EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Α	For the	2022 calendar year, or tax year beginning and er	nding	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	THE WYLDLIFE FUND			
	Name change			83-22900	91
	□ Initial return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street address) 137 NORTH MAIN ST	loom/suite	E Telephone number 307-634-1	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,342,222.
	Amend			H(a) Is this a group re	
	Application	F Name and address of principal officer: CHRIS MCBARNES		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1	list. See instructions
	Websit	THE BUILDING BY THEREING AND		H(c) Group exemption	n number
K	orm of	organization: X Corporation Trust Association Other	L Year		State of legal domicile: WY
	art I	Summary			
—	1	Briefly describe the organization's mission or most significant activities: ${\tt UNITI}$	NG PE	OPLE TO ADV	ANCE
Governance	1	WYOMING WILDLIFE HABITAT, RESEARCH, AND E	DUCAT	ON.	
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
ত		Number of independent voting members of the governing body (Part VI, line 1b)			8
es 6	5	Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)		5	2
Ϋ́		Total number of volunteers (estimate if necessary)			75
Activities &		Fotal 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		7b	0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		691,684.	1,873,125.
eun	9	Program service revenue (Part VIII, line 2g)		60,710.	191,217.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,128.	4,372.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	268,972.
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		755,522.	2,337,686.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		217,672.	551,960.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		160,694.	234,314.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b ·	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		204,544.	221,109.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		582,910.	1,007,383.
	19	Revenue less expenses. Subtract line 18 from line 12		172,612.	1,330,303.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		422,576.	1,761,219.
et A	21	Total liabilities (Part X, line 26)		0.	8,340.
	22	Net assets or fund balances. Subtract line 21 from line 20		422,576.	1,752,879.
	art II	Signature Block			. Long and a data and ball of the fact
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules a			/ knowledge and bellet, it is
true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of whic	on preparer	lias any knowledge.	
0:		Signature of officer		I Date	
Sign		CHRIS MCBARNES, PRESIDENT		Duto	
He					
		Type or print name and title Print/Type preparer's name Preparer's signature		Date Check	TI PTIN
Pai	н	Print/Type preparer's name ANDREW J BEYELER Preparer's signature		if	
		Firm's name LENHART, MASON & ASSOCIATES, LLC		self-employe	3-0327383
	Only	Firm's address 900 WERNER COURT STE 200		THIIISEIN O	3 3327303
030	Jiny	CASPER, WY 82601	Phone no. (3	07) 234-7800	
N40	v tha IF	S discuss this return with the preparer shown above? See instructions		[Filotic ilo. (5	37
ivia	y trie iF	o discuss this return with the preparer shown above? See instructions			A Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO UNITE PEOPLE TO ADVANCE WYOMING HABITAT, RESEARCH, AND EDUCATION.
	Did the examination undertake any configurat program conjuges during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 325,979. including grants of \$ 264,942.) (Revenue \$) WILDLIFE AND ROADWAYS INITIATIVE - TO JOIN THE EFFORTS OF GAME AND FISH AND THE WYOMING DEPARTMENT OF TRANSPORTATION TO REDUCE THE NUMBER OF VEHICLE COLLISIONS WITH BIG GAME IN WYOMING AND TO REDUCE THE PERSONAL INJURY COSTS BY TAKING ACTION TO GIVE WILDLIFE THE GREEN LIGHT FOR SAFE PASSAGE.
4b	(Code:)(Expenses \$ 246,702. including grants of \$ 200,509.) (Revenue \$) HABITAT CONSERVATION - TO PROTECT THE ENVIRONMENT WHICH NOURISHES THE GROWTH AND PROSPERITY OF OUR WILDLIFE BY INVESTING IN ON-THE-GROUND PROJECTS TO COMBAT TERRESTRIAL AND AQUATIC INVASIVE SPECIES. TO MAKE EXISTING HABITAT SAFER BY ACTIONS SUCH AS REPLACING UNFRIENDLY WILDLIFE FENCING ACROSS LANDSCAPES.
4c	(Code:) (Expenses \$99,071. including grants of \$) (Revenue \$191,217.) WESTERN CONSERVATION LEADERSHIP DEVELOPMENT PROGRAM - TO BUILD
	LEADERSHIP CAPACITY FOR A DIVERSITY OF PARTNERS TO IMPLEMENT LANDSCAPE CONSERVATION FOR THE FUTURE.
	Other program services (Describe on Schedule O.) (Expenses \$ 106,439 • including grants of \$ 86,509 •) (Revenue \$)
4e	Total program service expenses 778,191.

Form 990 (2022) THE WYLDLIFE 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)?	4	х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4		3		21
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	· ·	6		25
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
		-		25
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			۱
	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	, 1 , , ,	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			_v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	••		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2022) THE WYLDLIFE FUND 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 •		
UZ.	Cohodulo N. Dort II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
55	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			
5 7		34		Х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	30a		_ <u></u>
	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?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 37		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is doctional of doctions a response of flote to any line in this flat v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 19		169	140
	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	(garronny) with in go to prize with leto:	IC		

022) THE WYLDLIFE FUND Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		2		7,
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		- V
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		- 25
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 04	1	
~	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 services provided to the payor	? 7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а		9a	-	
	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			
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	1	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_ 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 income?	16		X
17	If "Yes," complete Form 4720, Schedule O. Section F01/oV21) arganizations. Did the trust, or any diagnalified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17	1	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		
	n roo, complete ronn coos.			

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.

tale 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 0. b Enter the number of voting members included on line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization have any object to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization orienter paraneously document the meetings held or written actions undertaken during the year by the tillowing: 8 To governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have a written document rete		Check if Schedule O contains a response or note to any line in this Part VI			X
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 deliquated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members are stockholders? 5 Did the organization have members are stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization ontemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a X 8 a X 8 a X 8 b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee elisted in Part IVI. Section A, who cannot be reached at the organization in a maling address? If 'Yes,' provide the names and addresses on Schedule O 9 If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt	Sec	tion A. Governing Body and Management			
If there are malerial differences in voting rights among members of the governing body, or if the governing body delegated troad authority to an executive committee or similar committee, eviden on Schedule 0. 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employee is a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees 1 and a supervision of officers, directors, trustees, or key employees 1 and a significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization shalling addresses? If YES, provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 990. 10 Did the organization have a written policies and procedures governing the activities of such chap				Yes	No
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b If "Yes," did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? 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? Section C. Disclosure 17 List the states with which a	Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N
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12a			1 Ia		
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Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
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for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain on Schedule O)	17				
X Own website Another's website Upon request Other (explain on Schedule O)	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) avail	able
·					
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial					
	19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finai	ncial	
statements available to the public during the tax year.					
20 State the name, address, and telephone number of the person who possesses the organization's books and records	20				
LENHART MASON & ASSOCIATES - 307-234-7800 900 WERNER CT. SUITE 200. CASPER. WY 82601					

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	Position		Position (do not check more than one			than	one	Reportable	Reportable	Estimated
	hours per week	box					compensation from	compensation from related	amount of other			
	(list any	ctor						the	organizations	compensation		
	hours for	for light li		organization	(W-2/1099-MISC/	from the						
	related organizations	rustee	l trust		99/	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	Individual trustee or director	Institutional trustee	-e	Key employee	Highest compensated employee	ler.			organizations		
	line)	Indi	Insti	Officer	Key	High emp	Former					
(1) CHRIS MCBARNES	40.00	1		3,				124 200	0	4 046		
PRESIDENT	2.00			Х				134,298.	0.	4,046.		
(2) MARK WILSON CHAIRMAN	2.00	X		x				0.	0.	0.		
(3) BRUCE SHACKLEFORD	1.00	₽		^				0.	0.	0.		
VICE CHAIRMAN	1.00	X		x				0.	0.	0.		
(4) JANET MARSCHNER	1.00	 						3.0				
TREASURER		X		х				0.	0.	0.		
(5) PENELOPE MALDONADO	1.00											
SECRETARY		Х		Х				0.	0.	0.		
(6) PETE DUBE	1.00											
DIRECTOR	1 00	Х						0.	0.	0.		
(7) TAYLOR PHILLIPS	1.00	١,,							0	0		
(8) GREG HILL	1.00	Х						0.	0.	0.		
(8) GREG HILL DIRECTOR	1.00	X						0.	0.	0.		
(9) FAITH HAMLIN	1.00	1						0.	0.	0.		
DIRECTOR		x						0.	0.	0.		
(10) BRIAN NESVIK	1.00											
DIRECTOR		Х						0.	0.	0.		
(11) BRAIN TYRRELL	1.00											
DIRECTOR		Х						0.	0.	0.		
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		1										
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Form **990** (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E)								(F)						
Name and title	Average hours per week	hours per box,					h an	Reportable compensation from	Reportable compensation from related		Estimated amount of other			
	(list any hours for related	Individual trustee or director	trustee		a)	pensated		the organization (W-2/1099-MISC/	organization: (W-2/1099-MIS 1099-NEC)		fi org	pensa om the anizat	e ion	
	organizations below line)	Individual tru	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)		and related organization				
		<u> </u>												
		_												
		_												
		<u> </u>												
		<u> </u>												
								124 200				4 0	1.0	
1b Subtotal c Total from continuation sheets to Page 1	art VII, Section A							134,298.		0.		4,0	<u>46.</u>	
d Total (add lines 1b and 1c)								134,298.		0.		4,0	46.	
Total number of individuals (including compensation from the organization	but not limited to the	nose	liste	ed at	bove	e) wh	no re	eceived more than \$100	0,000 of reportabl	e 		Yes	1 No	
3 Did the organization list any former of			-	-	•		_		-		_	163	X	
line 1a? If "Yes," complete Schedule of For any individual listed on line 1a, is the standard of the standard	the sum of reportab	le co	omp	ensa	atior	n and	d oth	•	the organization		3		X	
and related organizations greater than 5 Did any person listed on line 1a receiv	e or accrue compe	nsati	ion f	rom	any	/ unr		ed organization or indiv	idual for services		4		X	
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Scriedul	e J T	or si	ucn į	pers	son .					5			
Complete this table for your five higher the organization. Report compensation	-	-								pens	sation '	from		
(A) Name and business address NONE (B) Description of services						C	(C Compe	C) nsatio	n					
2 Total number of independent contract \$100,000 of compensation from the o		ıot lir	mite	d to		se li:	sted	d above) who received n	nore than					

83-2290091

Form 990 (2022) THE WYLI
Part VIII Statement of Revenue

		Check if Schedule O	contains	a response	or note to any lir	ne in this Part VIII			
						(A)	(B)	(C)	(D) Revenue excluded
						Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
Sia Ou	b	Membership dues		1b					
S, (С	Fundraising events		1c					
a git	d	Related organizations		_ 1d					
ini,	е	Government grants (contr	ibutions) 1e	303,467.				
rior S	f	All other contributions, gifts,	grants, ar						
la gi		similar amounts not included	above	1f 1,	569,658.				
함	g	Noncash contributions included in	lines 1a-11	f 1g \$	20,409.				
<u>8 0</u>	h	Total. Add lines 1a-1f				1,873,125.			
					Business Code				
e S	2 a	TUITION			900099	191,217.	191,217.		
و چَ	b								
S c	С								
Program Service Revenue	d								
<u>б</u>	е								
- □	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				191,217.			
	3	Investment income (include	dends, intere	est, and					
		other similar amounts)			4,372.	4,372.			
	4	Income from investment of	of tax-exe	empt bond p	roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss) <u></u>						
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
nue		and sales expenses	7b						
) Ve		Gain or (loss)							
ξ.		Net gain or (loss)							
ther Revenue	8 a	Gross income from fundraisi	ng events	(not					
0		including \$		of					
		contributions reported on	,	I	072 500				
		Part IV, line 18			273,508.				
		Less: direct expenses			4,536.	260 072			260 072
		Net income or (loss) from			 I	268,972.			268,972.
	9 a	Gross income from gamin	-	I					
	_	Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from			 I				
	10 a	Gross sales of inventory,							
		and allowances							
		Less: cost of goods sold10b							
\rightarrow	С	Net income or (loss) from	sales of	inventory	Business Code				
SINC	11 -				Pusiliess Code				
Miscellaneous Revenue	11 a								
ella Ver	b c								
RESC		All other revenue							
Σ		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				2,337,686.	195,589.	0.	268,972.

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).

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.) a CONTRACT LABOR b SUPPLIES c COMPUTER/WEBSITE DEVELO d MEALS e All other expenses Other expenses in training expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.) 61,944.		Check if Schedule O contains a respon			, , ,	
Total expenses	Do		(A)	(B)	(C)	(D)
Grants and other assistance to domestic organizations and domestic governments, see Part IV, line 21 551,960 551,960			Total expenses			
2 Grants and other assistance to demostic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12 (Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers directors, trustees, and key employees 6 Compensation for individual dove to disqualified persons (as defined under section 4958(pt)) and persons described in section 4958(pt) and 4958(pt)	1	Grants and other assistance to domestic organizations			g	
individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, and the person of the compensation of the current of the		and domestic governments. See Part IV, line 21	551,960.	551,960.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustess, and key employee Compensation not included above to disqualified persons (as defined under section 4958(y)(1)) and persons described in section 4958(y)(3)(6) 7 Other salaries and wages Pension plan accrusial and contributions (include section 401(k) and 403(b) employer contributions (include section 403(k) employer contributions (i		individuals. See Part IV, line 22				
individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation or included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8) 7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 401(k) and 403(k) employer contributions) 9 Other employee benefits 10 Payroli taxes 10 Payroli taxes 11,826, 1,826, 1,826, 1,826, 1,829, 11,8	3	Grants and other assistance to foreign				
## Senerits paid to or for members		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees (Compensation not included above to disqualified persons (as defined under section 4958(x(1)) and persons described in section 4958(x(1)) and persons described in section 4958(x(3))(B) (Signature) (Signature		individuals. See Part IV, lines 15 and 16				
trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 491(k) and 493(t)) employer contributions (include section 493(t)) employer contribution (include section 493(t)) employer employer employer (include 493(t)) employer employer (include 493(t)) emplo	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4958(t)(1) and persons (as defined under section 4958(t)(3)(8) 7 Other salaries and wages Pension pina accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 11 Fees for services (nonemployees): 12 Advantagement 13 Legal 14 Lobbying 15 Other, ifflite 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 14 Advertising and promotion 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Interest 15 Taxel 16 COUNTRACT LABOR 17 Interest 18 SUPPLIES 16 (782. 16,782. 17,991. 17,091. 17,091. 17,090. 17,000. 17,0	5	Compensation of current officers, directors,				
persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(b) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 20 Advertising and promotion 3 7,300. 1,089. 1,089. 1,089. 1,122. 3 7,300. 1,089. 1,089. 1,122. 1,124. 26,447. 1,2757. 6,743. 6,947. 1,124. 20 Other expenses in covered above, its miscellance separation, and meetings interest 10 Conferences, conventions, and meetings interest 11 Interest 12 Payments to affiliates 25 ,086. 10,696. 3,101. 11,289. 3,101. 11,289. 3,691. 5,691.		trustees, and key employees				
persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension phan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11,826. 1,82	6	Compensation not included above to disqualified				
The salaries and wages 187,929		persons (as defined under section 4958(f)(1)) and				
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 25,086		persons described in section 4958(c)(3)(B)				
Section 401(k) and 403(b) employer contributions 5,534	7		187,929.	80,130.	23,231.	84,568.
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 2 7, 596 839 839 918 39 91	8			4 005	4 000	4 000
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 2 7, 596 839 839 918 39 91		· · · · · · · · · · · · · · · · · · ·				1,882.
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 2 7, 596 839 839 918 39 91	9					11,289.
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 2, 983 2, 23, 808 6, 600 52, 575. 3 Office expenses 2 2, 596 839 839 918. 4 Information technology 15 Royalties 16 Occupancy 3 3, 300 1, 089 1, 089 1, 122 2 Travel 26 447 12,757 6,743 6,947. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 3 CONTRACT LABOR 5 SUPPLIES 16,782 16,782 16,782 1 17,921 1,	10		15,765.	6,722.	1,949.	7,094.
b Legal c Accounting 5,691. 5,691. 5,691. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 24g expenses on Sch O.) 12 Advertising and promotion 82,983. 23,808. 6,600. 52,575. 33 Office expenses 2,596. 839. 839. 918. 41 Information technology 15 Royalties 16 Occupancy 3,300. 1,089. 1,089. 1,122. 37 Travel 26,447. 12,757. 6,743. 6,947. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a CONTRACT LABOR 61,944. 58,944. 2,000. 1,000. 1,000. 12,042. 16 line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 21,242. 8,858. 21. 3,963. 4,602. 2,681. 1,921. 616. 8. 599. 9.	11	` ' ' '				
C Accounting		Г				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 21 Payments to affiliates 20 Depreciation, depletion, and amortization 11 Insurance 21 Insurance 22 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.) 2a CONTRACT LABOR 2b SUPPLIES 2c COMPUTER/WEBSITE DEVELO d MEALS 4d Ill other expenses 4d Ill other expenses 5d All other expenses 5d Advertising and exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 5d All other expenses 5d All other expenses 5d All other expenses 5d All other expenses 5d Advertising and promotion 5d Age, 25, 575. 5d All other expenses 5d Ago, 339. 5d Ago, 349. 5d Ago			F 601		F 601	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 82,983. 23,808. 6,600. 52,575. 13 Office expenses 2,596. 839. 839. 918. 14 Information technology 15 Royalties 3,300. 1,089. 1,089. 1,189. 1,122. 16 Occupancy 3,300. 1,089. 1,089. 1,122. 17 Travel 26,447. 12,757. 6,743. 6,947. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 2epenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a CONTRACT LABOR 61,944. 58,944. 2,000. 1,000. b SUPPLIES 16,782.			5,691.		5,691.	
Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)						
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 82,983 23,808 6,600 52,575. Office expenses 2,596 839 839 918. Information technology 52,596 839 839 918. Royalties 52,596 839 839 918. Cocupancy 1,089 1,089 1,089 1,122. Travel 26,447 12,757 6,743 6,947. Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal for any fe						
Column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion						
12 Advertising and promotion	g	·				
13 Office expenses 2,596. 839. 839. 918. 14 Information technology 15 Royalties 3,300. 1,089. 1,089. 1,122. 17 Travel 26,447. 12,757. 6,743. 6,947. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 3,306. 1,091. 1,091. 1,124. 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a CONTRACT LABOR 5UPPLIES 16,782. 16,	40	· · · · · · · · · · · · · · · · · · ·	82 983	23 808	6 600	52 575
Information technology Royalties 3 , 300 . 1 , 089 . 1 , 089 . 1 , 122 .					-	918
15 Royalties			2,350.	037.	037.	710.
16 Occupancy 3 , 300						
Travel 26,447. 12,757. 6,743. 6,947.			3 300	1.089.	1.089	1 122.
Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 3 , 306 .						
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.) CONTRACT LABOR BYPPLIES COMPUTER/WEBSITE DEVELO MEALS All other expenses All other expenses All other expenses Contract Labor All other expenses All other expens			20/11/0	22//3/4	0 / / 13 (0 / 5 1 / 1
Conferences, conventions, and meetings Interest	10	, ,				
20 Interest	10	· · · · · · · · · · · · · · · · · · ·				
Payments to affiliates		, , ,				
Depreciation, depletion, and amortization						
3,306. 1,091. 1,091. 1,124.		· · · · · · · · · · · · · · · · · · ·				
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.) a CONTRACT LABOR b SUPPLIES c COMPUTER/WEBSITE DEVELO d MEALS e All other expenses Other expenses in training expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.) 61,944.		Inquirance	3,306.	1,091.	1,091.	1,124.
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.) a CONTRACT LABOR b SUPPLIES c COMPUTER/WEBSITE DEVELO d MEALS e All other expenses All other expenses						
amount, list line 24e expenses on Schedule 0.) a CONTRACT LABOR b SUPPLIES c COMPUTER/WEBSITE DEVELO d MEALS e All other expenses amount, list line 24e expenses on Schedule 0.) 61,944. 58,944. 2,000. 1,000. 16,782. 16,782. 12,842. 8,858. 21. 3,963. 4,602. 2,681. 1,921. 616. 8. 599. 9.		above. (List miscellaneous expenses on line 24e. If				
a CONTRACT LABOR b SUPPLIES c COMPUTER/WEBSITE DEVELO d MEALS e All other expenses 61,944. 58,944. 2,000. 1,000. 16,782. 16,782. 12,842. 8,858. 21. 3,963. 4,602. 2,681. 1,921.						
b SUPPLIES 16,782. 16,782. c COMPUTER/WEBSITE DEVELO 12,842. 8,858. 21. 3,963. d MEALS 4,602. 2,681. 1,921. e All other expenses 616. 8. 599. 9.	а				2,000.	1,000.
d MEALS 4,602. 2,681. 1,921. e All other expenses 616. 8. 599. 9.	b	SUPPLIES	16,782.	16,782.		
d MEALS 4,602. 2,681. 1,921. e All other expenses 616. 8. 599. 9.	С	COMPUTER/WEBSITE DEVELO	12,842.	8,858.	21.	3,963.
4 000 000	d	MEALS				1,921.
25. Total functional expenses. Add lines 1 through 24e. 1 0.07 3.83 778 1.91 54 7.80 1.74 4.12	е	All other expenses				9.
25 Total full cholds a copelises. And filles I till ough 24e 1,007,303.	25	Total functional expenses. Add lines 1 through 24e	1,007,383.	778,191.	54,780.	174,412.
26 Joint costs. Complete this line only if the organization	26	Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined		reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part	×		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	37,683.	1	154,089.
	2	Savings and temporary cash investments		2	1,605,123.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35	6		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	2,007.
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	422,576.	16	1,761,219.
	17	Accounts payable and accrued expenses		17	8,340.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35			
<u> </u>		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part 3			
		of Schedule D	•	25	8,340.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X		26	0,340.
S					
ğ		and complete lines 27, 28, 32, and 33.	280,109.		1,742,865.
ala	27	Net assets without donor restrictions	4.40 4.65	27	10,014.
Ā	28	Net assets with donor restrictions	142,407.	28	10,014.
Ξ		Organizations that do not follow FASB ASC 958, check here	_		
ō	000	and complete lines 29 through 33.		00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	1,752,879.
Ž	32	Total net assets or fund balances	400 FFC	32	1,761,219.
	33	Total liabilities and net assets/fund balances	422,370.	33	1,/01,419.

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	2,33	7,6	86.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,00	<u>7,3</u>	<u>83.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,33		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42	2,5	76.
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	1,75	2,8	79.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e 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				
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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on 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				
	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	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

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.

Open to Public

OMB No. 1545-0047

pen to Public Inspection

Name of the organization

THE WYLDLIFE FUND

Employer identification number 83-2290091

			WILDELI I	0112				3 2230031
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete t	his part.) S	See instructions.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	check only	one box.)		
1	Ш	A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a q	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		· ,	·	, ,		
6		A federal, state, or local gov		mental unit described in	section 17	70(b)(1)(A)	(v).	
	X	An organization that norma	-					nublic described in
•		section 170(b)(1)(A)(vi). (C	-	artial part of its support	ioni a gov	orrinorna.	arme or morn and gornoral	public decembed in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \			
9	Ħ	An agricultural research org				ed in conju	inction with a land-grant	college
9		or university or a non-land-g	-			-	-	
			grant college or agric	diture (see instructions).	. Litter tile	maine, on	y, and state of the collec	je oi
10		university: An organization that norma	Illy receives (1) mare	than 22 1/20/ of its our	nort from	oontributie	na mambarahin fasa a	nd areas resints from
10	ш							
		activities related to its exen	-	•				-
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	lired by the organization	arter June 30, 1975.
		See section 509(a)(2). (Cor	•	5 b . 4 . 4 4	· f - t O	! ! F (20(-)(4)	
11	H	An organization organized	•		-			
12		An organization organized a	·	•	•		· · · · · · · · · · · · · · · · · · ·	• •
		more publicly supported or						Sheck the box on
_		lines 12a through 12d that	* *			•		. who have
а		☐ Type I. A supporting orga	•					
		the supported organization		* * * * * * * * * * * * * * * * * * * *	a majority	or trie aire	ctors or trustees of the s	supporting
		organization. You must o			40			d
b		☐ Type II. A supporting org						
		control or management o			ame perso	ons that co	ontrol or manage the sur	pported
		organization(s). You mus	-					
С		☐ Type III functionally inte						ea witn,
		its supported organization		•				
d		☐ Type III non-functionally						` ,
		that is not functionally int		• ,	•		•	iveness
		requirement (see instruct	•	•				
е		☐ Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated support	ing organi	zation.		
f		er the number of supported o						
<u>g</u>		vide the following information i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
		-		above (see instructions))	103	140		
Tota	al							

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

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2,500 523,875. 852,393. include any "unusual grants.") 2,326,976 3,705,744. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2,500. 523,875. 852,393. 2,326,976 3,705,744. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 1,080,812. 2,624,932. 6 Public support. Subtract line 5 from line 4. Section B. Total Support **(b)** 2019 Calendar year (or fiscal year beginning in) (a) 2018 (c) 2020 (d) 2021 (e) 2022 (f) Total 2,500. 523,875. 852,393. 2,326,976, 3,705,744. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 10. 1,617. 3,128. 4,371. 9,126. and income from similar sources 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.) 3,714,870. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 70.66 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 99.66 15 16a 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 X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(u) 2010	(5) 2010	(0) 2020	(4) 2021	(0) 2022	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third.	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
		· ·					
Sec	tion C. Computation of Publ						
	Public support percentage for 2022 (I			column (f))		15	
	Public support percentage from 2021					16	
	ction D. Computation of Invest					1 .5 1	
17	Investment income percentage for 20					17	
	Investment income percentage from 2					18	
	33 1/3% support tests - 2022. If the						
138							11 19 1101
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly supp	orted organization	<u>_</u>
20	Private foundation. If the organization	n 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
1		
2		
_		
3a		
3b		
3c		
4a		
4 a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
ฮม		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
	, (community		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	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			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ificers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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		
360	Cition 6. Type in 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		162	NO
•	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>
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	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 at satisfied the Activities Test. Complete line 2 below.	ructions).		
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itv (see instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	nty (coo mondono	Yes	No
				110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

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

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

Schedule A (Form 990) 2022

instructions).

	dule A (Form 990) 2022 THE WYLDLIFE	= -		8	3-2290091 _{Page}	7
Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organic	anizations _{(continu}	ed)		
Sect	ion D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which t	he organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable 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					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					_
	Carryover from 2017 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7:					
a	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:					

Schedule A (Form 990) 2022

a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BAND FOUNDATION	250,000.	175,703.
KNOBLOCH FAMILY FOUNDATIONS	303,000.	228,703.
NEIMAN ENTERPRISES INC	75,000.	703.
WILLIAM AND FLORA HEWLETT FOUNDATION	750,000.	675,703.
		1 000 010
Total Excess Contributions to Schedule A, Part II, Line 5		1,080,812

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization Employer identification number

THE WYLDLIFE FUND 83-2290091

Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	ation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
-	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509 contributor,	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, literary, or ed	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contrib is checked, e purpose. Do	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the butions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., n't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively aritable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify ne filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

THE WYLDLIFE FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MULEY FANATIC FOUNDATION 5 E. RAILROAD ST GREEN RIVER, WY 82935	\$ 56,196.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KNOBLOCH FAMILY FOUNDATION 3737 BUFALO SPEEDWAY SUITE 200 HOUSTON, TX 77098	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WYOMING GAME AND FISH DEPARTMENT 5400 BISHOP BLVD. CHEYENNE, WY 82003	\$\$250,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BAND FOUNDATION 501 SILVERSIDE RD SUITE 123 WILMINGTON, DE 19809	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MAURICE W BROWN 516 S GREENLEY HWY CHEYENNE, WY 82007	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MULEY FANATIC FOUNDATION OF WYOMING INC10 COUNTRY CHAPTER 520 WILKES DR STE 1 GREEN RIVER, WY 82935	\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE WYLDLIFE FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NEIMAN ENTERPRISES, INC. PO BOX 218 HULETT, WY 82720	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE WILBURFORCE FOUNDATION 2034 NW 56TH ST SUITE 300 SEATTLE, WA 98107	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	WILLIAM AND FLORA HEWLETT FOUNDATION 2121 SAND HILL RD MENLO PARK, CA 94025	\$ 750,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 GEOFF AND MIERA COUCH FOUNDATION-A DONOR ADVISED FUND P.O. BOX 50004 WATSONSVILLE WATSONSVILLE, CA 95077	\$ 40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE WYLDLIFE FUND

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

Schedule B (Form 990) (2022) Page **4**

Name of organization

Employer identification number

THE WYLDLIFE FUND

83-2290091

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year

comp	n any one contributor. Complete columns (a) the pleting Part III, enter the total of exclusively religious, chart duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or	ntry. For organizations less for the year. (Enter this info. once.)
No. com art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	ift Relationship of transferor to transferee
lo. n t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	ift Relationship of transferor to transferee
lo. n t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ift
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
lo. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ift
_	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

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

Employer identification number

THE WYL	DLIFE FUND				83-2290	091		
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.								
Indicate whether the organization rais	sed funds through any of the following and solicitate and solicitate and solicitate are solicitated. Solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitat	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
Гоtal								
3 List all states in which the organization or licensing.				s or has been notified	d it is exempt from re	egistration		

83-2290091 Page 2 Schedule G (Form 990) 2022 THE WYLDLIFE FUND 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 LICENSE LICENSE (add col. (a) through AUCTION RAFFLE col. (c)) (event type) (event type) (total number) Revenue 40,000. 35,000. 198,508. 273,508. 1 Gross receipts 2 Less: Contributions 273,508. 40,000. 35,000. 198,508. **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 2,410. 2,126.9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 268,972 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 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: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain:

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

b If "Yes," explain:

Sch	nedule G (Form 990) 2022 THE WYLDLIFE FUND 83	3-229	0091	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	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?		Yes	□ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a	1	%
	b An outside facility)	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	t		
	of gaming revenue retained by the third party \$			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III,	lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule C	G (Form 990)	THE WYLDLIFE	FUND	83-2290091 Page 4
Part IV	G (Form 990) Supplemental Inf	ormation (continued)		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization THE WYLDL	FE FUND						Employer identification number $83-2290091$
Part I General Information on Grants an	nd Assistance						
1 Does the organization maintain records to							
criteria used to award the grants or assist	tance?						X Yes No
2 Describe in Part IV the organization's prod							N/ I' 04 (
Part II Grants and Other Assistance to Description recipient that received more than \$					anization answered "	Yes" on Form 990, Par	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MULEY FANATIC FOUNDATION			8,277.	0.	FMV		VEHICLE COST
BUFFALO BILL CENTER OF THE WEST			7,050.	0.	FMV		WYOMING OUTDOOR HALL OF
DUCKS UNLIMITED INC			25,000.	0.	FMV		SOUTH PARK WETLANDS ENHANCEMENT
FUTURE CITIZENS FOUNDATION			7,031.	0.	₽MV		INSIPRE A KID CAMP
GRAND TETON NATIONAL PARK FOUNDATION			25,000.	0.	FMV		KELLY HAYFIELDS SAGEBRUSH RESTORATION PROJECT
JACKSON HOLE WILDLIFE FOUNDATION 2 Enter total number of section 501(c)(3) an	nd government o	rganizations listed in t	15,000. he line 1 table	-	FMV		SAGE GROUSE
3 Enter total number of other organizations	listed in the line	1 table					

art II Continuation of Grants and Other	Assistance to DO	mesuc Organizations	and Donnestic G	overnments (SCI)	edule i (i oilli 990), Pa	i ii. <i>j</i>	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EY'S FLY FISHING FOUNDATION			7,100.	0.	FMV		INSIPRE A KID CAMP
7 DEPT OF TRANSPORTATION			230,228.	0.	FMV		I-25 WILDLIFE CROSSING
VOVING GIVE A FIGUR DEPARTMENT			00.155	0	FMV		
YOMING GAME & FISH DEPARTMENT			98,155.	0.	FMV		VARIOUS WILDLIFE GRAN

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV	Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.					

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE WYLDLIFE FUND

Employer identification number 83-2290091

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print THE WYLDLIFE FUND 83-2290091 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 137 NORTH MAIN ST return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 82834 BUFFALO, WY Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 LENHART MASON & ASSOCIATES The books are in the care of ▶ 900 WERNER CT, SUITE 200 - CASPER, WY 82601 Telephone No. ► 307-234-7800 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning ___ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

instructions.