

# Christina R Talley, CPA, PLLC

401 N San Francisco Street
Flagstaff, AZ 86001
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Phone: (928)774-8900 | Fax: (928)774-8901

August 05, 2024

Keepers of the Wild 13441 E Highway 66 Valentine, AZ 86437

Keepers of the Wild:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for Keepers of the Wild from the information provided. The return was e-filed with the IRS and was accepted on July 17, 2024.

The federal return reflects neither a refund nor a balance due.

Enclosed is the 2023 Arizona Income Tax return for Keepers of the Wild, prepared from the information provided. Mail the signed and dated original on or before April 15, 2024, to the following address:

Arizona Department of Revenue PO Box 52153 Phoenix, AZ 85072-2153

The organization's Arizona Income Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (928)774-8900.

Sincerely,

Christina Talley

Christina R Talley, CPA, PLLC

Christine Lilly

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Keepers of the Wild 13441 E Highway 66 Valentine, AZ 86437

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (928)774-8900.

Sincerely,

Christina Talley

Christina R Talley, CPA, PLLC

Christine Lilley

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 instructions. 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. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or print Keepers of the Wild 88-0345277 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 13441 E Highway 66 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions Valentine AZ 86437 Enter the Return Code for the return that this application is for (file a separate application for each return) ...... **Application Is For** Return Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 80 Form 1041-A After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of Dianna Kenney, 13441 E Highway 66 Valentine AZ 86437 Telephone No. 928-769-1800 Fax No. • If the organization does not have an office or place of business in the United States, check this box . If this is If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 11–15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or \_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_, 2 If the tax year entered in line 1 is for less than 12 months, check reason: 

Initial return 

Final 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. 3a | \$ **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.

3c

# Form 990

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Do not ent
Go to w

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

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

Open to Public Inspection

<u>A</u>	For the	2023 calend	lar year, or tax year begin	nning	, 2023	, and endi	ng		, 20				
В	Check if	applicable:	C Name of organization Ke	epers of the Wild				D Emp	loyer identification number				
	Address	change	Doing business as						88-0345277				
П	Name ch	ange	Number and street (or P.O. bo	ox if mail is not delivered to street addre	(22)	Room/sui	to	E Tolor	phone number				
$\overline{}$	Initial reti		13441 E Highwa		,	1100111/30		L Telef	(928) 769-1800				
	Final retu	rn/terminated		, country, and ZIP or foreign postal cod	e			G Gros	is receipts				
	Amended	i return	Valentine, AZ	] 				\$ 2,613,55					
ī	Application	on pending	F Name and address of principal	A STATE OF THE STA			H/a) to this a		for subordinates? Yes X No				
_			Traine and data doc or principe						= =				
1	Tay-even	npt status:	501(c)(3) 501(c)(	) (insert no.) 4947(a)(1	) or		H(b) Are all s						
Service Control	Website:		.keepersofthewile		) or 321				st. See instructions				
-			Corporation Trust Ass		L Year of form	nation: 199	H(c) Group e						
-	rt I	Summar		Ottation Ottate	L Tear of form	iauon. 193	S M S	state of leg	gal domicile: AZ				
	1			ion or most significant activitie	s: Protect and	Caro	for Evo	tic 7	nimala				
		Dilony Good	no tro organization o mice	ion of most significant doublic	s. Flotect and	Care	LOT EXO	LIC A	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
Ge													
Activities & Governance													
/en	2	Check this h	ox  if the organization o	liscontinued its operations or o	disposed of more than	25% of ite	not accote	- 30					
ô	3			erning body (Part VI, line 1a)	·····			3					
රේ	4		•	s of the governing body (Part				4	9				
ties	5			calendar year 2023 (Part V,				5					
Į.	6		r of volunteers (estimate if					6	30				
Ac	7a		*	Part VIII, column (C), line 12					10				
				from Form 990-T, Part I, line				7a	0				
	-	ivet uniterate	d business taxable income	nom Form 990-1, Fait I, line	11	· · · · ·		7b	0				
	8	Contributions	and grants (Part \/III line	1h)			Prior Year	200	Current Year				
Ф	10.00	9 Program service revenue (Part VIII, line 2g)							2,138,357				
Revenue									239,467				
eve	10000							,532	14,063				
œ	11			nes 5, 6d, 8c, 9c, 10c, and 11e	,			,562	112,282				
	12			must equal Part VIII, column (A			2,196	,399	2,504,169				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)							0				
	14	Benefits paid to or for members (Part IX, column (A), line 4)							0				
S	15							,122	651,196				
Expenses	16a			column (A), line 11e)		CONTROL TO ALCOHOLOGICAL	76	,754	90,637				
xbe	1 Charmon		sing expenses (Part IX, co		169,91	Commercial and Control and	ar savas						
Ш	17			nes 11a-11d, 11f-24e)			1,730		1,639,266				
	18			equal Part IX, column (A), line			2,506		2,381,099				
	19	Revenue les	s expenses. Subtract line	8 from line 12				,562)	123,070				
Net Assets or	20	Total coasts	(Part X, line 16)			Begin	ning of Curre	-	End of Year				
sset	21						2,133		2,245,452				
et A	22		es (Part X, line 26)	· · · · · · · · · · · · · · · · · · ·		٠ 📙		,351	198,243				
-	rt II		r fund balances. Subtract I	ine 21 from line 20			1,855	,404	2,047,209				
				n, including accompanying schedules	and statements, and to the he	ot of much and	12	. 6 14 1-					
true,	correct,	and complete. Dec	daration of preparer (other than off	cer) is based on all information of which	n preparer has any knowledge	est of my know	leage and bell	er, it is					
			Y C.L			JAM.	1/2011		10-15 711				
Sig	n	Signature of office	Kraft			run f	raps	Dat	000524				
Her		1971 (		0.9				Dai	е				
Hei		Type or print nan	Kraft, Chairwoma	n									
-		Print/Type pre		Preparer's signature	Date				DTIN				
Pai	4			. ropardi e eignatule			Check	∐ if	PTIN				
-	a parer		na Talley	- D M-11:	D8-05-2	T	self-emp	loyed	P00852911				
	Only	, and the second											
056	Omy	Firm's address		N San Francisco Street Phone no.									
Mari	the IDC	2 diaguas this		f AZ 86001				928-	774-8900				
533351111	74.5			own above? See instructions		· · · · · ·			Yes No				
LOL !	aperw	ork Reduction	on Act Notice, see the se	parate instructions.					Form 990 (2023)				

88-0345277

### 3) Keepers of the Wild Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part L	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		
6	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	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
Ū	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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total 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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			Α.
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	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 (2023) Keepers of the Wild 88-0345277 Page 4 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 22 х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 25a 25a Х 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? 25b х 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% 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 27 x 28 Was the organization a party to a business transaction with one of the following parties (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х 28b Х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . . . . . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х

31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31	X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37	х	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and						
reportable gaming (gambling) winnings to prize winners?						

Form **990** (2023)

88-0345277

EEA

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 30	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	01.		
-	gifts 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?	70		
<b>L</b>		7a 7b		
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
C	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	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	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

		·		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	a	9		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b		b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct				
			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.		4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				х
6	Did the organization have members or stockholders?			х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			T -	
	one or more members of the governing body?		7a	.	х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
-	stockholders, or persons other than the governing body?		7k	,	х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
•	the year by the following:				
а	The governing body?		88	x	
b	Each committee with authority to act on behalf of 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's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				- 21
	The second of th		/	Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10	b	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t		-		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12	a x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			-	
-	describe on Schedule O how this was done		12	c x	
3	Did the organization have a written whistleblower policy?				
4	Did the organization have a written document retention and destruction policy?				
5	Did the process for determining compensation of the following persons include a review and approval by		-		
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15	a x	
	Other officers or key employees of the organization		15		х
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a					
	with a taxable entity during the year?		16	a	х
b					
	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?		16	b	
Sec	tion C. Disclosure		,		1
7	List the states with which a copy of this Form 990 is required to be filed				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec	tion 501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(0)			
	Z Own website     X Another's website     X Upon request     Other (explain on Schedu	ıle O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes				
-	and financial statements available to the public during the tax year.	ry,			
0	State the name, address, and telephone number of the person who possesses the organization's books and records				

Dianna Kenney (928)769-1800, 13441 E Highway 66, Valentine, AZ 86437

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

		(C)										
(A)	(B)			Pos	sition			(D)	(E)	(F)		
Name and title	Average					nan one		Reportable	Reportable	(F) Estimated amount		
Name and the	hours					s both ar /trustee)		compensation	compensation	of other		
	per week					,		from the	from related	compensation		
	(list any	or -	Ins	q	Ke	em Hi	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and		
	hours for related	direc	tituti	Officer	y em	ploy	Former	1099-NEC)	1099-NEC)	related organizations		
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee t cor						
	below	uste	trus		ее	npen						
	dotted line)	Φ	lee			Highest compensated employee						
						٩						
(1)James C Burkett												
Board Member		Х						0	0	0		
(2)Theodora Jory												
Board Member		Х						0	0	0		
(3)Becca Gladden												
Board Member		Х						0	0	0		
(4)Charles McHaffie												
Board Member		Х						0	0	0		
(5)Mimi Morissette												
Vice Chairwoman		Х						0	0	0		
(6)Mike Daves												
Board Member		Х						0	0	0		
(7)Lara Kraft	50.00											
Chairwoman				х				0	0	0		
(8)Dwight Jory	40.00											
Treasurer				х				0	0	0		
(9)Kelsey Burkett	40.00											
Secretary				х				0	0	0		
<u>(10)</u>												
<u>(11)</u>												
(12)												
(12)												
<u>(13)</u>												
(14)												

Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp	olo	yee	s, an	d F	lighest Comp	ensated Er	nplo	yees	(conti	nued)
	(A) Name and title		Position (do not check more than one box, unless person is both a officer and a director/trustee						(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W	'-2/	con	(F) ated amo of other npensatio	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	"		nization a	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)_														
(23)														
(24)														
(25)														
1b c	Subtotal													
d	Total (add lines 1b and 1c)								0		0			0
2	Total number of individuals (including but n reportable compensation from the organiza		thos	e lis	ted	abc	ove) w	ho	received more th	an \$100,000	) of			0
													Yes	No
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		-				-					3		
4	For any individual listed on line 1a, is the sum of re										• •	3		X
	organization and related organizations greater th													
5	individual										• •	4		Х
3	for services rendered to the organization? If "Yes	•					-					5		х
	on B. Independent Contractors													
1	Complete this table for your five highest co compensation from the organization. Report	-											tay v	ar
	(A)	rt compens	ation	01 11		Jaic	i idai j	, cai	(B)	viaini are org	jarnza	(C)	tax ye	<u> </u>
	Name and business address	SS							Description of servic	es	С	compens	ation	
2	Total number of independent contractors (in received more than \$100,000 of compensa						ose li	sted	d above) who					
EEA	received more than \$100,000 or compensa	uon nom tr	ie org	aillZ	auc	/11						Form	n <b>990</b> (2	2023)

88-0345277

Form 990 (2023) Keepers of the Wild Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to any	line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	12	Federated campaigns	а				3601013 312-314
	1a b	, ,	b b	_			
nts nts	C	'	c 1,239,583	_			
Contributions, Gifts, Grants and Other Similar Amounts	١.	_	d 1,239,383	_			
ts, (	d	•	e	_			
ia gi	e f		e	_			
Sim	f	All other contributions, gifts, grants, and similar amounts not included above	f 000 774				
utic her	_		f 898,774	-			
	g	Noncash contributions included in	- 0				
a Č			g   \$	0.100.055			
	h	Total. Add lines 1a-1f		2,138,357			
		-1	Business Code				
ø		Adoptions	900099	000 447	222 447		
و چَ		Tours	900099	239,467	239,467		
ıram Serv Revenue	C		-				
ran Sev	d		_				
Program Service Revenue	e	All other and an area of a great and a	_				
₫		All other program service revenue					
	g	Total. Add lines 2a-2f		239,467			
	3	Investment income (including dividends, interes					
		other similar amounts)		7,835	7,835		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal	_			
		Gross rents 6a		_			
		Less: rental expenses 6b		_			
	l .	Rental income or (loss) 6c					
	d	` ′					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 67,90	19	_			
	b	Less: cost or other basis					
venue		and sales expenses 7b 61,68		_			
.ver	С	Gain or (loss) 6 , 22	28				
æ		Net gain or (loss)		6,228	6,228		
Other Re	8a	Gross income from fundraising					
ŏ		events (not including \$ 1,239,583					
		of contributions reported on line					
		' ' ' '	8a	_			
			8b				
		Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		· · · · · · · · · · · · · · · · · · ·	9a	_			
			9b				
	С	Net income or (loss) from gaming activities .					
	10a	Gross sales of inventory, less	_				
		<del>-</del>	0a 159,990	1			
	l .	5	<b>0b</b> 47,708				
	С	Net income or (loss) from sales of inventory .		112,282	112,282		
			Business Code				
SIN (	11a		_				
Miscellanous Revenue	b		_				
eve	С		_				
Mis R		All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,504,169	365,812	0	0

### Part IX Statement of Functional Expenses

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

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

Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	0b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	97,000	63,050	24,250	9,700
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	507,476	331,624	125,071	50,781
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14	14		
10	Payroll taxes	46,706	35,544	9,678	1,484
11	Fees for services (nonemployees):				
а	Management				
b	Legal	21,243	15,932	5,311	
С	Accounting	20,580	5,125	5,125	10,330
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	90,637			90,637
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	196,547	196,547		
13	Office expenses	85,705	77,681	8,024	
14	Information technology	54,793	52,053		2,740
15	Royalties				
16	Occupancy				
17	Travel	42	42		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,171		6,171	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	170,685	170,685		
23	Insurance	48,202	44,828	3,374	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Animal Awareness	372,491	372,491		
b	Animal Supplies	251,268	251,268		
С	Education Materials	259,863	259,863		
d	Postage Expense	18,517	16,665	1,852	
е	All other expenses	133,159	113,740	15,178	4,241
25	Total functional expenses. Add lines 1 through 24e	2,381,099	2,007,152	204,034	169,913
26	Joint costs. Complete this line only if the				·
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here   if				
	following SOP 98-2 (ASC 958-720)				

88-0345277 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response of note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	471,175	1	512,794
	2	Savings and temporary cash investments		2	
	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%			
		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	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	60,681	8	62,739
	9	Prepaid expenses and deferred charges	-	9	-
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,719,082			
	b	Less: accumulated depreciation 10b 2,192,815	1,513,160	10c	1,526,267
	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	88,739	15	143,652
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,133,755	16	2,245,452
	17	Accounts payable and accrued expenses	258,206	17	198,243
	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	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	20,145	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 X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	278,351	26	198,243
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions		27	
alaı	28	Net assets with donor restrictions		28	
d B		Organizations that do not follow FASB ASC 958, check here			
Ë		and complete lines 29 through 33.			
orl	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds	1,855,404	31	2,047,209
Net Assets or Fund Balances	32	Total net assets or fund balances	1,855,404	32	2,047,209
	33	Total liabilities and net assets/fund balances	2,133,755	33	2,245,452

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		504,	169
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	381,	099
3	Revenue less expenses. Subtract line 2 from line 1	3		123,	070
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	855,	404
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		68,	735
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	2,	047,	209
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:   Cash  Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	9 <b>90</b>	(2023)

#### SCHEDULE A (Form 990)

Department of the Treasury

### **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

**Open to Public** Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** 

Keepers of the Wild 88-0345277 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . **Total.** Add lines 1 through 3 . . . . . 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) .... Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 Amounts from line 4 . . . . . . . . . . 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 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.) . . . . . . . . . . . . 11 **Total support.** Add lines 7 through 10 12 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) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . . 15 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2023. 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 b 10%-facts-and-circumstances test - 2022. 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 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

EEA Schedule A (Form 990) 2023

88-0345277

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

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,716,887	1,773,445	1,972,274	1,838,262	2,138,357	9,439,225
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	285,173	262,664	383,334	353,605	351,749	1,636,525
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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	<b>Total.</b> Add lines 1 through 5	2,002,060	2,036,109	2,355,608	2.191.867	2,490,106	11,075,750
	Amounts included on lines 1, 2, and 3	2,002,000	2,000,200	2,333,333	2,232,007	2,130,100	22/0/0//00
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disgualified						
	<b>'</b>						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C4:	line 6.)						11,075,750
	on B. Total Support	(.) 0040	(1.) 0000	( ) 0004	/ I) 0000	( ) 0000	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6	2,002,060	2,036,109	2,355,608	2,191,867	2,490,106	11,075,750
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	56,891	62,406	30,457	4,532	14,063	168,349
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	56,891	62,406	30,457	4,532	14,063	168,349
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.)	5,300					5,300
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	2,064,251	2,098,515	2,386,065	2,196,399	2,504,169	11,249,399
14	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	re					
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2023 (line 8			13, column (f))		15	98.46 %
16	Public support percentage from 2022 Sch	edule A, Part I	II, line 15 .			16	98.43 %
	on D. Computation of Investment In					•	
17	Investment income percentage for 2023 (			y line 13, colu	mn (f))	17	1.00 %
18	Investment income percentage from 2022			•		18	1.00 %
19a	33 1/3% support tests - 2023. If the orga					ore than 33 1/3	
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2022. If the organizat	=	_	=			
-	line 18 is not more than 33 1/3%, check this bo						
20	<b>Private foundation.</b> If the organization di	-	_			_	

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(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.	ΑII	Supporting	<b>Organizations</b>
------------	-----	------------	----------------------

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	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.	3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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.	9a		
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.	9b		
С	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.	9с		
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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

10a

Part I	V Supporting Organizations (continued)			
			Yes	No
	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	44		
	11c below, the governing body of a supported organization?	11a	<del>                                     </del>	
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
Section	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Occin	ni B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Section	the supported organization(s). on D. All Type III Supporting Organizations			
occiic	in D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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			
<u> </u>	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	ructio	ns).
a b	☐ The organization satisfied the Activities Test. Complete <b>line 2</b> below. ☐ The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruc	tione)		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	uons)	Yes	No
- a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2 h		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedu	le A (Form 990) 2023 Keepers of the Wild		88-03452	277	Page (
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(explai</i>	n in <b>Part VI</b> )	). See
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Section	is A through	۱E.
Cooti	ian A. Adiustad Net Income		(A) Drior Voor	(B) Curre	nt Year
Secti	on A - Adjusted Net Income		(A) Prior Year	(optio	nal)
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			
Socti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Curre	nt Year
Jecii	on b - Millimum Asset Amount		(A) I IIOI Teal	(optio	nal)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	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 <b>Part VI</b> ):				
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			
Secti	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			

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

6

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

emergency temporary reduction (see instructions).

6

7

Schedule A (Form 990) 2023

Ochicac	Reepers of the Wild				JZ 11 rage 1
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)				
6	6 Other distributions (describe in Part VI). See instructions.				
7	7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive					
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Schedule B (Form 990)

#### Schedule of Contributors

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Name of the organization **Employer identification number** Keepers of the Wild 88-0345277 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

Keepers of the Wild 88-0345277

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_		\$90,000 	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$6,253	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
4		\$5,000 	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000 	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000	Person X Payroll Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Keepers of the Wild 88-0345277 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person x 7 **Payroll** 28,860 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person 8 **Payroll** Noncash 25,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Type of contribution Name, address, and ZIP + 4 **Total contributions** 9 Person x **Payroll** Noncash 43,931 (Complete Part II for noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person x 10 **Pavroll** Noncash 9,685 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 11 **Payroll** Noncash 15,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 12 **Payroll** Noncash 9,000 (Complete Part II for noncash contributions.)

Name of organization

Employer identification number Keepers of the Wild 88-0345277

Faiti	Contributors (see instructions). Ose duplicate copies of	rait i ii additional space is i	leeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_13_		\$173,159	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14_		\$10,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_15_		\$10,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_16_		\$5,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_17_		\$10,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_18_		\$15,000	Person X Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Keepers of the Wild 88-0345277 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person x 19 **Payroll** Noncash 11,359 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person 20 **Payroll** Noncash 25,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 21 Person x **Payroll** Noncash 8,000 (Complete Part II for noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 22 **Pavroll** Noncash 5,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Ceepe	ers of the Wild	88-0345277
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	nts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
-	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Par		
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		rically, important land area
		rically important land area
	Protection of natural habitat  Preservation of a certi	ned historic structure
•	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cor	
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c, acquired after July 25, 2006, and not	
	on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation east	sements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B	)(i)
	and section 170(h)(4)(B)(ii)?	∐ Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
	sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the
	organization's accounting for conservation easements	
Par		er Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

Par	t III   Organizations Maintaining	Collections of	Art, His	torical Treas	ures, or O	ther Similar A	ssets (co	ontinu	ıed)
3	Using the organization's acquisition, access	ion, and other record	ds, check a	any of the following	g that make si	gnificant use of its			
	collection items (check all that apply):								
а	☐ Public exhibition		d	Loan or excha	ange program				
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expla	in how the	y further the organ	nization's exer	npt purpose in Par	rt		
	XIII.	·	•	,					
5	During the year, did the organization solicit of	or receive donations	of art. histo	orical treasures. o	r other similar	•			
	assets to be sold to raise funds rather than						. Yes	<b>.</b> П	No
Par	t IV Escrow and Custodial Arra		p =						
	Complete if the organization 990, Part X, line 21.		" on Forr	m 990, Part IV	, line 9, or	reported an an	nount on	Form	1
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ntributions or othe	er assets not				
	included on Form 990, Part X?						🗌 Yes	<b>5</b>	No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	ollowing tal	ble.					
						Ar	mount		
С	Beginning balance		. <b></b> .		1	С			
d	Additions during the year		. <b></b>		1	d			
е	Distributions during the year		. <b></b> .		1	е			
f	Ending balance					f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for es	scrow or custodial	account liabil	ity?	. Yes	s 🗌	No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the	explanation	n has been provid	ed on Part XII			. П	
Par									
	Complete if the organization	answered "Yes	" on Forr	m 990. Part IV	'. line 10.				
	,	(a) Current year			wo years back	(d) Three years back	(e) Four	vears b	ack
1a	Beginning of year balance	(4)	(,	(4, 1	,	(4)	(0)	<del>,,</del>	
b	Contributions								
C	Net investment earnings, gains, and								
·	losses								
٨	Grants or scholarships								
d	·								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	-	ce (line 1g,	column (a)) held	as:				
a	Board designated or quasi-endowment								
b	Permanent endowment%								
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ession of the organiz	zation that	are held and adm	inistered for th	ne			
	organization by:							Yes	No
	(i) Unrelated organizations?						. 3a(i)		
	(ii) Related organizations?						. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organize	zations listed as req	uired on So	chedule R?			. 3b		
4	Describe in Part XIII the intended uses of the	ne organization's end	dowment fu	ınds.					
Par	t VI Land, Buildings, and Equip	ment							
	Complete if the organization	answered "Yes	<u>" on</u> Forr	m 990, Part IV	<u>', lin</u> e 11a.	See Form 990	, Part X, I	<u>in</u> e 1	0.
	Description of property	(a) Cost or oth		(b) Cost or other b		Accumulated	(d) Bool		
		(investm	nent)	(other)		depreciation			
1a	Land	2	67,000					267,0	000
b	Buildings		46,406			149,128		397,2	
c	Leasehold improvements		46,392			1,196,706		549,6	
d	Equipment		85,956			734,018		251,9	
e	Other		73,328			112,963		60,3	
	Add lines 1a through 1e. (Column (d) must of			Oc. column (R)			1 1	526,2	
- <del></del>		- quai i 0.111 000, 1 a	, 1110 1	55, 55iaiiii ( <b>D</b> ) •	<del></del>			. 2 0 , 2	

Part VII	Investments - Other Securities  Complete if the organization answered	"Yes" on Form 9	990, Part IV, lin	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Meth	nod of valuation: of-year market value
(1) Financial	derivatives				
(2) Closely-ho	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F) (G)					
(H)					
	nn (b) must equal Form 990, Part X, line 12, col.(B))				
Part VIII	Investments - Program Related				
	Complete if the organization answered	"Yes" on Form 9	90, Part IV, lin	ne 11c. See Form	990, Part X, line 13.
-	(a) Description of investment		(b) Book value		nod of valuation:
			. ,	Cost or end-	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	on (h) must occup Form 000. Bort V. line 42, and (BN)	,			
Part IX	on (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets				
Fait IX	Complete if the organization answered	"Yes" on Form C	000 Part IV lin	e 11d See Form	990 Part X line 15
-	(a) Des		750, T art IV, III	ic Tra. Occ Form	(b) Book value
(1birect	Mail Account	СПРИОП			98,38
	t with Mail Shops				45,26
(3)	WIGHT HALL SHOPP				13,20
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, line 15 col. (B))				143,65
Part X	Other Liabilities				
	Complete if the organization answered line 25.	"Yes" on Form 9	990, Part IV, lir	ne 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal	income taxes				
(2)					
(3)					
(4)					
/ <b>-</b> \					
(5)					
(6)					
(6) (7)					
(6) (7) (8)					
(6) (7) (8) (9)	(b) must equal Form 990, Part X, line 25 col. (B))				

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		er Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part			
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	)
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2023

### **SCHEDULE G** (Form 990)

Department of the Treasury

#### 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

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization Keepers of the Wild 88-0345277 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 raised funds through any of the following activities. Check all that apply. 1 x Mail solicitations e Solicitation of non-government grants а ☐ Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, x Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1Fund Raising Strategies I X 1,239,583 90,637 1,148,946 2 3 4 5 6 7 8 9 10 Total 1,239,583 90,637 1,148,946 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. All States

Part II

88-0345277

		gross receipts greater than	<b>%5</b> 000			
		gross receipts greater than	(a) Event #1 Direct Mail	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
ш	2	Less: Contributions				
	3	Gross income (line 1				
		minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lin				
	11	Net income summary. Subtract li	ne 10 from line 3, column (	d)		
Pa	rt III	Gaming. Complete if the or \$15,000 on Form 990-EZ, I		Yes" on Form 990, Part I\	/, line 19, or reported m	nore than
				I I		
venue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
Direct Expenses   Revenue	2	Cash prizes	(a) Bingo		(c) Other gaming	
ect Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
ect Expenses	2 3 4	Cash prizes	(a) Bingo  Yes %  No	bingo/progressive bingo	(c) Other gaming  Yes %  No	
ect Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo	☐ Yes%	
ect Expenses	2 3 4 5	Cash prizes	Yes % No es 2 through 5 in column (	bingo/progressive bingo  Yes %  No	☐ Yes % ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No es 2 through 5 in column ( ubtract line 7 from line 1, co	bingo/progressive bingo  Yes %  No  d)	☐ Yes % ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No es 2 through 5 in column ( ubtract line 7 from line 1, co	bingo/progressive bingo  Yes %  No  d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Erra Is	Cash prizes	Yes % No es 2 through 5 in column ( ubtract line 7 from line 1, co	bingo/progressive bingo  Yes %  No  d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Erra Is	Cash prizes	Yes % No es 2 through 5 in column ( ubtract line 7 from line 1, co	bingo/progressive bingo  Yes %  No  d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Erra Is is built if '	Cash prizes	Yes % No es 2 through 5 in column ( ubtract line 7 from line 1, column cation conducts gaming act gaming act gaming act gaming act	bingo/progressive bingo  Yes %  No  d)	☐ Yes % ☐ No	col. (a) through col. (c))

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

# SCHEDULE O (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.

OMB No. 1545-0047

Open to Public

Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Keepers of the Wild	88-0345277
01. Officer, directors, etc. family relationship (Part VI, line 2)	
D. Jory (Chairperson) and T. Jory (Board Member): family relation.	
K. Burkett (Secretary) and J. Burkett (Board Member): family relation.	
02. Members or stockholder classes and rights (Part VI, line 6)	
Organization has Board Members.	
03. Form 990 governing body review (Part VI, line 11)	
Form 990 reviewed by J. Kraft (Director).	
04. Conflict of interest policy compliance (Part VI, line 12c)	
Conflict of Interest policy is regularly monitored and enforced by the Bo	pard.
05. CEO, executive director, top management comp (Part VI, line 15a)	
Comparable data was used to determine compensation for the Executive Direction	ector and was
approved by the Board.	
06. Governing documents, etc, available to public (Part VI, line 19)	
Copies provided upon request.	

### **Depreciation and Amortization**

#### (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

Business or activity to which this form relates

Sequence No. 179

Identifying number Name(s) shown on return Keepers of the Wild FORM 990 - 1 88-0345277 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 .............. 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . . . . Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 18,156 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 114,552 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property b 5-year property ΗY 200 DB 19,359 3,872 7-yeas paopentent #567 5,824 d 10-year property e 15-yeartparepentent #568 2,627 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/I 27.5 yrs. MM S/L property MM S/L i Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L **b** 12-year 12 yrs. С 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 25,654 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 170,685 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2023) Keepers of the Wild 88-0345277 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (b) (g) Business/ Basis for depreciation Date placed Method/ Depreciation Type of property (list Cost or other basis Recovery Elected section 179 (business/investment deduction vehicles first) in service period Convention cost percentage use only) 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . . Property used more than 50% in a qualified business use: Statement #569 % 25,654 % % 27 Property used 50% or less in a qualified business use: S/L-S/L-% S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 25,654 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (f) (a) (c)

30	Total business/investment miles driven during	Vehic	cle 1	Vehic	cle 2	Vehic	cle 3	Vehi	cle 4	Vehi	cle 5	Vehic	cle 6
31 32	the year (don't include commuting miles) Total commuting miles driven during the year . Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

#### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. 27. Do you maintain a written policy statement that prohibits all personal use of vahicles, including commuting, by Vaa

31	bo you maintain a written policy statement that profibits all personal use of verticles, including commuting, by	163	140
	your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the		
	use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		
Pai	t VI Amortization		

	(a) Description of costs	(b) Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section	(e) Amortiza period o percenta	or	(f) Amortization for this year
42	Amortization of costs that begin	ns during your 202	3 tax year (see instruction	ns):			
43	Amortization of costs that bega	n before your 202	3 tax year			43	
44	Total. Add amounts in column	(f). See the instruc	ctions for where to report			44	

# **Sales of Business Property**

# (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. **27** 

Identifying number

Keepe	ers of the Wild					88-034	5277	
1a	Enter the gross proceeds f substitute statement) that y				n(s) 1099-B or 1099-S	S (or	1a	
b	Enter the total amount of games MACRS assets	ain that you are inc	luding on lines 2, 1	0, and 24 due to the	partial dispositions o	f 	1b	
С	Enter the total amount of loassets		-				1c	
Part	Sales or Exchange Than Casualty of						sions	From Other
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or oth basis, plus improvements expense of s	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 468	 					3	
4	Section 1231 gain from ins	·					4	
5	Section 1231 gain or (loss						5	
6	Gain, if any, from line 32, fr		-				6	0
7	Combine lines 2 through 6.	bine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						
	Partnerships and S corp line 10, or Form 1120-S, So				ons for Form 1065, S	Schedule K,		
	Individuals, partners, S of from line 7 on line 11 below 1231 losses, or they were Schedule D filed with your	v and skip lines 8 a recaptured in an ea retum and skip line	nd 9. If line 7 is a garlier year, enter thes 8, 9, 11, and 12 l	gain and you didn't ha e gain from line 7 as below.	ave any prior year se a long-term capital g	ction		
8	Nonrecaptured net section	1231 losses from	orior years. See ins	structions			8	
9	Subtract line 8 from line 7. line 9 is more than zero, er	nter the amount from	n line 8 on line 12 b	pelow and enter the	gain from line 9 as a	ong-term		
Part	capital gain on the Schedu  II Ordinary Gains a						9	
10	Ordinary gains and losses	,		·	1 year or less):			
-10	Ordinary gains and losses	The included on link	cs in through to (i	Tierdae property field	year or less).			
11	Loss, if any, from line 7.						11	( )
12	Gain, if any, from line 7 or a						12	
13	Gain, if any, from line 31						13	24,133
14	Net gain or (loss) from For	m 4684, lines 31 aı	nd 38a				14	
15	Ordinary gain from installm		15					
16	Ordinary gain or (loss) from	n like-kind exchanç	ges from Form 882	4			16	
17	Combine lines 10 through 1	16					17	24,133
18	For all except individual refa and b below. For individu	·			e of your return and sl	kip lines		
а	If the loss on line 11 include from income-producing proemployee.) Identify as from	perty on Schedule	A (Form 1040), lin	e 16. (Do not include	e any loss on property	used as an	18a	
b	Redetermine the gain or (lo (Form 1040), Part I, line 4	oss) on line 17 exc	luding the loss, if a	ny, on line 18a. Ente	r here and on Schedu	ıle 1	18b	
								= 4=4= (0000)

Pa	Gain From Disposition of Property Unc (see instructions)	der Se	ections 1245, 12	250, 1252, ·	1254	, and 1255		
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255	propert	y:			(b) Date acqui		(c) Date sold (mo., day, yr.)
	V: 2008 Polaris 2					07-29-20		07-11-2023
	V: 2008 FOIAIIS Z V: 2019 Lincoln Navigator					06-19-20		07-11-2023
C	V. 2019 Elincoln Navigator					00 19 20		07 11 2023
D								
			Property A	Droporty	D	Property	_	Property D
	These columns relate to the properties on lines 19A through 19	D.	Property A	Property	Ь	Property	C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	300	35,	297			
21	Cost or other basis plus expense of sale	21	8,182	99,	513			
22	Depreciation (or depletion) allowed or allowable	22	8,182	88,				
23	Adjusted basis. Subtract line 22 from line 21	23	0	11,	464			
24	Total gain. Subtract line 23 from line 20	24	300	22	022			
25	If section 1245 property:	24	300	23,	033			
a	Depreciation allowed or allowable from line 22	25a	8,182	88,	049			
b	Enter the <b>smaller</b> of line 24 or 25a	25b	300	23,				
26	If section 1250 property: If straight line depreciation was used,			,				
	enter -0- on line 26g, except for a corporation subject to section 291							
а	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the <b>smaller</b> of line							
	24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property	200						
A	or line 24 isn't more than line 26a, skip lines 26d and 26e Additional depreciation after 1969 and before 1976	26c 26d						
d e	Enter the <b>smaller</b> of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g						
<del></del> 27	If section 1252 property: Skip this section if you didn't	09						
	dispose of farmland or if this form is being completed							
	for a partnership.							
а	Soil, water, and land clearing expenses	27a						
b	Line 27a multiplied by applicable percentage. See instructions .	27b						
c	Enter the <b>smaller</b> of line 24 or 27b	27c						
28	If section 1254 property:							
а	Intangible drilling and development costs, expenditures							
	for development of mines and other natural deposits,							
	mining exploration costs, and depletion. See instructions	28a						
<u>b</u> 29	Enter the smaller of line 24 or 28a	28b						
	Applicable percentage of payments excluded from							
а	income under section 126. See instructions	29a						
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b						
Sur	nmary of Part III Gains. Complete property colu	mns /	A through D thro	ugh line 29	b be	fore going to	o line	30.
30	Total gains for all properties. Add property columns A throug						30	24,133
31	Add property columns A through D, lines 25b, 26g, 27c, 28b,						31	24,133
32	Subtract line 31 from line 30. Enter the portion from casualty						22	
Pa	other than casualty or theft on Form 4797, line 6 rt IV Recapture Amounts Under Sections 17	79 and	d 280F(b)(2) Wh	en Busine	ss U	se Drops to	50°,	or Less 0
	(see instructions)					T		
						(a) Section 179	1	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in	nrior w	aare		33	173		200: (1)(2)
34	·		ais		34			
35	Recenture amount Subtract line 34 from line 33. See the ins				35			

Name(s) as shown on retu	urn	Federal Supporting S	tatements	2023 PG01
` '				00 0245077
<u>keepers</u>	of the Wild			88-0345277
		Form 4562 - Line	19c	Statement #567
Daada	DD	CZ Z	Mo+bod	Dod
Basis	RP	CV	Method	Deduction
23,012	7	НҮ	200 DB	3,288
6,788	7	HY	200 DB	970
10,962	7	HY	200 DB	1,566
Total				<u>5,824</u>
		Form 4562 - Line	19e	<b>PG01</b> Statement #568
Basis	RP	CV	Method	Deduction
50,000	15	HY	150 DB	2,500
1,752	15	HY	150 DB	88
774	15	НҮ	150 DB	<u> </u>
Total				2,627

	Federal Supporting Statements	<b>2023</b> PG01
Name(s) as shown on return		Tax ID Number
Keepers of the Wild		88-0345277

Form 4562 - Line 26

Statement #569

-	Description	Date	%Bus	Cost	Depr Basis	RP	Method	Deduction	179 Ded
	V: Mercedes	02-06-2014	100	60,108	60,108	5	200DBHY	1,875	
	V: 2006 Ford F350 4X4	05-09-2006	100	38,357	38,357	5	200DBHY		
	V: Vehicle - Tour Bus	09-18-2007	100	14,500	14,500	5	200DBHY		
	V: 2001 Cadillac DTS	12-17-2012	100	4,500	4,500	5	200DBHY		
	V: 1997 Tramstar LFT Power Car & Trailer	01-13-2016	100	34,210	34,210	7	200DBHY	1,525	
	V: 2019 Lincoln Navigator	06-19-2019	100	99,513	99,513	5	200DBHY	5,732	
	V: 2023 Toyota Sequoia	07-17-2023	100	82,608	82,608	5	200DBHY	16,522	
-	Total							25,654	

# **Depreciation Detail Listing**

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Name(s) as shown on return

77	of the Wild											0.0	0245277		
Kee	epers of the Wild			Basis	Business	Section		Danasiahla					-0345277	A	AMT
No.	Description	Date	Cost		percentage	179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	Current
1 F8	&F: Smoker Recept &	01-17-2014	1,731		100.00			1,731	7		0	1,731		1,731	
2 н:		01-18-2014	8,000		100.00			8,000	15	150 DB HY	5.9	4,929	472	5,401	
3 I:	: Dirt & Gravel for	01-24-2014	4,079		100.00			4,079	15	150 DB HY	5.9	2,515	241	2,756	
4 H:	: Fencing	02-05-2014	18,000		100.00			18,000	15	150 DB HY	5.9	11,091	1,062	12,153	
5 V:	: Mercedes	02-06-2014	60,108		100.00			60,108	5	200 DB HY	0	22,560	1,875	24,435	
6 н:	: 3 Utility Barns	02-12-2014	6,375		100.00			6,375	15	150 DB HY	5.9	3,929	376	4,305	
7 V:	: Polaris ATV	02-12-2014	14,710		100.00			14,710	7		0	14,709		14,709	
8 V:	: Polaris ATV	02-12-2014	14,710		100.00			14,710	7		0	14,709		14,709	
9 E:	: Freezer, Cold Boxe	02-14-2014	3,762		100.00			3,762	7		0	3,762		3,762	
10 F8	&F: File Cabinets, D	02-14-2014	15,855		100.00			15,855	7		0	15,854		15,854	
11 H:	: Fencing	02-25-2014	13,034		100.00			13,034	15	150 DB HY	5.9	8,031	769	8,800	
12 E	: Hoofstock Barn Equ	03-08-2014	500		100.00			500	7		0	499		499	
13 H	: Fencing	03-12-2014	6,000		100.00			6,000	7		0	5,658		5,658	
14 F8	&F: Desk	03-20-2014	400		100.00			400	7		0	400		400	
15 OF	E: Computer Equipmen	03-20-2014	893		100.00			893	5		0	893		893	
16 H:	: Habitat Sheathing	03-31-2014	773		100.00			773	15	150 DB HY	5.9	478	46	524	
17 B:	I: Heating & Cooling	04-02-2014	10,844		100.00			10,844	7		0	10,843		10,843	
18 H	: Racoon Habitat	04-04-2014	6,333		100.00			6,333	15	150 DB HY	5.9	3,904	374	4,278	
19 B	I: Cabinets in Main	04-07-2014	25,925		100.00			25,925	7		0	25,924		25,924	
20 B	I: Kitchen Improv. i	04-20-2014	20,873		100.00			20,873	7		0	20,873		20,873	
21 H	: Goat & Llama Habit	04-21-2014	14,996		100.00			14,996	15	150 DB HY	5.9	9,241	885	10,126	
22 H	: Bobcat Cages	04-21-2014	12,866		100.00			12,866	15	150 DB HY	5.9	7,928	759	8,687	
23 OE	E: Canon T31 Camera	04-23-2014	749		100.00			749	5		0	749		749	
24 [	: Well	05-05-2014	29,943		100.00			29,943	15	150 DB HY	5.9	18,452	1,767	20,219	
25 H:	: Flight Caging	05-14-2014	7,746		100.00			7,746	15	150 DB HY	5.9	4,773	457	5,230	
26 [:	: Privacy Vinyl Fenc	05-20-2014	1,262		100.00			1,262	15	150 DB HY	5.9	777	74	851	
27 н:	: Bobcat Enclosure	06-02-2014	7,910		100.00			7,910	15	150 DB HY	5.9	4,874	467	5,341	
28 H:	: Animal Boxes	06-03-2014	509		100.00			509	15	150 DB HY	5.9	313	30	343	
29 BI	I: Grounds House Rem	06-05-2014	18,814		100.00			18,814	15	150 DB HY	5.9	11,594	1,110	12,704	
30 H:	: Habitat Panels	06-06-2014	4,028		100.00			4,028	15	150 DB HY	5.9	2,482	238	2,720	
+															

# **Depreciation Detail Listing**

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Name(s) as shown on return

T/	recorded the Wild											0.0	0245077		
K	Reepers of the Wild			Basis	Business	Section		Danie dable					-0345277	A	AMT
No.	Description	Date	Cost		percentage	179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	Current
31	BI: Generator, Hookup	06-20-2014	1,539	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100.00	-		1,539	7		0	1,538	-	1,538	
32	H: Fencng	07-01-2014	6,000		100.00			6,000	15	150 DB HY	5.9	3,698	354	4,052	
33	H: Hoofstock Habitat	07-04-2014	6,866		100.00			6,866	15	150 DB HY	5.9	4,231	405	4,636	
34	OE: Apple Computer	07-25-2014	2,157		100.00			2,157	5		0	2,155		2,155	
35	OE: Toshiba Laptop	07-25-2014	1,004		100.00			1,004	5		0	1,004		1,004	
36	OE: Dell Printer	07-25-2014	1,304		100.00			1,304	5		0	1,303		1,303	
37	H: Bird Fencing	07-30-2014	7,775		100.00			7,775	15	150 DB HY	5.9	4,793	459	5,252	
38	H: Coyote Pen	08-07-2014	7,943		100.00			7,943	15	150 DB HY	5.9	4,895	469	5,364	
39	H: Coyote Cage	08-07-2014	1,299		100.00			1,299	15	150 DB HY	5.9	801	77	878	
40	H: Bird Flight Cages	09-04-2014	3,207		100.00			3,207	15	150 DB HY	5.9	1,976	189	2,165	
41	H: Bear Habitat	09-04-2014	27,399		100.00			27,399	15	150 DB HY	5.9	16,885	1,617	18,502	
42	F&F: Office Furniture	09-09-2014	1,300		100.00			1,300	7		0	1,299		1,299	
43	H: Bird House	10-11-2014	1,500		100.00			1,500	15	150 DB HY	5.9	922	88	1,010	
44	H: Animal Boxes	11-30-2014	915		100.00			915	15	150 DB HY	5.9	563	54	617	
45	E: Washer/Dryer for C	11-30-2014	824		100.00			824	7		0	824		824	
46	E: Water Heater for C	12-02-2014	1,262		100.00			1,262	7		0	1,262		1,262	
47	I: Trees	12-19-2014	1,097		100.00			1,097	15	150 DB HY	5.9	676	65	741	
48	I: Property Improveme	01-01-1990	14,332		100.00			14,332	15		0	14,332		14,332	
49	B: Buildings - Prior	01-01-1990	2,613		100.00			2,613	15		0	2,613		2,613	
50	E: Equipment - Park	01-01-2000	60,562		100.00			60,562	7		0	60,562		60,562	
51	F&F: Fixtures & Furni	01-01-2000	1,403		100.00			1,403	7		0	1,403		1,403	
52	F&F: Fixtures - Gift	01-01-2000	1,027		100.00			1,027	7		0	1,027		1,027	
53	F&F: Fixtures	01-01-2001	4,770		100.00			4,770	7		0	4,770		4,770	
54	E: Equipment	01-01-2001	3,917		100.00			3,917	7		0	3,917		3,917	
55	E: Equipment	01-01-2001	285		100.00			285	7		0	285		285	
56	E: Equipment	09-04-2001	5,456		100.00			5,456	7		0	5,456		5,456	
57	F&F: Fixtures - Deli	09-04-2001	1,125		100.00			1,125	7		0	1,125		1,125	
58	F&F: Fixtures - Park	09-21-2001	1,531		100.00			1,531	7		0	1,531		1,531	
59	I: Fencing	04-09-2002	5,247		100.00			5,247	15		0	5,247		5,247	
60	F&F: Fixtures	07-01-2002	6,752		100.00			6,752	7		0	6,752		6,752	

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10	conord of the Wild											0.0	0245277		
	eepers of the Wild			Basis	Business	Section	_	Depreciable				Prior	-0345277 Current	Accumulated	AMT
No.	Description	Date	Cost		percentage	179	Bonus depreciation	Basis	Life	Method	Rate	Depreciation	Depreciation	Depreciation	Current
61	F&F: Fixtures - Gift	07-01-2002	1,514		100.00			1,514	7		0	1,514		1,514	
62	E: Equipment	08-16-2002	1,200		100.00			1,200	7		0	1,200		1,200	
63	I: Fencing	08-20-2002	5,248		100.00			5,248	15		0	5,248		5,248	
64	E: Refrigerator - Com	09-19-2002	1,600		100.00			1,600	7		0	1,600		1,600	
65	V: Hitching Post Trai	10-15-2002	3,113		100.00			3,113	5		0	3,113		3,113	
66	F&F: 2003 Fixtures -	07-01-2003	2,111		100.00			2,111	7		0	2,111		2,111	
67	F&F: 2003 Fixtures -	07-01-2003	183		100.00			183	7		0	183		183	
68	H: Habitats	07-01-2003	1,567		100.00			1,567	15		0	1,567		1,567	
69	B: Building	07-01-2003	84,947		100.00			84,947	39	SL MM	2.564	42,381	2,178	44,559	
70	F&F: 2003 Fixtures -	07-01-2003	155		100.00			155	7		0	155		155	
71	F&F: Furniture & Fixt	07-01-2003	2,626		100.00			2,626	7		0	2,626		2,626	
72	L: Land Lot 475 Golde	07-01-2003			100.00			0	0		0				
72	LAND	07-01-2003	9,000	1	00.00				0	NDA					
73	L: Land - Showlow, AZ	07-01-2003			100.00			0	0		0				
73	LAND	07-01-2003	3,000	1	00.00				0	NDA					
74	B: Buildings - Prior	01-01-2004	7,387		100.00			7,387	39	SL MM	2.564	3,585	189	3,774	
75	H: Habitats	01-01-2004	112,925		100.00			112,925	15		0	71,464		71,464	
76	A: Art	01-01-2004	55,600	55,600	100.00			0	0		0				
77	E: Pizza Oven & Stack	05-15-2004	1,732		100.00			1,732	7		0	1,732		1,732	
78	E: Pizza Oven	06-15-2004	1,075		100.00			1,075	7		0	1,075		1,075	
79	L: Land - Valentine,	01-01-2005			100.00			0	0		0				
79	LAND	01-01-2005	250,000	1	00.00				0	NDA					
80	OE: Office Equipment	03-01-2005	1,255		100.00			1,255	7		0	1,255		1,255	
81	V: ATV Arctic Cat	07-01-2005	6,132		100.00			6,132	3		0	6,132		6,132	
82	I: Fencing for Valent	08-15-2005	6,900		100.00			6,900	15		0	6,900		6,900	
83	H: Habitat Materials	10-15-2005	493		100.00			493	15		0	493		493	
84	I: Landscaping	03-09-2006	13,411		100.00			13,411	15		0	13,411		13,411	
85	E: Equipment	03-30-2006	2,500		100.00			2,500	7		0	2,500		2,500	
86	L: Land	04-25-2006			100.00			0	0		0				
86	LAND	04-25-2006	5,000	1	00.00				0	NDA					

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Name(s) as shown on return

Ti.	Coopers of the Wild											0.0	-0345277		
r	Reepers of the Wild			Basis	Business	Section		Danie da la						A	AMT
No.	Description	Date	Cost	Adjustment	percentage	179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	Current
87	I: Property Improveme	05-01-2006	57,400		100.00			57,400	15		0	57,398		57,398	
88	V: Trailer	05-03-2006	1,082		100.00			1,082	7		0	1,082		1,082	
89	V: 2006 Ford F350 4X4	05-09-2006	38,357		100.00			38,357	5	200 DB HY	0	38,357		38,357	
90	I: Property Improveme	05-23-2006	2,724		100.00			2,724	15		0	2,724		2,724	
91	E: Equipment	05-24-2006	920		100.00			920	7		0	920		920	
92	E: Equipment	06-19-2006	2,400		100.00			2,400	7		0	2,400		2,400	
93	BI: Building Improvem	07-01-2006	32,617		100.00			32,617	39	SL MM	2.564	13,759	836	14,595	
94	E: Satellite Equipmen	08-15-2006	1,050		100.00			1,050	7		0	1,050		1,050	
95	H: Habitat Fencing	08-31-2006	19,568		100.00			19,568	15		0	19,567		19,567	
96	H: Habitat Excavation	08-31-2006	91,561		100.00			91,561	15		0	91,559		91,559	
97	I: Fencing	09-01-2006	65,734		100.00			65,734	15		0	65,732		65,732	
98	I: Portable Wood Shed	10-10-2006	5,340		100.00			5,340	15		0	5,340		5,340	
99	I: Property Improveme	10-31-2006	113,015		100.00			113,015	15		0	113,012		113,012	
100	H: Bird Habitat	11-07-2006	400		100.00			400	15		0	400		400	
101	F&F: Furniture & Fixt	12-01-2006	12,782		100.00			12,782	7		0	12,782		12,782	
102	I: Portable Wood Shed	12-08-2006	15,825		100.00			15,825	15		0	15,825		15,825	
103	I: Rigid Corrals	12-23-2006	8,194		100.00			8,194	15		0	8,193		8,193	
104	E: Equipment	12-28-2006	10,207		100.00			10,207	7		0	10,207		10,207	
105	F&F: Furniture & Fixt	01-19-2007	323		100.00			323	7		0	323		323	
106	E: Equipment	01-19-2007	528		100.00			528	7		0	528		528	
107	BI: Building Improvme	01-19-2007	625		100.00			625	39	SL MM	2.564	255	16	271	
108	I: Property Improveme	01-26-2007	20,825		100.00			20,825	15		0	20,825		20,825	
109	I: Property Imrovemen	01-31-2007	16,479		100.00			16,479	15		0	16,479		16,479	
110	I: Property Improveme	02-08-2007	2,538		100.00			2,538	15		0	2,538		2,538	
111	E: Equipment	02-20-2007	2,940		100.00			2,940	7		0	2,940		2,940	
112	E: Equipment	03-20-2007	1,460		100.00			1,460	7		0	1,460		1,460	
113	H: Habitats	03-29-2007	4,057		100.00			4,057	15		0	4,057		4,057	
114	I: Property Improveme	03-30-2007	9,145		100.00			9,145	15		0	9,145		9,145	
	I: Property Improveme		9,517		100.00			9,517	15		0	9,517		9,517	
116	I: Property Improveme	05-07-2007	20,517		100.00			20,517			0	20,517		20,517	

# **Depreciation Detail Listing**

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No.	epers of the Wild  Description											88	-0345277		
No.	Description			Basis	Business	Section	_	Depreciable				Prior	Current	Accumulated	AMT
		Date	Cost		percentage	179	Bonus depreciation	Basis	Life	Method	Rate	Depreciation	Depreciation	Depreciation	Current
117 H	: Habitats	05-16-2007	6,024		100.00			6,024	15		0	6,024		6,024	
118 F	&F: Furniture & Fixt	05-21-2007	1,193		100.00			1,193	7		0	1,193		1,193	
1191	: Property Improveme	05-30-2007	8,703		100.00			8,703	15		0	8,701		8,701	
1201	: Property Improveme	06-06-2007	6,289		100.00			6,289	15		0	6,289		6,289	
12101	E: Equipment - Offic	06-07-2007	147		100.00			147	5		0	147		147	
122H	: Habitats	06-28-2007	1,705		100.00			1,705	15		0	1,705		1,705	
123 H	: Habitats	07-04-2007	8,924		100.00			8,924	15		0	8,924		8,924	
124B	I: Building Improvem	07-18-2007	5,864		100.00			5,864	39	SL MM	2.564	2,319	150	2,469	
125 F	&F: Furniture & Fixt	07-19-2007	1,138		100.00			1,138	7		0	1,138		1,138	
126 E	: Equipment	07-24-2007	4,298		100.00			4,298	7		0	4,298		4,298	
127 H	: Habitats	08-22-2007	5,855		100.00			5,855	15		0	5,855		5,855	
128 V	: Vehicle - Tour Bus	09-18-2007	14,500		100.00			14,500	5	200 DB HY	0	14,500		14,500	
129 H	: Habitats	09-30-2007	773		100.00			773	15		0	773		773	
130B	I: Building Improvem	10-24-2007	488		100.00			488	39	SL MM	2.564	195	13	208	
131 H	: Habitats	10-31-2007	2,038		100.00			2,038	15		0	2,035		2,035	
132H	: Habitats	11-29-2007	1,065		100.00			1,065	15		0	1,065		1,065	
133I	: Property Improvmen	12-14-2007	3,753		100.00			3,753	15		0	3,753		3,753	
134S	: Signs	02-01-2008	5,315		100.00			5,315	15	150 DB HY	2.95	5,159	156	5,315	
135 F	&F: Furniture & Fixt	03-01-2008	918		100.00			918	7		0	918		918	
136E	: Equipment	04-01-2008	3,559		100.00			3,559	7		0	3,559		3,559	
137 I	: Property Improveme	05-01-2008	2,704		100.00			2,704	15	150 DB HY	2.95	2,627	77	2,704	
138 н	: Habitats	06-10-2008	8,504		100.00			8,504	15	150 DB HY	2.95	8,255	249	8,504	
139 I	: Trees for Property	04-27-2009	1,100		100.00			1,100	15	150 DB HY	5.91	1,004	65	1,069	
140 H	: Bird House Window	06-13-2009	468		100.00			468	15	150 DB HY	5.91	429	28	457	
141 H	: Bird Habitat	07-31-2009	981		100.00			981	15	150 DB HY	5.91	895	58	953	
142H	: Concrete for Birdh	08-17-2009	359		100.00			359	15	150 DB HY	5.91	326	21	347	
143B	: Mobile Home	08-27-2009	20,000		100.00			20,000	39	SL MM	2.564	6,861	513	7,374	
144E	: Bank Saw and Used	10-16-2009	600		100.00			600	7		0	600		600	
145E	: Reach in Freezer	12-16-2009	660		100.00			660	7		0	660		660	
146 E	: Two-Way Radios	05-21-2010	538		100.00			538	5		0	538		538	
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Ke	epers of the Wild											88	-0345277		
No.	Description	Date	Cost	Basis	Business	Section	Bonus	Depreciable	Life	Method	Rate	Prior	Current	Accumulated	AMT
NO.	Description	Date	Cost	Adjustment	percentage	179	depreciation	Basis	Life	Metriod	Nate	Depreciation	Depreciation	Depreciation	Current
147	: Fence Cover	05-21-2010	1,071		100.00			1,071	15	150 DB HY	5.9	912	63	975	
148 E	: Food Prep Freezer	06-20-2010	526		100.00			526	7		0	526		526	
149 A	: Website Creation	07-21-2010	460		100.00			460	5		0	459		459	
1501	: Septic System	11-18-2010	548		100.00			548	15	150 DB HY	5.9	464	32	496	
151 H	: Den Boxes (habitat	11-30-2010	569		100.00			569	15	150 DB HY	5.9	487	34	521	
152E	: Gas Dryer	02-11-2011	752		100.00			752	7		0	752		752	
153E	: Washing Machine	02-27-2011	562		100.00			562	7		0	561		561	
154	: Gift Shop Security	03-23-2011	3,144		100.00			3,144	15	SL HY	6.667	2,415	210	2,625	
155	: Truck Sign	04-01-2011	688		100.00			688	15	SL HY	6.667	529	46	575	
156 E	: Vacuum	05-01-2011	438		100.00			438	7		0	438		438	
157E	I: Office Improvemen	05-03-2011	800		100.00			800	15	SL HY	6.667	610	53	663	
158 H	: Monkey Habitats	05-24-2011	1,254		100.00			1,254	15	150 DB HY	5.91	995	74	1,069	
159 E	: Water Pump & Switc	05-31-2011	839		100.00			839	7		0	839		839	
160 A	: Artwork for Advert	06-20-2011	450		100.00			450	5		0	450		450	
161 H	: Monkey Cages	07-11-2011	877		100.00			877	15	150 DB HY	5.91	698	52	750	
1620	E: Giftworks Softwar	07-21-2011	75		100.00			75	3		0	75		75	
1630	E: ExoPro C270N Offi	07-21-2011	291		100.00			291	5		0	291		291	
164	: Lion Run Fencing	07-21-2011	677		100.00			677	15	150 DB HY	5.91	537	40	577	
165 H	: Animal Habitats -	07-31-2011	1,148		100.00			1,148	15	150 DB HY	5.91	912	68	980	
1660	E: Epson All-In-One	11-20-2011	236		100.00			236	5		0	236		236	
167 H	: Animal Habitats	11-30-2011	2,243		100.00			2,243	15	150 DB HY	5.91	1,779	133	1,912	
168	E: Quickbooks Pro 20	12-31-2011	154		100.00			154	3		0	154		154	
169 V	: Lift Gate for 2006	12-31-2011	2,570		100.00			2,570	5		0	2,570		2,570	
170	: Animal Kitchen Imp	12-31-2011	558		100.00			558	15	SL HY	6.667	426	37	463	
171	: Animal Care Facili	01-05-2012	708		100.00			708	39	SL MM	2.564	197	18	215	
172 E	: Trencher Equipment	04-02-2012	650		100.00			650	7		0	650		650	
173E	: Sea Box Cold Stora	04-18-2012	24,995		100.00			24,995	7		0	24,994		24,994	
174 F	&F: Furniture & Fixt	04-27-2012	2,650		100.00			2,650	7		0	2,649		2,649	
175 F	&F: Cabinets in Main	08-09-2012	1,101		100.00			1,101	7		0	1,101		1,101	
176	E: Office Equipment	09-21-2012	316		100.00			316	5		0	316		316	
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K	eepers of the Wild			5 .	<b>.</b> .	0							-0345277		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
177	H: Tiger Dens/Habitat	10-31-2012	22,800		100.00			22,800	15	150 DB MQ	5.91	16,233	1,347	17,580	
178	H: Tiger Habitats	11-02-2013	7,377		100.00			7,377	15	150 DB HY	5.91	5,388	436	5,824	
179	V: 2001 Harm Custom T	11-09-2012	20,000		100.00			20,000	7		0	20,000		20,000	
180	E: Well Motor & Contr	12-06-2012	2,459		100.00			2,459	7		0	2,459		2,459	
181	V: 2001 Cadillac DTS	12-17-2012	4,500		100.00			4,500	5	200 DB HY	0	4,500		4,500	
182	E: 4 Radios & Accesso	01-31-2013	1,457		100.00			1,457	7		0	1,457		1,457	
183	OE: 2 Computers & Sof	01-31-2013	776		100.00			776	5		0	775		775	
184	I: Well Parts	02-13-2013	3,377		100.00			3,377	15	150 DB HY	5.91	2,280	200	2,480	
185	E: Food Prep Refriger	02-18-2013	2,900		100.00			2,900	7		0	2,899		2,899	
186	V: 1979 Penzg	02-18-2013	15,000		100.00			15,000	5		0	15,000		15,000	
187	H: Habitat Fence	02-20-2013	752		100.00			752	15	150 DB HY	5.91	506	44	550	
188	E: Transport Cage Whe	02-28-2013	1,055		100.00			1,055	7		0	1,055		1,055	
189	H: Coyote Habitat	05-22-2013	472		100.00			472	15	150 DB HY	5.91	319	28	347	
190	V: Polaris 1	07-17-2013	7,782		100.00			7,782	7		0	7,782		7,782	
192	E: Refrigerator Compr	07-29-2013	1,217		100.00			1,217	7		0	1,217		1,217	
193	E: Cold Storage for A	08-21-2013	3,967		100.00			3,967	7		0	3,966		3,966	
194	BI: Storage Trailers	09-10-2013	10,875		100.00			10,875	15	150 DB HY	5.91	7,345	643	7,988	
195	I: Fence Improvements	09-11-2013	17,646		100.00			17,646	15	150 DB HY	5.91	11,914	1,043	12,957	
196	E: Man Basket for For	09-17-2013	592		100.00			592	7		0	592		592	
197	E: Tractor Rebuild	10-22-2013	1,531		100.00			1,531	7		0	1,531		1,531	
198	H: Wallaby Cabin & ha	11-19-2013	14,130		100.00			14,130	15	150 DB HY	5.91	9,541	835	10,376	
199	I: Fencing	12-26-2013	2,586		100.00			2,586	15	150 DB HY	5.91	1,747	153	1,900	
200	I: Front Gate	12-26-2013	6,540		100.00			6,540	15	150 DB HY	5.91	4,416	387	4,803	
201	E: Washer for Animal	02-28-2015	299		100.00			299	7		0	299		299	
202	OE: Printer	05-25-2015	628		100.00			628	5		0	628		628	
203	OE: HP Computer	09-21-2015	472		100.00			472	5		0	471		471	
204	F&F: New Display Case	03-20-2015	4,344		100.00			4,344	7		0	4,344		4,344	
205	F&F: Display Items -	05-25-2015	4,701		100.00			4,701	7		0	4,701		4,701	
206	F&F: Display Cases -	06-19-2015	1,836		100.00			1,836	7		0	1,836		1,836	
207	F&F: Storeroom Shelve	06-29-2015	1,700		100.00			1,700	7		0	1,700		1,700	

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Reepers of the Wild											88	-0345277		
Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
F&F: Ceiling Fans & L	06-30-2015	1,031		100.00			1,031	7		0	1,030		1,030	
F&F: Shelving - Gift	07-03-2015	1,300		100.00			1,300	7		0	1,299		1,299	
F&F: Display & Equipm	07-24-2015	6,838		100.00			6,838	7		0	6,838		6,838	
F&F: Equipment - Gift	08-20-2015	2,581		100.00			2,581	5		0	2,581		2,581	
F&F: Registers, Coffe	08-31-2015	1,013		100.00			1,013	5		0	1,013		1,013	
F&F: Equipment - Gift	09-21-2015	1,225		100.00			1,225	5		0	1,225		1,225	
F&F: Patio Furniture	09-21-2015	703		100.00			703	7		0	703		703	
I: Commercial Well Re	12-22-2015	1,761		100.00			1,761	15	150 DB HY	5.91	982	104	1,086	
OE: Security System	11-10-2015	2,440		100.00			2,440	5		0	2,440		2,440	
V: 2014 Ford F-250 Hi	01-09-2015	1,064		100.00			1,064	5		0	1,064		1,064	
V: Truck Bumper	01-15-2015	756		100.00			756	5		0	756		756	
V: TramStar Viewing T	11-10-2015	31,450		100.00			31,450	7		0	31,449		31,449	
H: BamBam Habitat	01-09-2015	7,782		100.00			7,782	15	150 DB HY	5.91	4,334	460	4,794	
H: Habitat Feeders	03-17-2015	3,000		100.00			3,000	15	150 DB HY	5.91	1,671	177	1,848	
H: Feeding Tubes, Dis	03-26-2015	2,906		100.00			2,906	15	150 DB HY	5.91	1,617	172	1,789	
H: Metal Roof Shade	07-01-2015	1,313		100.00			1,313	15	150 DB HY	5.91	731	78	809	
H: Lion Feeder Powder	07-22-2015	525		100.00			525	15	150 DB HY	5.91	292	31	323	
H: Wolf Habitat	12-17-2015	7,500		100.00			7,500	15	150 DB HY	5.91	4,176	443	4,619	
S: Signs	02-09-2015	603		100.00			603	15	150 DB HY	5.91	337	36	373	
I: AB/Dirt	02-09-2015	630		100.00			630	15	150 DB HY	5.91	352	37	389	
I: Well Booster Syste	07-07-2015	349		100.00			349	15	150 DB HY	5.91	195	21	216	
I: White Fencing - Gi	08-13-2015	10,252		100.00			10,252	15	150 DB HY	5.91	5,712	606	6,318	
I: Landscaping - Gift	09-29-2015	3,350		100.00			3,350	15	150 DB HY	5.91	1,867	198	2,065	
I: Ground Irrigation	10-02-2015	1,118		100.00			1,118	15	150 DB HY	5.91	623	66	689	
I: Dirt, Rock & Sand	10-22-2015	1,634		100.00			1,634	15	150 DB HY	5.91	910	97	1,007	
BI: Security System -	08-18-2015	5,345		100.00			5,345	7		0	5,345		5,345	
BI: New Roof on Main	08-21-2015	10,126		100.00			10,126	15	150 DB HY	5.91	5,641	598	6,239	
B: Gift Shop	10-27-2015	431,458		100.00			431,458	39	SL MM	2.564	79,745	11,063	90,808	
E: Washer for Animal	08-23-2016	298		100.00			298	7	200 DB HY	4.46	286	12	298	
F&F: New Tub in Care	12-14-2016	1,000		100.00			1,000	7	200 DB HY	4.46	955	45	1,000	
	Description  F&F: Ceiling Fans & L F&F: Shelving - Gift F&F: Display & Equipm F&F: Equipment - Gift F&F: Registers, Coffe F&F: Fatio Furniture GI: Commercial Well Re GOE: Security System TV: 2014 Ford F-250 Hi Truck Bumper TH: BamBam Habitat H: Habitat Feeders H: Feeding Tubes, Dis H: Metal Roof Shade H: Lion Feeder Powder H: Wolf Habitat SS: Signs TI: AB/Dirt GI: Well Booster Syste FI: Well Booster Syste FI: White Fencing - Gi TI: Landscaping - Gift FI: Ground Irrigation FI: Dirt, Rock & Sand FI: Dirt, Rock & Sand FI: New Roof on Main FI: New Roof on Main FI: Gift Shop FI: Washer for Animal	Description	Description	Description	Description   Date   Cost   Basis Adjustment   Description   Date   Cost   Adjustment   Description   Date   Cost   Adjustment   Description   Description   Date   Description   Desc	Description	Description   Date   Cost   Basis Adjustment   Bouns percentage   Section   Bonus depreciation	Description   Date   Cost   Basis Adjustment   Profession   Adjustment   Profession   Profession   Description   Date   Cost   Adjustment   Profession   Description   D	Description   Date   Cost   Basis Adjustment   Description   Description   Date   Cost   Basis Adjustment   Description   Desc	Description	Date   Date	Description   Date   Cost	Pase   Description   Date   Cost   Adjustment   Description   Descript	Page   Page

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88-0345277 Keepers of the Wild Basis Business Section Depreciable Prior Current Accumulated AMT Ronus Description Date Cost Life Method No. Rate Depreciation Depreciation Depreciation Adjustment 179 depreciation Basis Current percentage 238 F&F: Patio Furniture 05-20-2016 729 100.00 729 7 200 DB HY 4.46 697 32 729 239 E: Washer & Dryer for 01-29-2016 709 100.00 709 7 200 DB HY 4.46 677 32 709 03-20-2016 790 100.00 790 240 E: Camera Equipment 790 7 200 DB HY 4.46 755 35 241 E: New Radios for Par 06-20-2016 4,051 100.00 4,051 7 200 DB HY 4.46 3,871 180 4,051 100.00 242E: Meat Saw 12-20-2016 4,787 4,787 7 200 DB HY 4.46 4,572 214 4,786 243 V: 1997 Tramstar LFT 01-13-2016 34,210 100.00 34,210 7 200 DB HY 4.46 32,685 1,525 34,210 244 H: Monkey Habitats 03-18-2016 50,261 100.00 50,261 15 150 DB HY 25,034 2,965 27,999 5.9 245 H: Monkey Fencing 07-19-2016 23,830 100.00 23,830 15 150 DB HY 11,870 1,406 13,276 5.9 06-16-2016 870 100.00 870 15 246 H: Bird Cages 150 DB HY 433 51 484 5.9 247 H: Coyote Habitat 10-03-2016 4,233 100.00 4,233 15 150 DB HY 5.9 2,109 250 2,359 12-20-2016 100.00 55,628 15 27.708 248 H: Lion Habitats 55,628 150 DB HY 5.9 3,282 30,990 249 I: Property Improv-Sa 07-13-2016 1,126 100.00 1,126 15 150 DB HY 5.9 560 66 626 100.00 250 BI: Kitchen Floor 11-14-2016 3,523 3,523 15 150 DB HY 5.9 1,754 208 1,962 03-20-2017 100.00 251S: Park Sign 1,873 1,873 15 SL HY 6.667 687 125 812 100.00 252 F&F: Tub Surround in 01-04-2017 941 899 941 200 DB HY 8.93 815 84 7,018 7 253 F&F: Director House F 02-20-2017 7,018 100.00 200 DB HY 8.93 6,079 627 6,706 254 F&F: 4 Office Chairs 09-19-2017 566 100.00 566 7 51 542 200 DB HY 8.93 491 255 OE: Credit Card Syste 03-20-2017 100.00 2,288 5 0 2,288 2,288 2,288 256 E: 2016 Bobcat Loader 08-21-2017 81,427 100.00 81,427 7 200 DB HY 8.93 70,523 7,271 77,794 257 V: 2017 Yamaha 6-Seat 08-31-2017 18,071 100.00 18,071 7 17,266 200 DB HY 8.93 15,652 1,614 258 H: Fencing & Habitats 02-15-2017 15,000 100.00 15,000 15 150 DB HY 5.9 6,585 885 7,470 259 H: Big Cats Habitat 04-19-2017 16,432 100.00 16,432 15 150 DB HY 7,216 969 8,185 5.9 260 H: Habitat Fence 05-31-2017 5,337 100.00 5,337 15 150 DB HY 5.9 2,343 315 2,658 15,758 100.00 261H: Habitat Fence 06-14-2017 15,758 15 150 DB HY 6,919 930 7,849 5.9 262H: Habitat Fence 07-27-2017 15,000 100.00 15,000 15 150 DB HY 6,585 885 7,470 5.9 09-06-2017 100.00 263H: Habitat Fence 18,642 18,642 15 150 DB HY 5.9 8,185 1,100 9,285 264H: Paint for Hay Barn 09-27-2017 1,226 100.00 1,226 15 150 DB HY 5.9 537 72 609 10-17-2017 100.00 265H: Camel Pen 8,266 8,266 15 150 DB HY 5.9 3,629 488 4,117 266H: Hodor Habitat 12-08-2017 4,547 100.00 4,547 15 150 DB HY 5.9 1,996 268 2,264 100.00 267 I: Rock/Sand for Grou 08-01-2017 1,440 1,440 15 150 DB HY 85 718

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K	eepers of the Wild										88-0345277				
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
268	BI: Tub Plumbing	01-03-2017	1,249		100.00			1,249	15	150 DB HY	5.9	549	74	623	
269	BI: New Roof on Care	02-17-2017	11,420		100.00			11,420	39	SL MM	2.564	1,721	293	2,014	
270	BI: Painting Kitchen	02-28-2017	700		100.00			700	7	200 DB HY	8.93	605	63	668	
271	I: Well Repair	06-01-2017	1,111		100.00			1,111	15	150 DB HY	5.9	489	66	555	
272	BI: Flood Repairs	08-23-2017	1,078		100.00			1,078	39	SL MM	2.564	150	28	178	
273	OE: Office Computer	09-20-2018	953		100.00			953	5	200 DB HY	5.76	899	54	953	
274	F&F: Desks, File Cabi	11-20-2018	4,734		100.00			4,734	7	200 DB HY	8.92	3,677	422	4,099	
275	E: Machinery for Anim	02-18-2018	503		100.00			503	7	200 DB HY	8.92	391	45	436	
276	E: Dryer for Towels	07-31-2018	414		100.00			414	7	200 DB HY	8.92	321	37	358	
277	E: Tools	08-03-2018	2,000		100.00			2,000	7	200 DB HY	8.92	1,555	178	1,733	
278	V: Trailer 2005 HHTRL	08-03-2018	4,000		100.00			4,000	7	200 DB HY	8.92	3,109	357	3,466	
279	OE: Camera	01-20-2018	2,397		100.00			2,397	5	200 DB HY	5.76	2,258	138	2,396	
280	H: Roof for Deer	07-17-2018	2,906		100.00			2,906	15	150 DB HY	6.23	1,094	181	1,275	
281	H: Bobcat Platforms	02-15-2018	664		100.00			664	15	150 DB HY	6.23	250	41	291	
	H: Fencing for Bear H		16,313		100.00			16,313		150 DB HY	6.23	6,147	1,016	7,163	
	H: Swimming Pool for		1,500		100.00			1,500	15	150 DB HY	6.23	564	93	657	
	H: Fence for Rental H		845		100.00			845		150 DB HY	6.23	318	53	371	
	H: Ground Hog Habitat		5,000		100.00			5,000		150 DB HY	6.23	1,883	311	2,194	
	H: Prairie Dog Pen Ma		1,626		100.00			1,626		150 DB HY	6.23	612	101	713	
	H: Habitats	08-21-2018	5,831		100.00			5,831		150 DB HY	6.23	2,198	363	2,561	
	I: Landscaping	03-16-2018	1,600		100.00			1,600		150 DB HY	6.23	603	100	703	
	I: 3/4 AB	09-08-2018	690		100.00			690		150 DB HY	6.23	261	43	304	
	BI: New Heat A/C Unit		7,385		100.00			7,385		200 DB HY	8.92	5,737	659	6,396	
	F&F: Office Safe	02-25-2019	1,850		100.00			1,850		200 DB HY	8.93	1,272	165	1,437	
		03-11-2019	1,781		100.00			1,781		200 DB HY	8.93	1,224	159	1,383	
	E: Washer & Dryer	03-06-2019	900		100.00			900		200 DB HY	8.93	618	80	698	
	F&F: Jonathan's Offic		2,680		100.00			2,680		200 DB HY	8.93	1,843	239	2,082	
	F&F: Office Furniture		535		100.00			535		200 DB HY	8.93	368	48	416	
	E: Park Trash Cans	01-21-2019	4,980		100.00			4,980		200 DB HY	8.93	3,425	445	3,870	
297	V: Golf Cart	03-18-2019	16,319		100.00			16,319	7	200 DB HY	8.93	11,221	1,457	12,678	

# **Depreciation Detail Listing**

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Keep	ers of the Wild										,	88	-0345277		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
298 V:	Golf Cart	04-19-2019	13,055		100.00			13,055	7	200 DB HY	8.93	8,977	1,166	10,143	
299E:	Washer & Dryer	03-20-2019	4,610		100.00			4,610	7	200 DB HY	8.93	3,170	412	3,582	
300E:	Yard Chipper	04-20-2019	3,100		100.00			3,100	7	200 DB HY	8.93	2,131	277	2,408	
301 I:	Well Repairs	08-29-2019	6,433		100.00			6,433	15	150 DB HY	6.93	1,978	446	2,424	
302 OE:	Computer, Monitor	03-20-2019	4,614		100.00			4,614	7	200 DB HY	8.93	3,172	412	3,584	
303OE:	HP Computer	05-22-2019	1,058		100.00			1,058	5	200 DB HY	11.52	876	122	998	
305н:	Habitat Fencing	03-06-2019	16,167		100.00			16,167	15	150 DB HY	6.93	4,971	1,120	6,091	
306н:	Den Boxes	04-18-2019	6,003		100.00			6,003	15	150 DB HY	6.93	1,845	416	2,261	
307 I:	Gift Shop Landscap	08-26-2019	399		100.00			399	15	150 DB HY	6.93	123	28	151	
3081:	Driveway Rock	08-27-2019	782		100.00			782	15	150 DB HY	6.93	240	54	294	
309BI:	Office Addition	01-14-2019	15,669		100.00			15,669	39	SL MM	2.564	1,591	402	1,993	
310BI:	Steel Awning	09-23-2019	15,721		100.00			15,721	39	SL MM	2.564	1,327	403	1,730	
311BI:	Office Patio	12-03-2019	46,486		100.00			46,486	39	SL MM	2.564	3,626	1,192	4,818	
312F&F	F: Norton Door Clos	06-29-2020	658		100.00			658	7	200 DB HY	12.49	370	82	452	
313E:	Faucet with Hose	04-13-2020	261		100.00			261	7	200 DB HY	12.49	147	33	180	
314E:	Animal Clinic Equi	04-14-2020	2,724		100.00			2,724	7	200 DB HY	12.49	1,532	340	1,872	
315E:	Animal Clinic Equi	04-14-2020	5,029		100.00			5,029	7	200 DB HY	12.49	2,831	628	3,459	
316E:	Animal Clinic Equi	04-16-2020	6,746		100.00			6,746	7	200 DB HY	12.49	3,796	843	4,639	
317E:	New Clinic Tool Bo	04-20-2020	3,145		100.00			3,145	7	200 DB HY	12.49	1,769	393	2,162	
318E:	Diagnostic Tool fo	04-20-2020	703		100.00			703	7	200 DB HY	12.49	395	88	483	
319E:	Portable Floor Mod	04-22-2020	3,005		100.00			3,005	7	200 DB HY	12.49	1,691	375	2,066	
320E:	Clinic Equipment	04-22-2020	1,228		100.00			1,228	7	200 DB HY	12.49	691	153	844	
321 I:	New Well Pump Moto	04-23-2020	3,669		100.00			3,669	15	150 DB HY	7.7	846	283	1,129	
322E:	Tub on Legs with R	04-27-2020	2,871		100.00			2,871	7	200 DB HY	12.49	1,615	359	1,974	
323E:	Large Animal ANES	04-29-2020	4,564		100.00			4,564	7	200 DB HY	12.49	2,568	570	3,138	
324 I:	Well Repairs	05-18-2020	5,435		100.00			5,435	15	150 DB HY	7.7	1,253	418	1,671	
325 E:	Animal Clinic Equi	05-26-2020	493		100.00			493	7	200 DB HY	12.49	277	62	339	
326E:	Animal Clinic Equi	05-26-2020	2,920		100.00			2,920	7	200 DB HY	12.49	1,643	365	2,008	
327E:	Animal Clinic Equi	05-31-2020	6,106		100.00			6,106	7	200 DB HY	12.49	3,436	763	4,199	
328E:	Animal Clinic Equi	06-30-2020	3,520		100.00			3,520	7	200 DB HY	12.49	1,981	440	2,421	

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No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
329E:	Clinic X-ray Table	07-14-2020	872		100.00			872	7	200 DB HY	12.49	492	109	601	
330E:	Medical Equipment	07-21-2020	8,976		100.00			8,976	7	200 DB HY	12.49	5,051	1,121	6,172	
331E:	Animal Clinic Equi	07-31-2020	1,108		100.00			1,108	7	200 DB HY	12.49	623	138	761	
332E:	Animal Clinic Equi	08-07-2020	311		100.00			311	7	200 DB HY	12.49	174	39	213	
3331:	New Well	08-07-2020	3,241		100.00			3,241	15	150 DB HY	7.7	747	250	997	
334 I:	Well Repair	11-18-2020	5,404		100.00			5,404	15	150 DB HY	7.7	1,245	416	1,661	
335E:	Animal Clinic Equi	03-20-2020	1,489		100.00			1,489	7	200 DB HY	12.49	838	186	1,024	
336Н:	Fencing	03-10-2020	2,458		100.00			2,458	15	150 DB HY	7.7	567	189	756	
337H:	Fencing	04-30-2020	3,497		100.00			3,497	15	150 DB HY	7.7	806	269	1,075	
338H:	Fencing	07-14-2020	1,736		100.00			1,736	15	150 DB HY	7.7	400	134	534	
339Н:	Fencing	09-15-2020	1,917		100.00			1,917	15	150 DB HY	7.7	442	148	590	
340H:	Bottom Tray for Mo	09-15-2020	119		100.00			119	15	150 DB HY	7.7	27	9	36	
341H:	Javalina Pen	09-28-2020	1,080		100.00			1,080	15	150 DB HY	7.7	249	83	332	
342I:	New Well	06-17-2020	17,208		100.00			17,208	15	150 DB HY	7.7	3,966	1,325	5,291	
343BI:	Electric Upgrades	02-18-2020	2,380		100.00			2,380	39	SL MM	2.564	175	61	236	
344F&F	F: Blinds for Offic	02-18-2020	1,129		100.00			1,129	7	200 DB HY	12.49	634	141	775	
345BI:	: Animal Medical Ce	02-18-2020	3,872		100.00			3,872	39	SL MM	2.564	285	99	384	
346 F&F	F: New Blinds for C	01-27-2020	1,100		100.00			1,100	7	200 DB HY	12.49	618	137	755	
347BI:	: Animal Clinic	03-31-2020	469		100.00			469	39	SL MM	2.564	34	12	46	
348BI:	: Clinic Carpentry	04-07-2010	2,000		100.00			2,000	39	SL MM	2.564	153	51	204	
349 F&F	F: Ceiling Fan for	04-30-2020	387		100.00			387	7	200 DB HY	12.49	218	48	266	
350BI:	New Clinic Electr	05-05-2020	2,926		100.00			2,926	39	SL MM	2.564	197	75	272	
351BI:	Clinic Carpentry	05-06-2020	2,066		100.00			2,066	39	SL MM	2.564	139	53	192	
352BI:	New Floor for Car	01-23-2020	2,019		100.00			2,019	39	SL MM	2.564	154	52	206	
353I:	Concrete for Offic	03-06-2020	3,400		100.00			3,400	15	150 DB HY	7.7	784	262	1,046	
354 F&F	F: Shelving for Car	04-20-2021	695		100.00			695	7	200 DB HY	17.49	269	122	391	
355E:	Refridgerator	07-12-2021	1,103		100.00			1,103	7	200 DB HY	17.49	428	193	621	
356 OE:	: IT Software	07-21-2021	4,950		100.00			4,950	3	200 DB HY	14.81	3,850	733	4,583	
357 F&F	F: Office Lighting	09-20-2021	402		100.00			402	7	200 DB HY	17.49	155	70	225	
358 F&F	F: Security Cameras	01-13-2021	639		100.00			639	7	200 DB HY	17.49	247	112	359	
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# **Depreciation Detail Listing**

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Name(s) as shown on return											Social sec	curity number/Ell	N	
Keepers of the Wild											88	-0345277		
No. Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Curren
359F&F: Wedding Chapel	03-21-2021	1,895		100.00			1,895	7	200 DB HY	17.49	735	331	1,066	
360 E: Dental Station	05-31-2021	6,120		100.00			6,120	7	200 DB HY	17.49	2,374	1,070	3,444	
361 E: X-Ray Machine	06-08-2021	17,404		100.00			17,404	7	200 DB HY	17.49	6,749	3,044	9,793	
362E: Forceps, Scissors,	06-09-2021	608		100.00			608	7	200 DB HY	17.49	236	106	342	
363E: Aaron Al250S ESU	G 06-17-2021	6,588		100.00			6,588	7	200 DB HY	17.49	2,554	1,152	3,706	
364 E: Bovie Electrosurg	i 06-22-2021	2,865		100.00			2,865	7	200 DB HY	17.49	1,111	501	1,612	
365 E: Park Radios	07-12-2021	623		100.00			623	7	200 DB HY	17.49	242	109	351	
366 E: Office Freezer	07-21-2021	368		100.00			368	7	200 DB HY	17.49	143	64	207	
367 E: Well Pump	12-20-2021	4,005		100.00			4,005	7	200 DB HY	17.49	1,553	700	2,253	
368 OE: Fundraising Soft	w 01-21-2021	4,950		100.00			4,950	3	200 DB HY	14.81	3,850	733	4,583	
369 OE: Gift Ware Softwa	r 04-20-2021	4,950		100.00			4,950	3	200 DB HY	14.81	3,850	733	4,583	
370 OE: Sony Camera for	P 06-20-2021	4,198		100.00			4,198	5	200 DB HY	19.2	2,183	806	2,989	
371 OE: Sony Camera Lens	08-18-2021	1,469		100.00			1,469	5	200 DB HY	19.2	764	282	1,046	
372 OE: Security System	08-27-2021	1,654		100.00			1,654	5	200 DB HY	19.2	860	318	1,178	
373 OE: Virtuous Softwar	e 10-21-2021	5,643		100.00			5,643	3	200 DB HY	14.81	4,389	836	5,225	
374 V: Engine Rehaul on	P 04-20-2021	4,475		100.00			4,475	5	200 DB HY	19.2	2,327	859	3,186	
375 V: Honda 2 Seater 4x	4 05-11-2021	30,615		100.00			30,615	5	200 DB HY	19.2	15,920	5,878	21,798	
376H: Fencing	04-10-2021	13,495		100.00			13,495	15	150 DB HY	8.55	1,957	1,154	3,111	
377H: Habitat Boxes	05-12-2021	887		100.00			887	15	150 DB HY	8.55	128	76	204	
378 H: Fencing	12-16-2021	7,592		100.00			7,592	15	150 DB HY	8.55	1,101	649	1,750	
379 H: Rebar for Pond	11-03-2021	800		100.00			800	15	150 DB HY	8.55	116	68	184	
380 H: Pool Construction	12-04-2021	2,000		100.00			2,000	15	150 DB HY	8.55	290	171	461	
381 H: Box Trees	12-20-2021	2,879		100.00			2,879	15	150 DB HY	8.55	418	246	664	
382 I: Screening for Fer	c 04-20-2021	710		100.00			710	15	150 DB HY	8.55	103	61	164	
383 I: Park Benches	05-21-2021	8,242		100.00			8,242	15	150 DB HY	8.55	1,195	705	1,900	
384 I: AB & Sand for Roa	d 09-28-2021	642		100.00			642	15	150 DB HY	8.55	93	55	148	
385 E: Care Center Refri	d 06-20-2022	5,436		100.00			5,436	7	200 DB HY	24.49	777	1,331	2,108	
386 E: Special Water Tar	k 06-20-2022	11,352		100.00			11,352	7	200 DB HY	24.49	1,622	2,780	4,402	
387 E: Emer Backup Pump	S 08-22-2022	6,262		100.00			6,262	7	200 DB HY	24.49	895	1,534	2,429	
388 OE: IT Virtuous Soft	w 10-21-2022	23,382		100.00			23,382	3	200 DB HY	44.45	7,793	10,393	18,186	

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No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
389	V: New Tram	04-05-2022	21,800		100.00			21,800	7	200 DB HY	24.49	3,115	5,339	8,454	
390	V: New Motor on Origi	03-21-2022	4,000		100.00			4,000	7	200 DB HY	24.49	572	980	1,552	
391	H: Pool Fence	01-07-2022	5,400		100.00			5,400	15	150 DB HY	9.5	270	513	783	
392	H: Habitats	08-31-2022	3,969		100.00			3,969	15	150 DB HY	9.5	198	377	575	
393	E: Large Freezer Repa	11-10-2023	23,012		100.00			23,012	7	200 DB HY	14.29		3,288	3,288	
394	E: IT Equipment	10-20-2023	6,788		100.00			6,788	7	200 DB HY	14.29		970	970	
395	E: Repairs to Wells	11-21-2023	10,962		100.00			10,962	7	200 DB HY	14.29		1,566	1,566	
396	OE: New Software	04-20-2023	19,359		100.00			19,359	5	200 DB HY	20		3,872	3,872	
397	V: 2023 Toyota Sequoi	07-17-2023	82,608		100.00			82,608	5	200 DB HY	20		16,522	16,522	
398	H: Fencing	02-20-2023	50,000		100.00			50,000	15	150 DB HY	5		2,500	2,500	
399	I: Rock for Park Road	03-17-2023	1,752		100.00			1,752	15	150 DB HY	5		88	88	
400	I: Gift Shop Parking	12-21-2023	774		100.00			774	15	150 DB HY	5		39	39	
	Assets Sold/Abandoned														
191	V: 2008 Polaris 2	07-29-2013	8,182		100.00			8,182	7		0	8,182		8,182	
304	V: 2019 Lincoln Navig	06-19-2019	99,513		100.00			99,513	5	200 DB HY	11.52	82,317	5,732	88,049	
	Totals		3,826,776					3,504,174				2,118,360	170,685	2,289,045	

# **Depreciation Reconciliation for Keepers of the Wild**

	Cost	Basis	Current Depreciation	Accumulated Depreciation	
Beginning of Year	3,364,521	3,308,919	141,840 2	2,260,200	
Placed in Service in Current Year	195,255	195,255	28,845	28,845	
Removed from Service in Current Year	107,695	107,695	5,732	96,231	
End of Year	3,452,081	3,396,479	164,953 2	1,192,814	