

Teton Raptor Center's Form 990 Fiscal Year 2023-24 (June 1, 2023 - May 31, 2024)

This Form 990 provides a comprehensive overview of Teton Raptor Center's (TRC) financials, encompassing both annual operations and the completion of TRC's capital campaign and site improvement project. After acquiring the historic Moseley/Hardeman Ranch in 2017, TRC embarked on a transformative capital campaign to restore key historic buildings and construct new facilities essential to the future of raptor conservation. These enhancements include a state-of-the-art clinic, flight barn, raptor enclosures, employee housing, maintenance sheds, and a headquarters building.

Our newly improved campus enables us to excel in raptor conservation by expanding educational opportunities, facilitating collaborative research, and enhancing rehabilitation outcomes. In FY 2023-24, TRC received \$235,977 in restricted contributions for multi-year capital improvements, while capital expenditures totaled \$182,061. During this period, we proudly opened two new educational spaces: the Solar Pavilion—an outdoor programming area powered by photovoltaics—and the restored Moseley/Hardeman Barn, which now offers year-round learning opportunities featuring live raptors.

With the successful completion of these site improvements, TRC closed the capital campaign with no outstanding debt. Operating expenses for FY 2023-24 amounted to \$1,884,817 (with an additional non-cash depreciation expense of \$315,884), and total operating revenue reached \$2,016,424.

For more information about Teton Raptor Center's Form 990 or to learn more about our organization, please contact: Amy McCarthy, CEO, 307-203-2551 or email: amy@tetonraptorcenter.org. Thank you!

Form	<b>990</b>

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

OMB No. 1545-0047

20

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

Department of the Treasury

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

Open to Public

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Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection							
Α	For the	e 2023 calen	dar year, or tax year beginning ${ m Jun}1$ , 2023, and endi	<b>ng</b> Ma	y 31	, <b>20</b> 24							
в	Check if	f applicable:	C Name of organization TETON RAPTOR CENTER		D Emplo	oyer identification number							
	Address	s change	Inge Doing business as 83-0328068										
	Name c	change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number											
	Initial re	turn		(307	)203-2551								
	Final retu	al return/terminated City or town, state or province, country, and ZIP or foreign postal code											
	Amende	nended return WILSON, WY 83014 G Gross receipts \$2,414,840.											
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gro	oup return fo	or subordinates? 🗌 Yes 🛛 No							
			Richard Bloom, PO Box 1805, Wilson, WY 83014	H(b) Are all su	ubordinat	es included? 🗌 Yes 🗌 No							
I	Tax-exe	empt status:	▼ 501(c)(3)         501(c) (         ) (insert no.)         4947(a)(1) or         527	lf "No," a	ittach a li	st. See instructions.							
J	Website	e: www.t	etonraptorcenter.org	H(c) Group ex	emption	number							
к	Form of	organization: 🗙	Corporation Trust Association Other L Year of form	nation: 2002	M State	of legal domicile: WY							
P	art I	Summa	ry										
	1	Briefly des	cribe the organization's mission or most significant activities: $\underline{Adva}$	ncing rapt	or co	nservation							
ce		through	education, research, and rehabilitation.										
Activities & Governance													
ver	2	Check this	box $\square$ if the organization discontinued its operations or disposed	of more than 25	% of it	s net assets.							
ĝ	3		voting members of the governing body (Part VI, line 1a)		3	10							
š	4	Number of	independent voting members of the governing body (Part VI, line 18	o)	4	10							
ties	5	Total numb	per of individuals employed in calendar year 2023 (Part V, line 2a)		5	30							
itivi	6	Total numb	per of volunteers (estimate if necessary)		6	87							
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.							
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.							
				Prior Year		Current Year							
e	8		ons and grants (Part VIII, line 1h)	3,504,		1,750,514.							
Revenue	9		ervice revenue (Part VIII, line 2g)	375,	421.	375,840.							
Sev.	10		t income (Part VIII, column (A), lines 3, 4, and 7d)	19,	605.	82,223.							
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,	545.	43,824.							
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,943,	272.	2,252,401.							
	13		I similar amounts paid (Part IX, column (A), lines 1–3)										
	14	•	aid to or for members (Part IX, column (A), line 4)										
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	918,	074.	1,191,266.							
sue	16a		al fundraising fees (Part IX, column (A), line 11e)										
Expenses	b		raising expenses (Part IX, column (D), line 25) 150, 476.										
ш	17	Other expe	798.	1,036,674.									
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,738,		2,227,940.							
	19	Revenue le	ess expenses. Subtract line 18 from line 12	2,204,	400.	24,461.							
Net Assets or Fund Balances				Beginning of Curr		End of Year							
sset	20		ts (Part X, line 16)	13,748,		13,793,049.							
et As nd B	21		ties (Part X, line 26)		584.	225,280.							
			or fund balances. Subtract line 21 from line 20	13,541,	753.	13,567,769.							
Pa	art II	Signatu	re Block										

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

			0	08/09/2024							
Sign	Signature of officer		Da	ate							
Here Richard Bloom, Treasurer											
	Type or print name and title										
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗙 if PTIN							
Preparei	Pamela G. Weiss, CPA		08/08/202	4 self-employed P00449531							
Use Only		Fin	Firm's EIN								
	Firm's address 1940 BUNKHOUSE	irm's address 1940 BUNKHOUSE DR, JACKSON, WY 83001									
May the IR	May the IRS discuss this return with the preparer shown above? See instructions										
<b>F D</b>											

For Paperwork Reduction Act Notice, see the separate instructions. BAA

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Part								
	Check if Schedule O contains a response or note to any line in this Part III							
1	Briefly describe the organization's mission:							
	Advancing raptor conservation through education, research, and rehabilitation.							
	chrough education, research, and renabilitation.							
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?							
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.							
4a	(Code:) (Expenses \$469,593. including grants of \$0. ) (Revenue \$244,339. )							
	EDUCATION: TETON RAPTOR CENTER'S education team provides purpose for eleven non-releasable raptors through outreach in a variety of settings including schools, community events, and public venues such as lodges and parks. These educational and entertaining programs are designed for audiences of all ages with the intent to highlight the importance of raptors within an ecosystem, to explore ways in which our choices can help wildlife, and to share details about all of the work done by the three pillars of TRC (research, rehabilitation, and education). In FY 2023-24, Teton Raptor Center's staff, with the help of our avian ambassadors and a team of incredibly dedicated volunteers, conducted 403 programs (265 on-site, 138 offsite) for 17,733 participants.							
4b	(Code:) (Expenses \$892,079. including grants of \$0. ) (Revenue \$131,501. )							
	RESEARCH/CONSERVATION: Teton Raptor Center supports and leads on-the-ground conservation initiatives to protect birds of prey and their habitat. In							
	FY 2023-24, TRC's studies include field research and conservation							
	planning on 13 distinct projects across the Intermountain West and							
	Great Plains, with active partnerships with 21 agencies and organizations.							
	TRC's research team focuses on developing future ecologists and							
	actively supported three graduate students this year. In FY 2023-24							
	TRC continued work on several key conservation initiatives, including a							
	conservation planning tool for golden eagles across Wyoming, the							
	Sporting Lead-Free initiative and construction of artificial nesting See Part III, Ln 4b statement							
4c	(Code:) (Expenses \$including grants of \$0.) (Revenue \$0.)							
	REHABILITATION: All of Teton Raptor Center's programming is largely							
	dependent on the time and talent of volunteers, especially in the							
	rehabilitation department. In FY 2023-24, TRC volunteers donated a total							
	of 7,808 hours to support raptor conservation in the clinic, in the field,							
	and in the classroom. Teton Raptor Center offers rescue, emergency medical treatment, and rehabilitative care to injured, ill, and							
	orphaned birds of prey in an effort to return these birds to the							
	wild. TRC is one of only three facilities in the state of Wyoming							
	offering this scope for birds of prey. In FY 2023-24, TRC admitted a							
	total of 212 patients, including 178 raptors representing 23 species from Idaho See Part III, Ln 4c statement							
	See Fart III, DI TO Statement							
4d	Other program services (Describe on Schedule O.)							
	(Expenses \$ including grants of \$ ) (Revenue \$ )							
4e	Total program service expenses 1,853,351.							

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Part	V Checklist of Required Schedules		_	
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	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	^ X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	~	×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
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	×	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	×	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	140		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		×
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

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Part	Checklist of Required Schedules (continued)		Mar	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
2 <b>-</b> 10	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>			
07		26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	21		×
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			·
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
	reportable gaming (gambling) winnings to prize winners?	1c	×	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
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)?			×
b	If "Yes," enter the name of the foreign country	4a		
_	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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
Ŀ	and services provided to the payor?	7a 7b		×
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
Ū	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
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		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
с 14а	Enter the amount of reserves on hand       13c         Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
i4a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 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		
	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		
	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.			

Form 99	00 (2023)		F	-age <b>6</b>
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See in	struc	tions.
Conti	Check if Schedule O contains a response or note to any line in this Part VI			X
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> <u>1</u> 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.	2	103	
b 2	Enter the number of voting members included on line 1a, above, who are independent . 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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a		× × ×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
ь 9	Each committee with authority to act on behalf of the governing body?	8b 9	×	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	-	nde)	
<u></u>		100 00	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	×	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12b	×	
10		12c	×	
13 14	Did the organization have a written whistleblower policy?	13	X	
14	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?	14	^	
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
16a				
b	with a taxable entity during the year?	16a 16b		×
Secti	on C. Disclosure	<u> </u>		
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-T (sec	tion t	501(c)

- X Own website X Another's website X Upon request Other (explain on Schedule O)
- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. MAGGIE HAGEN, 5450 W. HWY 22, WILSON, WY 83014 (307)203-2551

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

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

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

hourse per week lister and a director/frustee     compensation from the organization (W-2) integration (W-2) integratintegratintegration (W-2) integration (W-2) integration (W-2) integ					(0	C)					
Name and title       Average hours per week (list ary related organizations, be- defined and addrector/trustee)       box, unless person is both (addrector/trustee)       Reportable compensation from the organization, be- organization, be- difter and a director/trustee)       Reportable compensation from the organization, be- director and trustee       Estimated anound compensation from the organization, be- director trustee       Reportable compensation from the organization, be- director trustee       Reportable compensation from the organization, be- trustee       Reportable compensation from the organization, be- director trustee       Reportable compensation from the organization, be- director trustee       Reportable compensation from the organization, be- director trustee       Reportable compensation from the organization, be- director trustee       Reportable trustee       Reportable compensation from the organization, be- director trustee       Reportable trustee	(A)	(B)							(D)	(E)	(F)
officer and a director/trustee     compensation from the organization (W-2) ingentiation power of the theory of the theory of theory of the theory of the theory of the theory of the theo	Name and title									. ,	Estimated amount
(i) ROGER SMITH       8.00         (i) ROGER SMITH       8.00         Foundations       V         (i) LESLYE HARDIE       5.00         CHAIR ending 5.9.24/DIR       X         (ii) LISA FRIESECKE       5.00         SECRETARY ENDING 5.9.24/DIR       X         (ii) PHOEBE COBURN       3.00         SECRETARY       X         (iii) PHOEBE COBURN       3.00         SECRETARY       X         (iii) PHOEBE COBURN       3.00         SECRETARY       X         (iii) PHOEBE COBURN       3.00         (iiii) PHOEBE COBURN       3.00         (iiii) PHOEBE COBURN       0.0         (iiiiii) PHOEBE COBURN       0.0         (iiiiiiiii)			· ·								
FOUNDING DIRECTOR end 4.1.24×××0.0.(2) LESLYE HARDIE CHAIR ending 5.9.24/DIR5.00 ×××0.0.0.(3) LISA FRIESECKE SECRETARY ENDING 5.9.24/DIR. DIR TREASURER6.00 ×××0.0.0.(4) RICHARD BLOOM TREASURER15.00 ×××0.0.0.0.(5) PHOEBE COBURN SECRETARY3.00 ××0.0.0.0.(6) MARK ARONOWITZ DIRECTOR2.00 ××0.0.0.0.(7) BILL EGAN DIRECTOR2.00 ××0.0.0.0.(8) STEW HARVEY UICE CHAIR15.00 ××0.0.0.0.(9) ALEATHIA HOSTER DIRECTOR2.00 ××0.0.0.0.(10) EDDIE OPLER CHAIR3.00 ××0.0.0.0.(11) VALERIE PAGE10.00×0.0.0.0.		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	
(2) LESLYE HARDIE       5.00       X       X       0.       0.         (3) LISA FRIESECKE       6.00       X       X       0.       0.         (4) RICHARD BLOOM       15.00       X       X       0.       0.         (4) RICHARD BLOOM       15.00       X       X       0.       0.         (5) PHOEBE COBURN       3.00       X       0.       0.       0.         (6) MARK ARONOWITZ       2.00       X       0.       0.       0.         (7) BILL EGAN       2.00       X       0.       0.       0.         (7) BILL EGAN       2.00       X       0.       0.       0.         (9) ALEATHIA HOSTER       2.00       X       0.       0.       0.         (9) ALEATHIA HOSTER       2.00       X       0.       0.       0.         (10) EDDIE OPLER       3.00       X       0.       0.       0.         (11) VALERIE PAGE       3.00       X       0.       0.       0.	(1) ROGER SMITH	8.00									
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(3) LISA FRIESECKE       6.00       x       x       0.       0.         (4) RICHARD BLOOM       15.00       x       x       0.       0.         (5) PHOEBE COBURN       3.00       x       x       0.       0.         (5) PHOEBE COBURN       3.00       x       0.       0.       0.         (6) MARK ARONOWITZ       2.00       x       0.       0.       0.         0 IRECTOR       X       0.       0.       0.       0.         (7) BILL EGAN       2.00       x       0.       0.       0.         0 IRECTOR       X       0.       0.       0.       0.         (10) ALEATHIA HOSTER       2.00       x       0.       0.       0.         (11) VALERIE PAGE       3.00       x       x       0.       0.	(2) LESLYE HARDIE	5.00									
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(8) STEW HARVEY     15.00     ×     ×     0.     0.       VICE CHAIR     ×     ×     0.     0.       (9) ALEATHIA HOSTER     2.00      0.     0.       DIRECTOR     ×     0.     0.     0.       (10) EDDIE OPLER     3.00     ×     ×     0.     0.       (11) VALERIE PAGE		2.00	1								
VICE CHAIR××0.0.(9) ALEATHIA HOSTER2.00×0.0.DIRECTOR×0.0.0.(10) EDDIE OPLER3.00××0.CHAIR××0.0.(11) VALERIE PAGE	DIRECTOR		×						0.	0.	0.
(9) ALEATHIA HOSTER     2.00       DIRECTOR     ×       (10) EDDIE OPLER       CHAIR       (11) VALERIE PAGE		15.00									
DIRECTOR×0.0.(10) EDDIE OPLER3.00××CHAIR××0.0.(11) VALERIE PAGE			×		×				0.	0.	0.
(10) EDDIE OPLER     3.00     ×     ×     0.     0.       (11) VALERIE PAGE     0     0     0     0		2.00	×						0	0	0.
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(11) VALERIE PAGE		3.00	×		x				0	0	0.
									0.	0.	
			×						0	0	0.
(12) HADYN PEERY 2.00 2.00		2 00									
		2.00	×						0.	0.	0.
(13) GERRY and MIRIAM SCULLY 2.00	(13) GERRY and MIRIAM SCULLY	2.00									
			×						0.	0.	0.
(14) GEORGE MCCLELLAND 8.00		8.00									
			×						0.	0.	0.

Part	VII Section A. Officers, Directors,	Trustees,	Key	Em		-	s, an	d F	lighest Compe	nsated	Emplo	yees (c	contin	uec
	(A) Name and title	<b>(B)</b> Average hours	box, office	unles er an	Pos neck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation	(E Repor compen	table sation		other	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from re organizatic 1099-N 1099-I	ons (W-2/ /ISC/	fro	pensation om the zation a organiza	and
	AVID HOSTER	2.00	×						0		0			0
	MERITUS (Non-Voting)	1 00							0.		0.			0
	TEVE POOLE MERITUS (Non-Voting)	4.00	×											
		40.00												
	MY MCCARTHY EO non-voting		1				×		90,250.		0.			(
8)														
			]											
9)			-											
00)														
20)		+	-											
21)			-											
22)			-											
23)			-											
24)			-											
25)			-											
1b	Subtotal								90,250.		0.			(
С	Total from continuation sheets to Part													
d	Total (add lines 1b and 1c) .								90,250.		0.			(
2	Total number of individuals (including bur reportable compensation from the organ		d to th	nose	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of		
												_	Yes	Ν
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i> a								loyee, or highes			3		>
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re greater th	porta	ble	con	npei	nsatio	n a	and other compe	nsation fi	rom the	;		
5	individual	or accrue co	 ompe	nsa	tion	fro	n any	' un		ion or in	 dividua	4		>
	for services rendered to the organization	? If "Yes," o	comp	lete	Sch	nedu	ıle J f	or s	such person .			5		>
	on B. Independent Contractors													
1	Complete this table for your five high compensation from the organization. Rep													
	(A)								(B)			(C)		

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to	those listed above) who	
	received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of Revenue

					•		, 	(=)	(4)	(=)
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
່ ເ	1a	Federated campaig	ns .		1a					
ant	b	Membership dues			1b		-			
Gra	c	Fundraising events			1c		-			
S, (	d	Related organization			1d		-			
Gifi Iar	e	Government grants			1e		-			
s, ( imi	f	All other contribution			16		-			
ion r S	•	and similar amounts no			1f					
but	a	Noncash contributio				1,750,514.	-			
itrik Ö	g	lines 1a–1f				¢ 127 220				
Contributions, Gifts, Grants, and Other Similar Amounts					1g					
0	n	Total. Add lines 1a-	-IT .		•••		1,750,514.			
đ						Business Code			-	
/ic	2a	FEES EDUCATIO				611600	164,344.	164,344.	0.	0.
en	b	FEES EDUCATIO				611600	79,995.	79,995.	0.	0.
jram Ser Revenue	С	CONSERVATION	PROJ	TECTS		611600	131,501.	131,501.	0.	0.
ran lev	d									
Program Service Revenue	е									
Pr	f	All other program se								
	g	Total. Add lines 2a-					375,840.			
	3	Investment income								
		other similar amoun	its) .				81,134.	0.	0.	81,134.
	4	Income from investr	nent o	of tax-exem	npt bo	ond proceeds				
	5	Royalties								
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a	23,2	250.		-			
	b	Less: rental expenses	6b				-			
	с	Rental income or (loss)	6c	23,2	250.					
	d	Net rental income o	r (los	s)			23,250.	23,250.	0.	0.
	7a	Gross amount from	<u> </u>	(i) Securit	ies	(ii) Other				
		sales of assets					-			
		other than inventory	7a	128,3	336.					
Ð	b	Less: cost or other basis					-			
nu		and sales expenses .	7b	127,2	247.					
Revenue	с	Gain or (loss)	7c		)89.		-			
Ř	d	Net gain or (loss)					1,089.	0.	0.	1,089.
her	8a	Gross income fro	m fu				,			1,0051
Othe	- Ou	events (not including		naraioing						
		of contributions rej		d on line						
		1c). See Part IV, line			8a					
	b	Less: direct expens	es		8b		-			
	c	Net income or (loss)				ents				
	9a	Gross income f			5					
		activities. See Part I			9a					
	b	Less: direct expens			9b		-			
	c	Net income or (loss)				29				
	10a			•						
		returns and allowan			10a	52,941.				
	b	Less: cost of goods			10b	35,192.	-			
	c b	Net income or (loss)					17,749.	0.	0.	17,749.
			,			Business Code	17,749.	0.	0.	1,11,11,
Miscellaneous Revenue	11a	MISCELLANEOUS				900099	2,825.	0.	0.	2,825.
scellaneo Revenue	b						2,025.	U .	0.	4,045.
ver	-									
Re	C C	All other revenue					+			· · · · · · · · · · · · · · · · · · ·
Mi	d	Total. Add lines 11a			• •		2,825.			
	е 12	Total revenue. See					2,825.	399,090.	0.	102,797.
	14	i Juai i evenue. See	1151	0010115	• •			577,090.	0.	Form <b>990</b> (2023)

Part IX Statement of Functional Expenses

#### Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service (C) Management and 8b, 9b, and 10b of Part VIII. general expenses 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 . . . . . 72,417. 60,031. 7,462. 4,924. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages . . . . . 7 933,746. 774,037. 96,218. 63,491. Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 945. 11,521. 1,432. 13,898. Other employee benefits . . . . . . . 9 91,261. 75,652. 9,404. 6,205. 10 Payroll taxes . . . . . . . . . . . . 79,944. 66,270. 8,238. 5,436. Fees for services (nonemployees): 11 Management . . . . . . . а Legal . . . . . . . . . . . . . . b С Accounting . . . . . . . . . . . 5,750. 0. 5,750. 0. d Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 е Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) 36,646. 13,947. 22,006. 693. 12 Advertising and promotion . . . . 22,183. 18,389. 2,285. 1,509. 13 10,273. 8,516. 1,059. 698. Office expenses . . . . . . . 14 Information technology . . . . . 21,411. 17,749. 2,206. 1,456. 15 Royalties . . . . . . . . . Occupancy . . . . . . . . . . . 67,194. 55,701. 6,924. 4,569. 16 Travel . . . . . . . . . . . . . 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 796. 796. 0. 0. 20 Interest . . . . . . . . . . . . 21 Payments to affiliates . . . . . . . 315,884. 261,855. 32,550. 21,479. 22 Depreciation, depletion, and amortization . 23 Insurance . . . . . . . . . . . . . 31,237. 25,292. 4,104. 1,841. Other expenses. Itemize expenses not covered 24 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.) 0. a RAPTOR CARE 88,129. 88,129. 0. EDUCATION & OUTREACH 13,443. 13,443. 0. 0. b c CONSERVATION EXPENSES 0. 304,482. 304,482. 0. RAPTOR MOBILE EXPENSES d 21,691. 21,691. 0. 0. e All other expenses 97,555. 36,646. 23,679. 37,230. 25 Total functional expenses. Add lines 1 through 24e 2,227,940. 1,853,351. 224,113. 150,476. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [] if following ŠOP 98-2 (ASC 958-720)

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

Form 990 (2023)

-	1 990 (2				Page <b>11</b>
P	art X				_
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
	1	Cash-non-interest-bearing	303.	1	303.
	2	Savings and temporary cash investments	1,216,349.	2	740,115.
	3	Pledges and grants receivable, net	393,775.	3	201,100.
	4	Accounts receivable, net	99,263.	4	6,290.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	0,250.
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		5	
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	27,713.	8	44,725.
As	9	Prepaid expenses and deferred charges	21,983.	9	12,194.
	10a	Land, buildings, and equipment: cost or other	21,503.	-	10/1911
		basis. Complete Part VI of Schedule D <b>10a</b> 12,491,644.			
	b	Less: accumulated depreciation <b>10b</b> 776, 288.	11,844,611.	10c	11,715,356.
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11	144,340.	12	1,072,966.
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,748,337.	16	13,793,049.
	17	Accounts payable and accrued expenses	206,584.	17	17,841.
	18	Grants payable		18	
	19	Deferred revenue		19	207,439.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, 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		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	206,584.	26	225,280.
ses		Organizations that follow FASB ASC 958, check here x and complete lines 27, 28, 32, and 33.			
anc		· · · · ·			
3al	27	Net assets without donor restrictions	13,403,614.	27	13,069,310.
p	28	Net assets with donor restrictions	138,139.	28	498,459.
Tun		and complete lines 29 through 33.			
orl	20			29	
ts	29 30	Capital stock or trust principal, or current funds		30	
sse	30 31	Retained earnings, endowment, accumulated income, or other funds .		30	
Net Assets or Fund Balances	32	Total net assets or fund balances	13,541,753.	32	13,567,769.
Ne	33	Total liabilities and net assets/fund balances	13,748,337.	33	13,793,049.
	00		±5,,±0,557.		13,,53,017.

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Form **990** (2023)

Form 9	90 (2023)			P	age <b>12</b>
Par					
	Check if Schedule O contains a response or note to any line in this Part XI			<u>· · ·</u>	. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		252,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	227,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		24,4	461.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,	541,	753.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1,5	555.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B)) ................................	10	13,	567,	769.
Part	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," en	xplain (	on		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or		
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on			
	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 ov	ersiaht	of		
Ũ	the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.	Apiani			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	he		
ua	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		Vu	+	<b>├^</b>
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a				
	REV 05/09/24 PRO		Fo	orm <b>990</b>	J (2023

SCHEDULE A (Form 990)

(D)

(E) Total

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasu	ny
Internal Revenue Service	1

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Name of the	organization
-------------	--------------

	Open to Public		
tion.	Inspection		
Employer identificat	ion number		

_				CEN							83-0328068	
Pa	tl	F	Reas	on fo	or Publi	ic Chai	r <b>ity Status.</b> (Al	l organizations mus	st comple	ete this p	part.) See instruction	ons.
The o	-				•			s: (For lines 1 through		-	,	
1								on of churches descr			0(b)(1)(A)(i).	
2								(Attach Schedule E (F	,			
3			•					ganization described				
4	4 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			•		•		the benefit of a plete Part II.)	college or university	owned o	r operate	ed by a government	al unit described in
6	$\square$	A fee	deral.	state	, or loca	al govern	nment or govern	mental unit described	d in <b>sectio</b>	on 170(b)	(1)(A)(v).	
7							receives a subs (A)(vi). (Complet	tantial part of its sup te Part II.)	port from	a gover	nmental unit or from	the general public
8		A co	mmu	nity tı	rust des	cribed i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9		or ur		ity or				d in <b>section 170(b)(1)</b> iculture (see instruction				
10		rece supp	ipts fi port fr	rom a om g	ctivities ross inv	related estment	to its exempt fu income and un	e than 33 <sup>1</sup> /3% of its sunctions, subject to cerelated business taxa 75. See <b>section 509</b> (	ertain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 <sup>1</sup> /3% of its
11		An o	rgani	zatior	n organiz	zed and	operated exclusion	sively to test for publi	c safety.	See <b>sect</b> i	ion 509(a)(4).	
12		one	or mo	ore pu	iblicly su	pportec	l organizations d	vely for the benefit of escribed in <b>section 5</b> the type of supportin	<b>09(a)(1)</b> o	r section	509(a)(2). See secti	on 509(a)(3). Check
а		П 1	vpe	I. A si	upportin	a organ	ization operated	l, supervised, or cont	rolled by i	ts suppo	rted organization(s).	typically by giving
		t	he su	pport	ed orga	nization	(s) the power to	regularly appoint or e	elect a ma	jority of t		
b		С	ontro	ol or n	nanagen	nent of t	the supporting c	ed or controlled in co organization vested in <b>V, Sections A and C</b>	the same			
С								ting organization ope ons). <b>You must comp</b>				ally integrated with,
d		t	hat is	not f	unctiona	ally integ	grated. The orga	pporting organizatior nization generally mu complete Part IV, Sec	st satisfy	a distribu	ution requirement an	
е								a written determinati tionally integrated su				e II, Type III
f	Е											
g	Ρ	rovid	le the	follo	wing info	ormatior	about the supp	oorted organization(s)				
	(i) 1	Name	of supp	ported	organizatio	on	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
									Yes	No		
(A)												
(B)												
(C)												

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support			, p			
	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.")	2,284,832.			3,504,701.	1,750,514.	15,690,696.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,284,832.	4,970,483.	3,180,166.	3,504,701.	1,750,514.	15,690,696.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,261,705.
6	Public support. Subtract line 5 from line 4						11,428,991.
-	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2,284,832.	4,970,483.	3,180,166.	3,504,701.	1,750,514.	15,690,696.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,804.	1,926.	5,690.	13,708.	104,384.	129,512.
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.)	5.	2,025.	1,652.	5,897.	2,825.	12,404.
11	Total support. Add lines 7 through 10						15,832,612.
12	Gross receipts from related activities, etc						1,672,344.
13	First 5 years. If the Form 990 is for the	•			or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he on C. Computation of Public Suppo		· · · · ·				••••
<u>3ecu</u> 14	Public support percentage for 2023 (line	•		11 column (f)		14	72.19%
15	Public support percentage for 2023 (inte Public support percentage from 2022 Sc					15	78.66%
16a	<b>33</b> <sup>1</sup> / <sub>3</sub> % support test-2023. If the organ						
	box and <b>stop here</b> . The organization qua						
b	<b>33</b> <sup>1</sup> /3% <b>support test—2022.</b> If the organ this box and <b>stop here</b> . The organization						nore, check
17a	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 organization .						
b	<b>10%-facts-and-circumstances test-2</b> 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	ox and <b>stop he</b> s as a publicly	ere. Explain supported
18	Private foundation. If the organization						
	instructions						
						Schodulo	A (Form 990) 2023

#### 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)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	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	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
с 8	Public support. (Subtract line 7c from						-
U							
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(4) 2010	(5) 2020	(0) 2021	(0) 2022	(0) 2020	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
<u></u>	organization, check this box and <b>stop he</b>					• • • •	
	on C. Computation of Public Suppor	-		10 1 (0)		4 -	
15	Public support percentage for 2023 (line 8					15	%
<u>16</u>	Public support percentage from 2022 Sch					16	%
	on D. Computation of Investment In Investment income percentage for 2023 (		-	av line 12 act	imp (f))	17	%
17				-			
18 19a	Investment income percentage from 2022 33 <sup>1</sup> / <sub>3</sub> % support tests-2023. If the organ					18	% and line
199	17 is not more than $33^{1}/_{3}$ %, check this box						
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests</b> - <b>2022.</b> If the organiz	-	-	-		-	
	line 18 is not more than $33^{1/3}$ %, check this l						
20	<b>Private foundation.</b> If the organization di	-	-				
	i mate roundation. If the organization di		V 05/09/24 PRO	, 100, 01 100, 0			le A (Form 990) 2023

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

supported organizations played in this regard.

## Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. *Complete line 2 below.*
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted 2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	<i>VI</i> ) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1(	)
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 <i>—explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	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			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2024.</b> 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			

REV 05/09/24 PRO

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.)

Pt II Ln 10: Other Income Part II, Line 10 Description: MISCELLANEOUS 2019:
5. 2020: 2025. 2021: 1652. 2022: 5897. 2023: 2825.

SCHEDULE D		Supplementa	al Financial Statements		OMB No. 1545-0047
(Form 990)		Complete if the orga	2023		
Department of the Treesury			), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t Attach to Form 990.	).	Open to Public
Department of the Treasury Internal Revenue Service			00 for instructions and the latest informa	tion.	Inspection
Name o	f the organization			Employer identific	ation number
	ON RAPTOR C			83-0328068	
Par	-	-	sed Funds or Other Similar Fund	ls or Account	S
	Comple	ete if the organization answered "			
4	Total number of	at and of year	(a) Donor advised funds	(b) Funds a	and other accounts
1 2		at end of year			
3		ue of grants from (during year)			
4		Le at end of year			
5		•	advisors in writing that the assets he	ld in donor adv	ised
	funds are the c	organization's property, subject to the	e organization's exclusive legal control	?	· 🗌 Yes 🗌 No
6	•	•	nd donor advisors in writing that grant		
	-		t of the donor or donor advisor, or for		ose
					· 🗌 Yes 🗌 No
Par		rvation Easements			
-		ete if the organization answered "			
1		conservation easements held by the c of land for public use (for example, recre		f a historically in	aportant land area
		of natural habitat		f a certified histo	
		n of open space		r a certinea fiista	
2			d a qualified conservation contributior	n in the form of a	a conservation
		he last day of the tax year.			at the End of the Tax Year
а	Total number of	of conservation easements		. 2a	
b	Total acreage	restricted by conservation easements	8	. 2b	
С			istoric structure included on line 2a .	-	
d		nservation easements included on line tructure listed in the National Register	e 2c acquired after July 25, 2006, and		
3		_	ferred, released, extinguished, or term	· 2d	ragnization during the
5	tax year	iservation easements modified, trans	nerreu, releaseu, extinguisneu, or terr	initiated by the o	iganization during the
4	Number of stat	tes where property subject to conserv	vation easement is located		
5	-		arding the periodic monitoring, insp	ection, handling	g of
		enforcement of the conservation eas			· 🗌 Yes 🗌 No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation ea	sements during the yea
7	Amount of expe	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation eas	ements during the yea
8		-	2d above satisfy the requirements of s		
9			onservation easements in its revenue a		
	sheet, and incl	•	note to the organization's financial sta	•	
Part	-	-	of Art, Historical Treasures, or (	Other Similar	Assets
ran		ete if the organization answered "			A33613
1a	of art, historic	al treasures, or other similar assets	B ASC 958, not to report in its revenu held for public exhibition, education, o its financial statements that describe	, or research in	
b	art, historical t		B ASC 958, to report in its revenue s for public exhibition, education, or res		
	(i) Revenue in	cluded on Form 990, Part VIII, line 1		\$	
•	(II) Assets inclu	uded in Form 990, Part X	historical traceuras or other similar	\$	
2	following amou	unts required to be reported under FA	-		
а	Revenue inclue	ded on Form 990, Part VIII, line 1		\$	

For Paperwork Reduction Act Notice, see the Instructions for For	orm 990.
BAA	REV 05/09/24 PRO

Assets included in Form 990, Part X

b

\$

Schedu	e D (Form 990) 2023						Page <b>2</b>
Part	III Organizations Maintaining	Collections of	Art, Historical 1	Freasures,	or Ot	her Similar Ass	sets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).						
а	Public exhibition		d 🗌 Loan	or exchange	progra	am	
b	Scholarly research			•			
с	Preservation for future generations						
4	Provide a description of the organizat		and explain how t	hey further t	he org	anization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						r
Part	IV Escrow and Custodial Arra	ingements					
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on Form 990, I	Part IV, line	9, or 1	reported an am	ount on Form
<b>1</b> a	Is the organization an agent, trustee, included on Form 990, Part X?		ner intermediary f		ons or	other assets no	t
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able.			
						Ar	nount
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line 21, for e	scrow or cu	stodial	account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa						
Par	· · · · ·		•	•			
	Complete if the organization	answered "Yes	" on Form 990, I	Part IV, line	10.		
	· · · · ·	(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	130,659.	131,527.	139,9	989.	121,654.	117,578.
b	Contributions	941,144.					
С	Net investment earnings, gains, and losses		0.00	0	100	10 225	4.076
		1,163.	-868.	-8,4	±62.	18,335.	4,076.
d	Grants or scholarships Other expenditures for facilities and						
е	programs						
4							
f	Administrative expenses	1,072,966.	130,659.	131,5	- 27	120 000	121,654.
g	End of year balance		-			139,989.	121,054.
2	Provide the estimated percentage of t	-		, column (a))	) neia a	45.	
a ⊾	Board designated or quasi-endowmen		70				
b	Permanent endowment	%					
С	Term endowment %		000/				
20	The percentages on lines 2a, 2b, and Are there endowment funds not in the			ot are hold a	nd od	ministered for the	_
3a	organization by:		le organization th	at are new a	inu aui		
	0						
h	If "Yes" on line 3a(ii), are the related o						3a(ii) × 3b
ь 4	Describe in Part XIII the intended uses	-					30
Part				unus.			
Fait	Complete if the organization		" on Form 990 I	Dart IV line	110 (	See Form 990	Part X line 10
	Description of property	(a) Cost or ot (investm		or other basis other)	• •	Accumulated preciation	(d) Book value
1a	Land		0. 7	75,000.			775,000.
b	Buildings		11,2	89,292.		563,844.	10,725,448.
с	Leasehold improvements			6,248.		1,914.	4,334.
d	Equipment		3	07,446.		190,640.	116,806.
е	Other			13,658.		19,890.	93,768.
Total.	Add lines 1a through 1e. (Column (d) n		90, Part X, line 10	c, column (B	<u>)) .</u> .		11,715,356.

#### Schedule D (Form 990) 2023 Page 3 Investments-Other Securities Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives 0. Cost (2) Closely held equity interests 0. Cost (3) Other MUTUAL FUNDS 876,558. FMV (A) EXCHANGE TRADED FUNDS 188,649. FMV (B) CASH 7,759. Cost (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) 1,072,966 Part VIII Investments – Program Related Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) **Other Assets** Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) **Other Liabilities** Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

(8) (9)

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	e D (Form 990) 2023		Page 4
Part			r 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:	1 1	
а	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities	2b	_
С	Recoveries of prior year grants		_
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>		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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)		
c	Add lines <b>4a</b> and <b>4b</b>		4c
5 Dowt	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line</i>		
Part			ber Return
	Complete if the organization answered "Yes" on Form 990,		
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:		
a ⊾	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b 2c	-
c d	Other losses		-
u e	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
- a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		-
c	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, lir</i>		
	XIII Supplemental Information		3
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
Pt V	, Line 4: TRC holds two board-designated quasi-en	dowments at Schwaa	b Institutional
mana	ged by CAPTRUST. The Maintenance Reserve Fund is	to support and mai	ntain
TRC '	s facility and capital infrastructure. The Raptor	's Forever Fund is	a long-term
rese	rve designed to sustain the financial viability o	f TRC in the face	of unusual
or u	nanticipated financial challenges.		

Schedule D (Fo	prm 990) 2023	Page 5
Part XIII	Supplemental Information (continued)	

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

TETON RAPTOR CENTER

Employer identification number	
83-0328068	

Part	Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
+ 5	Clothing and household							
5	goods							
~								
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded	×	2	127,247.	AVG HIGH	LOW		
10	Securities—Closely held stock .							
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution-Historic							
	structures							
14	Qualified conservation							
	contribution-Other							
15	Real estate - Residential							
16	Real estate – Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (MISCELLANEOUS)	×	26	9 983	FAIR MKT	τλάτ.		
26			20	2,203.	PAIR PRO	<u></u>	010	
27	Other ()							
28	Other () Other ()							
20	Number of Forms 8283 received	l by the or	anization during the tax y	lear for contributions for				
23	which the organization completed				29			0.
					29		Yes	0. No
00-	During the upper did the eventies			uter versente d'in Deut I. lines	. <b>1</b>		163	NU
30a	During the year, did the organiza 28, that it must hold for at least 3							
	used for exempt purposes for the					00-		
					• • •	30a		×
	If "Yes," describe the arrangement		tenes wells, that '	a tha was days of our				
31	Does the organization have a				onstandard			
					· · ·	31		×
32a	Does the organization hire or us		•					
						32a		×
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a)	s checked,			

	Page 2		
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information		
	or a combination of both. Also complete this part for any additional information.		

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

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



Go to www.irs.gov/Form990 for the latest information.	Inspection				
	Employer identification number				
ITER	83-0328068				
Pt VI, Line 4: Bylaws Change: Move to modify SECTION 3: FOUNDING DIRECTORS OF					
TRC's Bylaws to read: the Board of Directors may elect Founding Directors who					
Full voting Directors for life, unless they resign o	r are removed				
icle 3, Section 17. Adopted on 05/09/2024.					
1. Review by Executive Director and Executive Board	d with CPA				
board reviews Form 990. 3. Board vote for acceptan	ce and submission				
Board members are required to update and sign the	Conflict				
ns annually.					
Compensation is determined by national averages and	d the most				
n the Community Foundation of Jackson Hole.					
Available on organization's website and upon reques	t.				
Raptor Center purchased the 27-acre Hardeman Barns p	roperty in				
reate a permanent home for raptor conservation. In s	pring 2018,				
nter received unanimous approval from Teton County's	Board of				
oners to proceed with improvement and restoration pla	ans for the				
rty acquisition and approvals prompted a capital cam	oaign effort				
e of the historic buildings and create new structure	s that will				
e of raptor conservation, including a new clinic, fl	ight barn,				
raptor mews, employee housing, maintenance shed, and an administrative headquarters					
2023-24, Teton Raptor Center received restricted con	ntributions				
for the capital improvements in the amount of \$235,977. To date, key improvements					
include: tie-in to Wilson Sewer and removal of the old raised septic field; burying					
an unsightly and hazardous (to birds) overhead powerline; upgrading domestic					
stalling a new high capacity well and fire hydrant fo	or on-site				
	TTER Bylaws Change: Move to modify SECTION 3: FOUNDING DIF read: the Board of Directors may elect Founding Directors for life, unless they resign of Sull voting Supervised Sull vote for acceptance Supervised a sign the of Sull vote for acceptance Sull vote for acceptance Supervised a sign the of Sull vote for acceptance Supervised a sign the of Supervised a sign the of Supervised a sign the of Supervised a sign the of supervised and upon request Supervise to proceed with improvement and restoration play supervise housing, maintenance shed, and an administration 2023-24, Teton Raptor Center received restricted cond improvements in the amount of \$235,977. To date, key to Wilson Sewer and removal of the old raised seption to supervise the supervise of the old raised seption to supervis				

Schedule O (Form 990) 2023	Page <b>2</b>
	Employer identification number
TETON RAPTOR CENTER	83-0328068
fire suppression; completion of a new facilities support building;	installing
power, sewer and water stub-ins to all future building locations; ar	d the relocation
of the South Barn to another property in Teton County. The historic	and iconic
"Hardeman Barn" was placed on a new foundation in September 2019. A	t the conclusion
of FY 2023-24,all of the facilities were completed including: education	tion mews,
clinic, and flight barn, as well as relocation and renovation of the	historic
Pump House and raptor rehabilitation mews, two employee housing uni	ts, a headquarters
building, a small shed for stewardship equipment, renovation of the h	listoric Horse
Barn to become a home for our research team and the Sporting Lead-F	ree Initiative,
and the new Solar Pavillion. The doors of the beautifully restored	l historic
Hardeman Barn opened to the public in June 2023.	