                           |                     |                        |                                 |         |                           |
|                             |      | basis. Complete Part VI of Schedule D                                                   | -                   | 13,288.                |                                 |         |                           |
|                             | b    | Less: accumulated depreciation                                                          |                     | 12,403.                | 3,543.                          | 10c     | 885                       |
|                             | 11   | Investments - publicly traded securities                                                |                     |                        |                                 | 11      |                           |
|                             | 12   | Investments - other securities. See Part IV, line                                       |                     |                        |                                 | 12      |                           |
|                             | 13   | Investments - program-related. See Part IV, line                                        |                     |                        |                                 | 13      |                           |
|                             | 14   | Intangible assets                                                                       |                     |                        | 14                              |         |                           |
|                             | 15   | Other assets. See Part IV, line 11                                                      |                     | 245 504                | 15                              | 256 545 |                           |
|                             | 16   | Total assets. Add lines 1 through 15 (must equ                                          | ıal line (          | 33)                    | 315,594.                        | 16      | 376,515                   |
|                             | 17   | Accounts payable and accrued expenses                                                   |                     |                        |                                 | 17      |                           |
|                             | 18   | Grants payable                                                                          |                     |                        |                                 | 18      |                           |
|                             | 19   | Deferred revenue                                                                        |                     |                        |                                 | 19      |                           |
|                             | 20   | Tax-exempt bond liabilities                                                             |                     |                        |                                 | 20      |                           |
|                             | 21   | Escrow or custodial account liability. Complete                                         |                     |                        |                                 | 21      |                           |
| ies                         | 22   | Loans and other payables to any current or form                                         |                     |                        |                                 |         |                           |
| ij                          |      | trustee, key employee, creator or founder, subs                                         |                     |                        |                                 |         |                           |
| Liabilities                 |      | controlled entity or family member of any of the                                        |                     |                        |                                 | 22      |                           |
| _                           | 23   | Secured mortgages and notes payable to unrel                                            |                     |                        |                                 | 23      |                           |
|                             | 24   | Unsecured notes and loans payable to unrelate                                           |                     |                        |                                 | 24      |                           |
|                             | 25   | Other liabilities (including federal income tax, pa                                     |                     |                        |                                 |         |                           |
|                             |      | parties, and other liabilities not included on line                                     |                     | •                      | 2,260.                          | 25      | 2,973.                    |
|                             | 06   | of Schedule D                                                                           |                     |                        | 2,260.                          | 26      | 2,973.                    |
|                             | 26   | Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che |                     |                        | 2,200•                          | 26      | 2,515                     |
| es                          |      | and complete lines 27, 28, 32, and 33.                                                  | ECK HE              |                        |                                 |         |                           |
| auc                         | 27   | Net assets without donor restrictions                                                   |                     |                        |                                 | 27      |                           |
| Bali                        | 28   | Net assets with donor restrictions                                                      |                     |                        |                                 | 28      |                           |
| D D                         | 20   | Organizations that do not follow FASB ASC 9                                             |                     |                        |                                 | 20      |                           |
| Ξ                           |      | and complete lines 29 through 33.                                                       | , cii               |                        |                                 |         |                           |
| ō                           | 29   | Capital stock or trust principal, or current funds                                      |                     | 0.                     | 29                              | 0.      |                           |
| ets                         | 30   | Paid-in or capital surplus, or land, building, or e                                     |                     | 0.                     | 30                              | 0.      |                           |
| Ass                         | 31   | Retained earnings, endowment, accumulated in                                            |                     |                        | 313,334.                        | 31      | 373,542.                  |
| Net Assets or Fund Balances | 32   | Total net assets or fund balances                                                       |                     | _                      | 313,334.                        | 32      | 373,542.                  |
| _                           | 33   | Total liabilities and net assets/fund balances                                          |                     |                        | 315,594.                        | 33      | 376,515.                  |
|                             |      |                                                                                         |                     |                        | .,                              |         | Form <b>990</b> (2022)    |

Form **990** (2022)

| Pa | rt XI Reconciliation of Net Assets                                                                                                     |           |      |     |            |  |  |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------|-----------|------|-----|------------|--|--|--|
|    | Check if Schedule O contains a response or note to any line in this Part XI                                                            |           |      |     |            |  |  |  |
|    |                                                                                                                                        |           |      |     |            |  |  |  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                                              | 1         |      | 6,2 |            |  |  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                                               | 2         |      | 6,0 |            |  |  |  |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                                                     | 3         |      | 0,2 |            |  |  |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                                              | 4         | 31   | 3,3 | <u>34.</u> |  |  |  |
| 5  | Net unrealized gains (losses) on investments                                                                                           | 5         |      |     |            |  |  |  |
| 6  | Donated services and use of facilities                                                                                                 | 6         |      |     |            |  |  |  |
| 7  | Investment expenses                                                                                                                    | 7         |      |     |            |  |  |  |
| 8  | Prior period adjustments                                                                                                               | 8         |      |     |            |  |  |  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)                                                                   | 9         |      |     | 0.         |  |  |  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                                     |           |      |     |            |  |  |  |
| _  | column (B))                                                                                                                            | 10        | 37   | 3,5 | 42.        |  |  |  |
| Pа | rt XII Financial Statements and Reporting                                                                                              |           |      |     |            |  |  |  |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                                           |           |      |     | ᆜ          |  |  |  |
|    |                                                                                                                                        |           |      | Yes | No         |  |  |  |
| 1  | Accounting method used to prepare the Form 990: X Cash Accrual Other                                                                   |           |      |     |            |  |  |  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                      |           |      |     |            |  |  |  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                                        |           | 2a   |     | X          |  |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed                        | d on a    |      |     |            |  |  |  |
|    | separate basis, consolidated basis, or both:                                                                                           |           |      |     |            |  |  |  |
|    | Separate basis Consolidated basis Both consolidated and separate basis                                                                 |           |      |     | 37         |  |  |  |
| b  | Were the organization's financial statements audited by an independent accountant?                                                     |           | 2b   |     | X          |  |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat                        | e 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                     | •         |      |     |            |  |  |  |
|    | 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 Sch                      | nedule O. |      |     |            |  |  |  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the                        |           |      |     | 3,7        |  |  |  |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?                                                                                        |           | 3a   |     | X          |  |  |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? |           |      |     |            |  |  |  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                                               |           | 3b   | 000 |            |  |  |  |
|    |                                                                                                                                        |           | Form | 990 | (2022)     |  |  |  |
|    |                                                                                                                                        |           |      |     |            |  |  |  |
|    |                                                                                                                                        |           |      |     |            |  |  |  |
|    |                                                                                                                                        |           |      |     |            |  |  |  |
|    |                                                                                                                                        |           |      |     |            |  |  |  |
|    |                                                                                                                                        |           |      |     |            |  |  |  |
|    |                                                                                                                                        |           |      |     |            |  |  |  |
|    | ▼                                                                                                                                      |           |      |     |            |  |  |  |
|    |                                                                                                                                        |           |      |     |            |  |  |  |

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

JACKSON HOLE WILDLIFE FOUNDATION

Employer identification number 83-0302830

| Pa   | rt I  | Reason for Public (                                                                               | Charity Status.            | (All organizations must o                           | omplete th                          | nis part.) S                    | See instructions.               |                            |  |
|------|-------|---------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------|-------------------------------------|---------------------------------|---------------------------------|----------------------------|--|
| he   | organ | ization is not a private found                                                                    | ation because it is: (     | For lines 1 through 12, o                           | check only                          | one box.)                       |                                 |                            |  |
| 1    |       | A church, convention of ch                                                                        |                            |                                                     |                                     |                                 |                                 |                            |  |
| 2    |       | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)            |                            |                                                     |                                     |                                 |                                 |                            |  |
| 3    |       | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). |                            |                                                     |                                     |                                 |                                 |                            |  |
| 4    |       | A medical research organiz                                                                        |                            |                                                     |                                     |                                 |                                 | the hospital's name        |  |
|      |       | city, and state:                                                                                  | a operated                 | .,,                                                 |                                     |                                 |                                 | and mospital o maine,      |  |
| 5    |       | An organization operated for                                                                      | or the benefit of a co     | llege or university owner                           | d or operat                         | ted by a d                      | overnmental unit describ        | ned in                     |  |
| 5    |       | section 170(b)(1)(A)(iv). (C                                                                      |                            | liege of difficulty owner                           | а ог орста                          | ica by a g                      | Overnmental and desert          | JCG    1                   |  |
| 6    |       |                                                                                                   | •                          | aantal unit daaarihad in                            | aaatian 17                          | 70/bV4VAV                       | ()                              |                            |  |
| 6    | X     | A federal, state, or local gov                                                                    | -                          |                                                     |                                     |                                 |                                 | من اما مانسم ما نم         |  |
| ′    | 21    | An organization that norma                                                                        |                            | ntial part of its support i                         | rom a gov                           | emmentai                        | unit or from the general        | public described in        |  |
| _    |       | section 170(b)(1)(A)(vi). (Co                                                                     | •                          |                                                     |                                     |                                 |                                 |                            |  |
| 8    | Н     | A community trust describe                                                                        |                            |                                                     |                                     |                                 |                                 |                            |  |
| 9    |       | An agricultural research org                                                                      |                            |                                                     |                                     |                                 |                                 |                            |  |
|      |       | or university or a non-land-g                                                                     | rant college of agric      | ulture (see instructions).                          | . Enter the                         | name, city                      | y, and state of the colleg      | je or                      |  |
|      |       | university:                                                                                       |                            |                                                     |                                     |                                 |                                 |                            |  |
| 10   |       | An organization that norma                                                                        |                            |                                                     |                                     |                                 |                                 |                            |  |
|      |       | activities related to its exem                                                                    | npt functions, subjec      | t to certain exceptions;                            | and (2) no                          | more than                       | n 33 1/3% of its support        | from gross investment      |  |
|      |       | income and unrelated busing                                                                       | ness taxable income        | (less section 511 tax) fr                           | om busine                           | sses acqu                       | ired by the organization        | after June 30, 1975.       |  |
|      |       | See section 509(a)(2). (Cor                                                                       | mplete Part III.)          |                                                     |                                     |                                 |                                 |                            |  |
| 11   | Щ     | An organization organized a                                                                       | and operated exclusi       | ively to test for public sa                         | afety. See                          | section 50                      | )9(a)(4).                       |                            |  |
| 12   |       | An organization organized a                                                                       | and operated exclusi       | ively for the benefit of, to                        | o perform t                         | the functio                     | ons of, or to carry out the     | e purposes of one or       |  |
|      |       | more publicly supported or                                                                        | ganizations describe       | ed in <b>section 509(a)(1)</b> o                    | r section :                         | 509(a)(2).                      | See <b>section 509(a)(3).</b> ( | Check the box on           |  |
|      |       | lines 12a through 12d that                                                                        | describes the type o       | of supporting organization                          | n and com                           | nplete lines                    | s 12e, 12f, and 12g.            |                            |  |
| а    |       |                                                                                                   | nization operated, s       | upervised, or controlled                            | by its sup                          | ported org                      | ganization(s), typically by     | giving giving              |  |
|      |       | the supported organization                                                                        | on(s) the power to re      | gularly appoint or elect a                          | a majority (                        | of the dire                     | ctors or trustees of the s      | supporting                 |  |
|      |       | organization. You must o                                                                          | omplete Part IV, Se        | ections A and B.                                    |                                     |                                 |                                 |                            |  |
| b    |       | Type II. A supporting orga                                                                        | anization supervised       | or controlled in connec                             | tion with it                        | s support                       | ed organization(s), by ha       | aving                      |  |
|      |       | control or management o                                                                           | f the supporting orga      | anization vested in the s                           | ame perso                           | ons that co                     | ontrol or manage the sup        | ported                     |  |
|      |       | organization(s). You mus                                                                          | t complete Part IV,        | Sections A and C.                                   |                                     |                                 |                                 |                            |  |
| С    |       | Type III functionally inte                                                                        | grated. A supporting       | g organization operated                             | in connec                           | tion with,                      | and functionally integrat       | ed with,                   |  |
|      |       | its supported organization                                                                        | n(s) (see instructions     | s). You must complete l                             | Part IV, Se                         | ections A,                      | D, and E.                       |                            |  |
| d    |       | Type III non-functionally                                                                         | integrated. A supp         | orting organization oper                            | ated in co                          | nnection v                      | vith its supported organ        | ization(s)                 |  |
|      |       | that is not functionally int                                                                      | egrated. The organiz       | zation generally must sa                            | tisfy a dist                        | ribution re                     | quirement and an attent         | iveness                    |  |
|      |       | requirement (see instruct                                                                         | ions). <b>You must con</b> | nplete Part IV, Sections                            | s A and D,                          | and Part                        | V.                              |                            |  |
| е    |       | Check this box if the orga                                                                        | anization received a       | written determination fro                           | m the IRS                           | that it is a                    | a Type I, Type II, Type III     |                            |  |
|      |       | functionally integrated, or                                                                       | Type III non-functio       | nally integrated support                            | ing organiz                         | zation.                         |                                 |                            |  |
| f    | Ente  | er the number of supported o                                                                      | organizations              |                                                     |                                     |                                 |                                 |                            |  |
| g    | Pro۱  | vide the following information                                                                    | about the supporte         | ed organization(s).                                 |                                     |                                 |                                 |                            |  |
|      | (     | i) Name of supported                                                                              | (ii) EIN                   | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga<br>in your governi | nization listed<br>ng document? | (v) Amount of monetary          | (vi) Amount of other       |  |
|      |       | organization                                                                                      |                            | above (see instructions))                           | Yes                                 | No                              | support (see instructions)      | support (see instructions) |  |
|      |       |                                                                                                   |                            |                                                     |                                     |                                 |                                 |                            |  |
|      |       |                                                                                                   |                            |                                                     |                                     |                                 |                                 |                            |  |
|      |       |                                                                                                   |                            |                                                     |                                     |                                 |                                 |                            |  |
|      |       |                                                                                                   |                            |                                                     |                                     |                                 |                                 |                            |  |
|      |       |                                                                                                   |                            |                                                     |                                     |                                 |                                 |                            |  |
|      |       |                                                                                                   |                            |                                                     |                                     |                                 |                                 |                            |  |
|      |       |                                                                                                   |                            |                                                     |                                     |                                 |                                 |                            |  |
|      |       |                                                                                                   |                            |                                                     |                                     |                                 |                                 |                            |  |
|      |       |                                                                                                   |                            |                                                     |                                     |                                 |                                 |                            |  |
|      |       |                                                                                                   |                            |                                                     |                                     |                                 |                                 |                            |  |
| nt a | d .   |                                                                                                   |                            |                                                     |                                     |                                 | I                               | I                          |  |

### 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.)

| Sed         | tion A. Public Support                                                                                                                                                                                              |          |                       |                        |                     |                           |            |  |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|------------------------|---------------------|---------------------------|------------|--|
| Cale        | ndar year (or fiscal year beginning in)                                                                                                                                                                             | (a) 2018 | <b>(b)</b> 2019       | (c) 2020               | (d) 2021            | (e) 2022                  | (f) Total  |  |
| 1           | Gifts, grants, contributions, and                                                                                                                                                                                   |          |                       |                        |                     |                           |            |  |
|             | membership fees received. (Do not                                                                                                                                                                                   |          |                       |                        |                     |                           |            |  |
|             | include any "unusual grants.")                                                                                                                                                                                      | 288,626. | 306,587.              | 361,562.               | 453,174.            | 567,210.                  | 1,977,159. |  |
| 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                                                                                                                                                                                        | 288,626. | 306,587.              | 361,562.               | 453,174.            | 567,210.                  | 1,977,159. |  |
| 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)                                                                                                                                                                                                          |          |                       |                        |                     |                           | 70,870.    |  |
|             | Public support. Subtract line 5 from line 4.                                                                                                                                                                        |          |                       |                        |                     |                           | 1,906,289. |  |
|             | ction B. Total Support                                                                                                                                                                                              |          |                       |                        |                     |                           |            |  |
|             | ndar year (or fiscal year beginning in)                                                                                                                                                                             | (a) 2018 | (b) 2019<br>306, 587. | (c) 2020               | (d) 2021            | (e) 2022                  | (f) Total  |  |
|             | Amounts from line 4                                                                                                                                                                                                 | 288,626. | 306,587.              | 361,562.               | 453,174.            | 567,210.                  | 1,977,159. |  |
| 8           | Gross income from interest,                                                                                                                                                                                         |          |                       |                        |                     |                           |            |  |
|             | dividends, payments received on                                                                                                                                                                                     |          |                       |                        |                     |                           |            |  |
|             | securities loans, rents, royalties,                                                                                                                                                                                 | 417      | 102                   | 21                     | 11                  | 420                       | 1 000      |  |
|             | and income from similar sources                                                                                                                                                                                     | 417.     | 193.                  | 21.                    | 11.                 | 438.                      | 1,080.     |  |
| 9           | Net income from unrelated business                                                                                                                                                                                  | ]        |                       |                        |                     |                           |            |  |
|             | activities, whether or not the                                                                                                                                                                                      |          |                       |                        |                     |                           |            |  |
|             | business is regularly carried on                                                                                                                                                                                    |          |                       |                        |                     |                           |            |  |
| 10          | Other income. Do not include gain                                                                                                                                                                                   |          |                       |                        |                     |                           |            |  |
|             | or loss from the sale of capital                                                                                                                                                                                    |          |                       |                        |                     |                           |            |  |
|             | assets (Explain in Part VI.)                                                                                                                                                                                        |          |                       |                        |                     |                           | 1 050 020  |  |
|             | <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                        |          |                       |                        |                     |                           | 1,978,239. |  |
|             | Gross receipts from related activities,                                                                                                                                                                             |          | ·                     |                        |                     | 12                        |            |  |
| 13          | First 5 years. If the Form 990 is for the                                                                                                                                                                           |          | rst, secona, thira,   | fourth, or fifth tax y | year as a section b | 501(c)(3)                 |            |  |
| <u>S_</u>   | organization, check this box and storetion C. Computation of Publ                                                                                                                                                   |          | rcentage              |                        |                     |                           |            |  |
|             | Public support percentage for 2022 (                                                                                                                                                                                |          |                       | acluma (fl)            |                     | 14                        | 96.36 %    |  |
|             | Public support percentage from 2021                                                                                                                                                                                 |          |                       |                        |                     | 15                        | 96.36 %    |  |
|             |                                                                                                                                                                                                                     |          |                       |                        |                     |                           | ,-         |  |
| iva         | 6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization |          |                       |                        |                     |                           |            |  |
| h           | 33 1/3% support test - 2021. If the o                                                                                                                                                                               |          |                       |                        |                     |                           |            |  |
|             | and <b>stop here.</b> The organization qual                                                                                                                                                                         |          |                       |                        |                     |                           |            |  |
| <b>17</b> a | 10% -facts-and-circumstances tes                                                                                                                                                                                    |          |                       |                        |                     |                           |            |  |
| ., a        | and if the organization meets the fact                                                                                                                                                                              | · ·      |                       |                        |                     |                           | •          |  |
|             | meets the facts-and-circumstances to                                                                                                                                                                                |          |                       | -                      |                     | _                         |            |  |
| h           | 10% -facts-and-circumstances tes                                                                                                                                                                                    | · ·      | •                     |                        |                     | <br>17a, and line 15 is 1 |            |  |
|             | more, and if the organization meets the                                                                                                                                                                             | _        |                       |                        |                     |                           | 5,5 G      |  |
|             | organization meets the facts-and-circ                                                                                                                                                                               |          |                       |                        | -                   |                           |            |  |
| 18          | Private foundation. If the organization                                                                                                                                                                             |          |                       |                        |                     |                           |            |  |
| _           | <u></u>                                                                                                                                                                                                             |          | ,                     | , ,, 11 %              | ,                   |                           |            |  |

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

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

| Sec  | ction A. Public Support                                                   | clow, picase cerrip       | oloto i art ii.j     |                       |                     |                     |           |
|------|---------------------------------------------------------------------------|---------------------------|----------------------|-----------------------|---------------------|---------------------|-----------|
|      | ndar year (or fiscal year beginning in)                                   | (a) 2018                  | <b>(b)</b> 2019      | (c) 2020              | (d) 2021            | (e) 2022            | (f) Total |
|      | Gifts, grants, contributions, and                                         | (4) 2010                  | (6) 2019             | (6) 2020              | (4) 2021            | (6) 2022            | (i) iotai |
| •    | 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                                                 |                           |                      | 4                     |                     |                     |           |
| 5    | The value of services or facilities                                       |                           |                      |                       |                     |                     |           |
| 3    | furnished by a governmental unit to                                       |                           |                      |                       |                     |                     |           |
|      | the organization without charge                                           |                           |                      |                       |                     |                     |           |
| 6    | Total. Add lines 1 through 5                                              |                           |                      |                       |                     |                     |           |
|      | Amounts included on lines 1, 2, and                                       |                           |                      |                       |                     |                     |           |
| , ,  | 3 received from disqualified persons                                      |                           |                      |                       |                     |                     |           |
| k    | Amounts included on lines 2 and 3 received                                |                           |                      |                       |                     |                     |           |
|      | from other than disqualified persons that                                 |                           |                      |                       |                     |                     |           |
|      | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |                           |                      |                       |                     |                     |           |
|      | Add lines 7a and 7b                                                       |                           |                      |                       |                     |                     |           |
|      | Public support. (Subtract line 7c from line 6.)                           |                           |                      |                       |                     |                     |           |
|      | ction B. Total Support                                                    |                           |                      |                       |                     | •                   |           |
| Cale | ndar year (or fiscal year beginning in)                                   | (a) 2018                  | <b>(b)</b> 2019      | (c) 2020              | (d) 2021            | (e) 2022            | (f) Total |
|      | Amounts from line 6                                                       | . ,                       |                      | ` ′                   | , ,                 |                     |           |
|      | Gross income from interest,                                               |                           |                      |                       |                     |                     |           |
|      | dividends, payments received on                                           |                           |                      |                       |                     |                     |           |
|      | securities loans, rents, royalties, and income from similar sources       |                           |                      |                       |                     |                     |           |
| ŀ    | Unrelated business taxable income                                         |                           |                      |                       |                     |                     |           |
|      | (less section 511 taxes) from businesses                                  |                           |                      |                       |                     |                     |           |
|      | acquired after June 30, 1975                                              |                           |                      |                       |                     |                     |           |
|      | Add lines 10a and 10b                                                     |                           |                      |                       |                     |                     |           |
|      | Net income from unrelated business                                        |                           |                      |                       |                     |                     |           |
|      | activities not included on line 10b,                                      |                           |                      |                       |                     |                     |           |
|      | whether or not the business is regularly carried on                       |                           |                      |                       |                     |                     |           |
| 12   | Other income. Do not include gain                                         |                           |                      | 1                     |                     |                     |           |
|      | or loss from the sale of capital                                          |                           |                      | 1                     |                     |                     |           |
| 13   | assets (Explain in Part VI.)                                              |                           |                      |                       |                     |                     |           |
|      | First 5 years. If the Form 990 is for the                                 | ne organization's fi      | rst, second, third.  | fourth, or fifth tax  | year as a section   | 501(c)(3) organizat | tion,     |
|      | check this box and stop here                                              | · ·                       |                      | ,<br>                 | •                   | . , . ,             |           |
| Se   | ction C. Computation of Publ                                              |                           |                      |                       |                     |                     |           |
| 15   | Public support percentage for 2022 (                                      | line 8, column (f), c     | divided by line 13,  | column (f))           |                     | 15                  | %         |
| 16   | Public support percentage from 2021                                       | Schedule A, Part          | III, line 15         |                       |                     | 16                  | %         |
|      | ction D. Computation of Inve                                              |                           |                      |                       |                     |                     |           |
| 17   | Investment income percentage for 20                                       | )22 (line 10c, colur      | nn (f), divided by I | ine 13, column (f))   |                     | 17                  | %         |
| 18   | Investment income percentage from                                         | <b>2021</b> Schedule A,   | Part III, line 17    |                       |                     | 18                  | %         |
|      | 33 1/3% support tests - 2022. If the                                      |                           |                      |                       |                     | 33 1/3%, and line   | 17 is not |
|      | more than 33 1/3%, check this box a                                       | nd <b>stop here.</b> The  | organization qual    | ifies as a publicly s | supported organiz   | ation               |           |
| k    | 33 1/3% support tests - 2021. If the                                      | organization did n        | not check a box or   | n line 14 or line 19  | a, and line 16 is m | ore than 33 1/3%,   | and       |
|      | line 18 is not more than 33 1/3%, che                                     | ck this box and <b>st</b> | op here. The orga    | nization qualifies    | as a publicly supp  | orted organization  |           |
| 20   | Private foundation. If the organization                                   | on did not check a        | box on line 14 19    | a or 19b check t      | his box and see in  | structions          |           |

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

|     | Yes | No |
|-----|-----|----|
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| Pa  | rt IV   Supporting Organizations (continued)                                                                                                                                                                                                                 |          |               |     |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|-----|
|     |                                                                                                                                                                                                                                                              |          | Yes           | No  |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                      |          |               |     |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and                                                                                                                                               |          |               |     |
|     | 11c below, the governing body of a supported organization?                                                                                                                                                                                                   | 11a      |               |     |
| b   | A family member of a person described on line 11a above?                                                                                                                                                                                                     | 11b      |               |     |
| 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 <b>Part VI.</b>                                                                                                                                                                                                                                    | 11c      |               |     |
| Sec | ction B. Type I Supporting Organizations                                                                                                                                                                                                                     |          |               |     |
|     |                                                                                                                                                                                                                                                              |          | Yes           | No  |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or                                                                                                                                   |          |               |     |
|     | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <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 supported                                                                                                                               |          |               |     |
|     | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the                                                                                                                                     |          |               |     |
|     | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                                                                                                                                             | 1        |               |     |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported                                                                                                                                                          |          |               |     |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                                                                                                                                                   |          |               |     |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                                                                                                                                                  |          |               |     |
| 800 | supervised, or controlled the supporting organization.                                                                                                                                                                                                       | 2        |               | Щ_  |
| Sec | ction C. Type II Supporting Organizations                                                                                                                                                                                                                    |          |               |     |
|     |                                                                                                                                                                                                                                                              |          | Yes           | No  |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                                                                                                                                             |          |               |     |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                                                                                                                                                |          |               |     |
|     | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).                                                                                                                        | 1        |               |     |
| Sec | ction D. All Type III Supporting Organizations                                                                                                                                                                                                               | <u> </u> |               |     |
|     | Alen 217 iii Type iii eupperiiiig ergamiaatiene                                                                                                                                                                                                              |          | Yes           | No  |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                                                                                                                                               |          | 103           | 140 |
| •   | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax                                                                                                                                        |          |               |     |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the                                                                                                                                       |          |               |     |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?                                                                                                                                             | 1        |               |     |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                                                                                                                                             |          |               |     |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how                                                                                                                                           |          |               |     |
|     | the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                                                  | 2        |               |     |
| 3   | By reason of the relationship described on line 2, above, did the organization's supported organizations have a                                                                                                                                              |          |               |     |
|     | significant voice in the organization's investment policies and in directing the use of the organization's                                                                                                                                                   |          |               |     |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                                                                                                                                                 |          |               |     |
|     | supported organizations played in this regard.                                                                                                                                                                                                               | 3        |               |     |
| Sec | ction E. Type III Functionally Integrated Supporting Organizations                                                                                                                                                                                           |          |               |     |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)                                                                                                                               | 1-       |               |     |
| а   | The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                       |          |               |     |
| b   |                                                                                                                                                                                                                                                              |          |               |     |
| С   |                                                                                                                                                                                                                                                              | structio | $\overline{}$ |     |
| 2   | Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                               |          | Yes           | No  |
| а   |                                                                                                                                                                                                                                                              |          |               |     |
|     | 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       |               |     |
| D   | 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                                                                                                                                                 | Oh.      |               |     |
| 9   | these activities but for the organization's involvement.  Parent of Supported Organizations, Answer lines 32 and 3h holow                                                                                                                                    | 2b       |               |     |
| 3   | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                                                                          |          |               |     |
| а   | trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>                                                                                                                                                         | 3a       |               |     |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each                                                                                                                                          | Ju       |               |     |
|     | j                                                                                                                                                                                                                                                            |          |               |     |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Sche | edule A (Form 990) 2022 JACKSON HOLE WILDLIFE FO                                | DUND    | ATION                       | 83-0302830 Page 6              |
|------|---------------------------------------------------------------------------------|---------|-----------------------------|--------------------------------|
| Pai  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                  | Orga    |                             | · ·                            |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | trust o | n Nov. 20, 1970 (explain in | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations must    | comple  | te Sections A through E.    |                                |
| Sect | ion A - Adjusted Net Income                                                     |         | (A) Prior Year              | (B) Current Year<br>(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<br>(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       |                             |                                |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2022

5 Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

| OCITIO | Eddle A (1 01111 990) 2022                                    | HILBERT TOOMS                  |                                        |          | o o o o o o o o o o o o o o o o o o o     |
|--------|---------------------------------------------------------------|--------------------------------|----------------------------------------|----------|-------------------------------------------|
| Pa     | rt V Type III Non-Functionally Integrated 509                 | 9(a)(3) Supporting Orga        | anizations <sub>(continued)</sub>      | )        |                                           |
| Sect   | ion 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                                      | 2        |                                           |
| 3      | Administrative expenses paid to accomplish exempt purpos      | ses of supported organization  | s 3                                    | 3        |                                           |
| 4      | Amounts paid to acquire exempt-use assets                     |                                | 4                                      | ŧ L      |                                           |
| 5      | Qualified set-aside amounts (prior IRS approval required - pa | 5                              | 5                                      |          |                                           |
| 6      | Other distributions (describe in Part VI). See instructions.  |                                | 6                                      | <b>;</b> |                                           |
| 7      | Total annual distributions. Add lines 1 through 6.            |                                | 7                                      | <u>/</u> |                                           |
| 8      | Distributions to attentive supported organizations to which   | the organization is responsive | )                                      |          |                                           |
|        | (provide details in Part VI). See instructions.               |                                | 8                                      | 3        |                                           |
| 9      | Distributable amount for 2022 from Section C, line 6          |                                | g                                      | ,        |                                           |
| 10     | Line 8 amount divided by line 9 amount                        |                                | 10                                     | )        |                                           |
| Sect   | ion E - Distribution Allocations (see instructions)           | (i)<br>Excess Distributions    | (ii)<br>Underdistributions<br>Pre-2022 |          | (iii)<br>Distributable<br>Amount for 2022 |

| Sect | ion E - Distribution Allocations (see instructions)           | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|------|---------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1    | Distributable amount for 2022 from Section C, line 6          |                             |                                        |                                           |
| 2    | Underdistributions, if any, for years prior to 2022 (reason-  |                             |                                        |                                           |
|      | able cause required - explain in Part VI). See instructions.  |                             |                                        |                                           |
| 3    | Excess distributions carryover, if any, to 2022               |                             |                                        |                                           |
| а    | From 2017                                                     |                             |                                        |                                           |
| b    | From 2018                                                     |                             |                                        |                                           |
| С    | From 2019                                                     |                             |                                        |                                           |
| d    | From 2020                                                     |                             |                                        |                                           |
| е    | From 2021                                                     |                             |                                        |                                           |
| f    | Total of lines 3a through 3e                                  |                             |                                        |                                           |
| g    | Applied to underdistributions of prior years                  |                             |                                        |                                           |
| h    | Applied to 2022 distributable amount                          |                             |                                        |                                           |
| i    | Carryover from 2017 not applied (see instructions)            |                             |                                        |                                           |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.        |                             |                                        |                                           |
| 4    | Distributions for 2022 from Section D,                        |                             |                                        |                                           |
|      | line 7: \$                                                    |                             |                                        |                                           |
| а    | Applied to underdistributions of prior years                  |                             |                                        |                                           |
| b    | Applied to 2022 distributable amount                          |                             |                                        |                                           |
| С    | Remainder. Subtract lines 4a and 4b from line 4.              |                             |                                        |                                           |
| 5    | Remaining underdistributions for years prior to 2022, if      |                             |                                        |                                           |
|      | any. Subtract lines 3g and 4a from line 2. For result greater |                             |                                        |                                           |
|      | than zero, explain in Part VI. See instructions.              |                             |                                        |                                           |
| 6    | Remaining underdistributions for 2022. Subtract lines 3h      |                             |                                        |                                           |
|      | and 4b from line 1. For result greater than zero, explain in  |                             |                                        |                                           |
|      | Part VI. See instructions.                                    |                             |                                        |                                           |
| 7    | Excess distributions carryover to 2023. Add lines 3j          |                             |                                        |                                           |
|      | and 4c.                                                       |                             |                                        |                                           |
| 8    | Breakdown of line 7:                                          |                             |                                        |                                           |
| а    | Excess from 2018                                              |                             |                                        |                                           |
| b    | Excess from 2019                                              |                             |                                        |                                           |
| С    | Excess from 2020                                              |                             |                                        |                                           |
| d    | Excess from 2021                                              |                             |                                        |                                           |
| е    | Excess from 2022                                              |                             |                                        |                                           |

Schedule A (Form 990) 2022

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JACKSON HOLE WILDLIFE FOUNDATION

Employer identification number 83-0302830

| Pai | TI Organizations Maintaining Donor Advised<br>organization answered "Yes" on Form 990, Part IV, line |                                            | ds or Accounts. Complete if the       |
|-----|------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|
| -   |                                                                                                      | (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 wr                                      | riting that the assets held in donor adv   | vised funds                           |
|     | are the organization's property, subject to the organization's ex                                    | clusive legal control?                     | Yes No                                |
| 6   | Did the organization inform all grantees, donors, and donor adv                                      | visors in writing that grant funds can b   | e used only                           |
|     | for charitable purposes and not for the benefit of the donor or                                      | donor advisor, or for any other purpos     | se conferring                         |
| _   | impermissible private benefit?                                                                       |                                            |                                       |
| Pai | t II Conservation Easements. Complete if the orga                                                    | nization answered "Yes" on Form 990        | , Part IV, line 7.                    |
| 1   | Purpose(s) of conservation easements held by the organization                                        | · · · · · · · · · · · · · · · · · · ·      |                                       |
|     | Preservation of land for public use (for example, recreation                                         |                                            | of a historically important land area |
|     | Protection of natural habitat                                                                        | Preservation of                            | of a certified historic structure     |
|     | Preservation of open space                                                                           |                                            |                                       |
| 2   | Complete lines 2a through 2d if the organization held a qualifie                                     | d conservation contribution in the form    |                                       |
|     | day of the tax year.                                                                                 |                                            | Held at the End of the Tax Year       |
|     | Total number of conservation easements                                                               |                                            |                                       |
|     | Total acreage restricted by conservation easements                                                   |                                            |                                       |
|     | Number of conservation easements on a certified historic struc                                       |                                            | 2c                                    |
| d   | Number of conservation easements included in (c) acquired af                                         |                                            |                                       |
| _   | historic structure listed in the National Register                                                   |                                            |                                       |
| 3   | Number of conservation easements modified, transferred, release                                      | ased, extinguished, or terminated by t     | he organization during the tax        |
| _   | year                                                                                                 |                                            |                                       |
| 4   | Number of states where property subject to conservation ease                                         |                                            | _                                     |
| 5   | Does the organization have a written policy regarding the period                                     |                                            |                                       |
| _   | violations, and enforcement of the conservation easements it h                                       |                                            |                                       |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, h                                       | andling of violations, and enforcing co    | onservation easements during the year |
| 7   | Amount of expenses incurred in monitoring, inspecting, handlin                                       | ag of violations, and enforcing conserv    | vation assements during the year      |
| ′   | Amount of expenses incurred in monitoring, inspecting, handing                                       | ig or violations, and emorcing conserv     | valion easements during the year      |
| 8   | Does each conservation easement reported on line 2(d) above                                          | satisfy the requirements of section 17     | 70(h)(4)(B)(i)                        |
| Ü   | and section 170(h)(4)(B)(ii)?                                                                        | •                                          |                                       |
| 9   | In Part XIII, describe how the organization reports conservation                                     |                                            |                                       |
| ·   | balance sheet, and include, if applicable, the text of the footno                                    | •                                          |                                       |
|     | organization's accounting for conservation easements.                                                | to to the organization o initariolal state | monte that december the               |
| Pai | t III Organizations Maintaining Collections of                                                       | Art, Historical Treasures, or              | Other Similar Assets.                 |
|     | Complete if the organization answered "Yes" on Form 9                                                | 90, Part IV, line 8.                       |                                       |
|     | If the organization elected, as permitted under FASB ASC 958.                                        | not to report in its revenue statement     | t and balance sheet works             |
|     | of art, historical treasures, or other similar assets held for publi                                 | •                                          |                                       |
|     | service, provide in Part XIII the text of the footnote to its finance                                |                                            | •                                     |
| b   | If the organization elected, as permitted under FASB ASC 958,                                        |                                            |                                       |
|     | art, historical treasures, or other similar assets held for public e                                 | •                                          |                                       |
|     | provide the following amounts relating to these items:                                               | , , ,                                      | ,                                     |
|     | (i) Revenue included on Form 990, Part VIII, line 1                                                  |                                            | \$                                    |
|     |                                                                                                      |                                            | •                                     |
| 2   | If the organization received or held works of art, historical treas                                  |                                            | cial gain, provide                    |
|     | the following amounts required to be reported under FASB AS                                          |                                            |                                       |
| а   | Revenue included on Form 990, Part VIII, line 1                                                      |                                            | \$                                    |
|     | Assets included in Form 990, Part X                                                                  |                                            | ·                                     |

| Pa       | t III Organizations Maintaining C                 | ollections of A             | rt, Histo     | rical Tr    | easures, o            | or Other       | Similar As             | sets(continue          | ed)      |
|----------|---------------------------------------------------|-----------------------------|---------------|-------------|-----------------------|----------------|------------------------|------------------------|----------|
| 3        | Using the organization's acquisition, accession   | on, and other record        | ls, check a   | ny of the   | following tha         | t make sig     | nificant use o         | f its                  |          |
|          | collection items (check all that apply):          |                             |               |             |                       |                |                        |                        |          |
| а        | Public exhibition                                 | d                           | ☐ Lo          | an or exc   | hange progra          | am             |                        |                        |          |
| b        | Scholarly research                                | е                           | Ot            | ner         |                       |                |                        |                        |          |
| С        | Preservation for future generations               |                             |               |             |                       |                |                        |                        |          |
| 4        | Provide a description of the organization's co    | ollections and explain      | n how they    | further t   | he organizati         | on's exem      | ot purpose in          | Part XIII.             |          |
| 5        | During the year, did the organization solicit o   | r receive donations         | of art, histo | orical trea | asures, or oth        | er similar a   | ssets                  |                        |          |
|          | to be sold to raise funds rather than to be ma    | aintained as part of t      | he organiz    | ation's c   | ollection?            |                |                        | Yes                    | No       |
| Pa       | t IV Escrow and Custodial Arran                   | gements. Comple             | ete if the o  | ganizatio   | n answered            | "Yes" on F     | orm 990, Part          | IV, line 9, or         |          |
|          | reported an amount on Form 990, Par               | t X, line 21.               |               |             |                       |                |                        |                        |          |
| 1a       | Is the organization an agent, trustee, custodi    | an or other intermed        | liary for co  | ntribution  | ns or other as        | sets not in    | cluded                 |                        |          |
|          | on Form 990, Part X?                              |                             |               |             |                       |                |                        | Yes                    | No       |
| b        | If "Yes," explain the arrangement in Part XIII    |                             |               |             |                       |                |                        |                        |          |
|          |                                                   |                             |               |             |                       |                |                        | Amount                 |          |
| С        | Beginning balance                                 |                             |               |             |                       |                | 1c                     |                        |          |
|          | Additions during the year                         |                             |               |             |                       |                | 1d                     |                        |          |
|          | 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 esc   | crow or c   | ustodial acco         | ount liability | ?                      | Yes                    | No       |
| <u>b</u> | If "Yes," explain the arrangement in Part XIII.   | Check here if the ex        | planation     | has beer    | provided on           | Part XIII .    |                        | [                      |          |
| Pa       | T V Endowment Funds. Complete it                  | f the organization an       | swered "Y     | es" on F    |                       |                |                        |                        |          |
|          |                                                   | (a) Current year            | (b) Pric      | r year      | (c) Two year          | rs back (d     | <b>)</b> Three years b | ack <b>(e)</b> Four ye | ars back |
| 1a       | Beginning of year balance                         |                             |               |             |                       |                |                        |                        |          |
| b        | Contributions                                     |                             |               |             |                       |                |                        |                        |          |
|          | Net investment earnings, gains, and losses        |                             |               |             |                       |                |                        |                        |          |
| d        | Grants or scholarships                            |                             |               |             |                       |                |                        |                        |          |
| е        | Other expenditures for facilities                 |                             |               |             |                       |                |                        |                        |          |
|          | and programs                                      |                             |               |             |                       |                |                        |                        |          |
| f        | Administrative expenses                           |                             |               |             |                       |                |                        |                        |          |
| g        | End of year balance                               |                             |               |             |                       |                |                        |                        |          |
| 2        | Provide the estimated percentage of the curr      | ent year end balanc         | e (line 1g,   | column (    | a)) held as:          |                |                        |                        |          |
| а        | Board designated or quasi-endowment               |                             | %             |             |                       |                |                        |                        |          |
| b        | Permanent endowment                               | %                           | 7             |             |                       |                |                        |                        |          |
| С        | Term endowment                                    | <del>//</del> 0             |               |             |                       |                |                        |                        |          |
|          | The percentages on lines 2a, 2b, and 2c sho       | uld equal 100%.             |               |             |                       |                |                        |                        |          |
| За       | Are there endowment funds not in the posse        | ssion of the organiza       | ation that a  | are held a  | and administe         | red for the    |                        |                        |          |
|          | organization by:                                  |                             |               |             |                       |                |                        | Ye                     | es No    |
|          | (i) Unrelated organizations                       |                             |               |             |                       |                |                        | 3a(i)                  |          |
|          | (ii) Related organizations                        |                             |               |             |                       |                |                        | 3a(ii)                 |          |
| b        | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir      | red on Sch    | edule R?    |                       |                |                        | 3b                     |          |
| 4        | Describe in Part XIII the intended uses of the    | organization's endo         | wment fur     | nds.        |                       |                |                        |                        |          |
| Pa       | t VI Land, Buildings, and Equipm                  | ent.                        |               |             |                       |                |                        |                        |          |
|          | Complete if the organization answered             | d "Yes" on Form 990         | ), Part IV, I | ine 11a. S  | See Form 990          | ), Part X, lir | ne 10.                 |                        |          |
|          | Description of property                           | (a) Cost or obasis (investr |               |             | t or other<br>(other) |                | umulated<br>eciation   | (d) Book v             | alue     |
| 1a       | Land                                              |                             |               |             |                       |                |                        |                        |          |
|          | Buildings                                         |                             |               |             |                       |                |                        |                        |          |
|          | Leasehold improvements                            |                             |               |             |                       |                |                        |                        |          |
|          | Equipment                                         |                             |               |             |                       |                |                        |                        |          |
|          | Other                                             |                             |               | 1           | 3,288.                | 1              | L2,403.                |                        | 885.     |
|          | I. Add lines 1a through 1e. (Column (d) must e    |                             | X, column     | (B), line   | 10c.)                 |                |                        |                        | 885.     |

| Part VII Investments - Other Securitie |
|----------------------------------------|
|----------------------------------------|

| Part VII       | Investments - Other Securities.  Complete if the organization answered "Yes" o | n Form 990 Part IV line   | o 11h See Form 990 Part X line 12        |                        |
|----------------|--------------------------------------------------------------------------------|---------------------------|------------------------------------------|------------------------|
| (a) Descrip    | otion of security or category (including name of security)                     | (b) Book value            | (c) Method of valuation: Cost or en      | d-of-year market value |
| (1) Financi    | al derivatives                                                                 |                           |                                          |                        |
|                | held equity interests                                                          |                           |                                          |                        |
| (3) Other      |                                                                                |                           |                                          |                        |
| (A)            |                                                                                |                           |                                          |                        |
| (B)            |                                                                                |                           |                                          |                        |
| (C)            |                                                                                |                           |                                          |                        |
| (D)            |                                                                                |                           |                                          |                        |
| (E)            |                                                                                |                           |                                          |                        |
| (F)            |                                                                                |                           |                                          |                        |
| (G)            |                                                                                |                           |                                          |                        |
| (H)            |                                                                                |                           |                                          |                        |
| Total. (Col. ( | (b) must equal Form 990, Part X, col. (B) line 12.)                            |                           |                                          |                        |
|                | I Investments - Program Related.                                               |                           |                                          |                        |
|                | Complete if the organization answered "Yes" o                                  | n 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 en      | d-of-year market value |
| (1)            |                                                                                |                           |                                          | <u> </u>               |
| (2)            |                                                                                |                           |                                          |                        |
| (3)            |                                                                                |                           |                                          |                        |
| (4)            |                                                                                |                           |                                          |                        |
| (5)            |                                                                                |                           |                                          |                        |
| (6)            |                                                                                |                           |                                          |                        |
| (7)            |                                                                                |                           |                                          |                        |
| (8)            |                                                                                |                           |                                          |                        |
| (9)            |                                                                                |                           |                                          |                        |
| . ,            | (b) must equal Form 990, Part X, col. (B) line 13.)                            |                           |                                          |                        |
| Part IX        | Other Assets.                                                                  |                           |                                          |                        |
|                | Complete if the organization answered "Yes" o                                  | n Form 990, Part IV, line | 11d. See Form 990, Part X, line 15.      |                        |
|                |                                                                                | escription                | · · · · ·                                | (b) Book value         |
| (1)            |                                                                                |                           |                                          |                        |
| (2)            |                                                                                | <del>\</del>              |                                          |                        |
| (3)            |                                                                                |                           |                                          |                        |
| (4)            |                                                                                |                           |                                          |                        |
| (5)            |                                                                                |                           |                                          |                        |
| (6)            |                                                                                |                           |                                          |                        |
| (7)            |                                                                                |                           |                                          |                        |
| (8)            |                                                                                |                           |                                          |                        |
| (9)            |                                                                                |                           |                                          |                        |
|                | umn (b) must equal Form 990, Part X, col. (B) line                             | 15.)                      |                                          |                        |
| Part X         | Other Liabilities.                                                             | - /                       |                                          | I .                    |
|                | Complete if the organization answered "Yes" o                                  | n Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 2 | 5.                     |
| 1.             | (a) Description of liability                                                   |                           | , ,                                      | (b) Book value         |
|                | deral income taxes                                                             |                           |                                          |                        |
|                | AYROLL LIABILITIES                                                             |                           |                                          | 2,973.                 |
| (3)            |                                                                                |                           |                                          | ,                      |
| (4)            |                                                                                |                           |                                          |                        |
| (5)            |                                                                                |                           |                                          |                        |
| (6)            |                                                                                |                           |                                          |                        |
| (7)            |                                                                                |                           |                                          |                        |
| (8)            |                                                                                |                           |                                          |                        |
| (9)            |                                                                                |                           |                                          |                        |
| ( )            | umn (b) must equal Form 990, Part X, col. (B) line                             | 25.)                      |                                          | 2,973.                 |
|                | r for uncertain tax positions. In Part XIII, provide t                         |                           |                                          |                        |
|                | cation's liability for uncertain tax positions under F                         |                           |                                          |                        |

| Pai               | ·                                                                                                                                                                                                       |                                           |                  |   |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|---|
|                   | Complete if the organization answered "Yes" on Form 990, Part IV,                                                                                                                                       |                                           |                  |   |
| 1                 | Total revenue, gains, and other support per audited financial statements                                                                                                                                |                                           | 1                |   |
| 2                 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                                                                                                     | 1 1                                       |                  |   |
| а                 | Net unrealized gains (losses) on investments                                                                                                                                                            |                                           |                  |   |
| b                 | Donated services and use of facilities                                                                                                                                                                  |                                           |                  |   |
| С                 | Recoveries of prior year grants                                                                                                                                                                         |                                           |                  |   |
| d                 | Other (Describe in Part XIII.)                                                                                                                                                                          | 2d                                        |                  |   |
| е                 | Add lines 2a through 2d                                                                                                                                                                                 |                                           |                  |   |
| 3                 | Subtract line 2e from line 1                                                                                                                                                                            |                                           | 3                |   |
| 4                 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                                                                                                                    | 1 1                                       |                  |   |
| а                 | Investment expenses not included on Form 990, Part VIII, line 7b                                                                                                                                        |                                           |                  |   |
| b                 | Other (Describe in Part XIII.)                                                                                                                                                                          |                                           |                  |   |
| С                 | Add lines <b>4a</b> and <b>4b</b>                                                                                                                                                                       |                                           |                  |   |
| 5                 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1                                                                                                                            |                                           | 5                |   |
| Pa                | Reconciliation of Expenses per Audited Financial S                                                                                                                                                      |                                           | ises 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:                                                                                                                                       | 4.01                                      |                  |   |
| a                 | Donated services and use of facilities                                                                                                                                                                  |                                           |                  |   |
| b                 | Prior year adjustments                                                                                                                                                                                  |                                           |                  |   |
| С.                | Other losses                                                                                                                                                                                            |                                           |                  |   |
| d                 | Other (Describe in Part XIII.)                                                                                                                                                                          |                                           |                  |   |
| e                 | Add lines 2a through 2d                                                                                                                                                                                 |                                           |                  |   |
| 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                 | Other (Describe in Part XIII.) Add lines 4a and 4b                                                                                                                                                      |                                           | 40               |   |
| С                 |                                                                                                                                                                                                         |                                           |                  |   |
|                   |                                                                                                                                                                                                         |                                           |                  |   |
| 5                 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line                                                                                                                             |                                           |                  |   |
| 5<br>Pa           | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.                                                                                           | 9 18.)                                    | 5                |   |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                | , |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.                                                                                           | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                | , |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                | , |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                | , |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                | , |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                | , |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                | , |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                |   |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                |   |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                |   |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                |   |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                |   |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                |   |
| <b>5 Pa</b> Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.)<br>nd 4; Part IV, lines 1b and 2b; | 5                |   |

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number JACKSON HOLE WILDLIFE FOUNDATION 83-0302830 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 JACKSON HOLE WILDLIFE FOUNDATION 83-0302830 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 30,000. 30,000. Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 2,154. 2,154. 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 2,154. 27,846. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: WY

b If "No." explain: NO LICENSE REQUIREMENT IN THE STATE OF WYOMING RELATING TO

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_\_\_ Yes X No

Schedule G (Form 990) 2022

Yes

X No

**b** If "Yes," explain:

a Is the organization licensed to conduct gaming activities in each of these states?

RAFFLE GAMING ACTIVITIES.

| Sch | edule G (Form 990) 2022 JACKSON HOLE WILDLIFE FOUNDATION 83-0                                                              |              |             | Page 3   |
|-----|----------------------------------------------------------------------------------------------------------------------------|--------------|-------------|----------|
| 11  | Does the organization conduct gaming activities with nonmembers?                                                           | \            | <b>′</b> es | X No     |
|     | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed      |              |             |          |
|     | to administer charitable gaming?                                                                                           |              | /es         | X No     |
| 12  | Indicate the percentage of gaming activity conducted in:                                                                   |              |             |          |
|     |                                                                                                                            | 1420         |             | 0/       |
|     | The organization's facility                                                                                                | 13a          |             | %        |
|     | An outside facility                                                                                                        | 13b          |             | %        |
| 14  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:          |              |             |          |
|     | Name                                                                                                                       |              |             |          |
|     | Address                                                                                                                    |              |             |          |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue?               | 🔲 <b>ነ</b>   | <b>Y</b> es | X No     |
| b   | olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount                               |              |             |          |
|     | of gaming revenue retained by the third party \$                                                                           |              |             |          |
| C   | If "Yes," enter name and address of the third party:                                                                       |              |             |          |
|     |                                                                                                                            |              |             |          |
|     | Name                                                                                                                       |              |             |          |
|     | Address                                                                                                                    |              |             |          |
|     | 7 tudi oco                                                                                                                 |              |             |          |
| 16  | Gaming manager information:                                                                                                |              |             |          |
| 16  | Gaming manager information.                                                                                                |              |             |          |
|     |                                                                                                                            |              |             |          |
|     | Name                                                                                                                       |              |             |          |
|     |                                                                                                                            |              |             |          |
|     | Gaming manager compensation \$                                                                                             |              |             |          |
|     |                                                                                                                            |              |             |          |
|     | Description of services provided                                                                                           |              |             |          |
|     |                                                                                                                            |              |             |          |
|     |                                                                                                                            |              |             |          |
|     |                                                                                                                            |              |             |          |
|     | ☐ Director/officer ☐ Employee ☐ Independent contractor                                                                     |              |             |          |
|     | independent contractor                                                                                                     |              |             |          |
|     |                                                                                                                            |              |             |          |
|     | Mandatory distributions:                                                                                                   |              |             |          |
| а   | Is the organization required under state law to make charitable distributions from the gaming proceeds to                  |              |             |          |
|     | retain the state gaming license?                                                                                           | LLI Y        | <b>′</b> es | X No     |
| b   | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the |              |             |          |
|     | organization's own exempt activities during the tax year \$                                                                |              |             |          |
| Pa  | Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa       | art III, lin | es 9,       | 9b, 10b, |
|     | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                           |              |             |          |
|     | , , , , , , <sub>11</sub>                                                                                                  |              |             |          |
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232083 10-27-22 Schedule G (Form 990) 2022

| Schedule G | i (Form 990)                    | JACKSON HOLE        | WILDLIFE | FOUNDATION | 83-0302830 Page 4 |
|------------|---------------------------------|---------------------|----------|------------|-------------------|
| Part IV    | (Form 990)<br>Supplemental Info | rmation (continued) |          |            |                   |
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#### SCHEDULE O (Form 990)

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 the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

JACKSON HOLE WILDLIFE FOUNDATION

Employer identification number 83-0302830

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

A COMMUNITY OF VOLUNTEERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(MAPS) BIRD BANDING STATIONS. OUR MOOSE DAY PROJECT INCLUDED 101 MOOSE

OBSERVATIONS BY 105 VOLUNTEERS TO SUPPLEMENT AGENCY AERIAL SURVEYS.

ALSO, STAFF AND 15 VOLUNTEERS MONITORED 112 NEST BOXES VIA THE MOUNTAIN

BLUEBIRD NESTBOX MONITORING PROJECT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: BEAR WISE JACKSON HOLE: IS A DECADES LONG PARTNERSHIP BETWEEN WYOMING GAME AND FISH DEPARTMENT, BRIDGER-TETON NATIONAL FOREST, GRAND TETON NATIONAL PARK, AND JACKSON HOLE WILDLIFE FOUNATION. WE ARE A SUBSIDIARY OF THE BEARWISE WYOMING PROGRAM. THE GOAL OF THE PROGRAM IS TO PROVIDE RESOURCES, OUTREACH AND COORDINATION INTENDED TO KEEP BEARS WILD AND PEOPLE SAFE. TO BETTER ADDRESS THE PERSISTENCE OF HUMAN-BEAR CONFLICT IN TETON COUNTY, BEARWISE JACKSON HOLE HIRED A FULL-TIME PROGRAM MANAGER IN NOVEMBER 2022. THE PROGRAM MANAGER'S PRIMARY RESPONSIBILITIES ARE TO COORDINATE PARTNERS-BOTH AGENCY AND NGO-WHO WORK TOGETHER TO REDUCE HUMAN-BEAR CONFLICT AND TO HELP IMPLEMENT TETON COUNTY'S WILDLIFE FEEDING LAND DEVELOPMENT REGULATION-AS WELL AS TOWN OF JACKSON'S ORDINANCE-THROUGH OUTREACH, CONNECTION WITH INDIVIDUAL HOMEOWNERS AND BUSINESSES, AND HANDS-ON WORK TO SECURE ATTRACTANTS. EXPENSES \$ 90,567. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Schedule O (Form 990) 2022 Page **2** 

| Name of the organization  JACKSON HOLE WILDLIFE FOUNDATION | Employer identification number 83-0302830 |
|------------------------------------------------------------|-------------------------------------------|
| COMMITTEES DO NOT PREPARE FORMAL MINUTES BUT DO PROVIDE S  | UMMARIES OF                               |
| DISCUSSIONS AND ACTIONS THAT ARE RELEVANT TO THE BOARD VI  | A EMAIL AND DURING                        |
| BOARD MEETING DISCUSSIONS.                                 |                                           |
|                                                            |                                           |
| FORM 990, PART VI, SECTION B, LINE 11B:                    |                                           |
| THE BOARD MEMBERS ARE GIVEN THE OPPORTUNITY TO REVIEW THE  | DRAFT TAX RETURN                          |
| AND MAKE CHANGES AS NEEDED.                                |                                           |
|                                                            |                                           |
| FORM 990, PART VI, SECTION B, LINE 12C:                    |                                           |
| THE CONFLICT OF INTEREST POLICY, AND ALL OTHER POLICIES,   | ARE DISCUSSED AT                          |
| THE ANNUAL BOARD MEETING.                                  |                                           |
|                                                            |                                           |
| FORM 990, PART VI, SECTION C, LINE 19:                     |                                           |
| DOCUMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSIT  | E AND UPON                                |
| REQUEST.                                                   |                                           |
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FORM 990 PAGE 10 990

| Asset<br>No. | Description              | Date<br>Acquired | Method | Life | C o n v | ine<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|--------------|--------------------------|------------------|--------|------|---------|------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|------------------------------------------|-------------------------------|---------------------------|---------------------------------------|
| 1            | 2010 GMC SIERRA          | 05/01/18         | 200DB  | 5.00 | нү1     | 7          | 13,288.                     |                  |                        |                       | 13,288.                   | 9,745.                                   |                               | 2,658.                    | 12,403.                               |
|              | * TOTAL 990 PAGE 10 DEPR |                  |        |      |         |            | 13,288.                     |                  |                        |                       | 13,288.                   | 9,745.                                   |                               | 2,658.                    | 12,403.                               |
|              |                          |                  |        |      |         |            |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
|              |                          |                  |        |      |         |            |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
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