(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

► Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the

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electronic filing of this form	. VISIT WWW.Irs.dov/e-tile-b	roviders/e-file-for-charifies	-ana-non-proi	UIS.
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Automatic 6-Month Extension of Time. Only submit original (no copies needed)

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)				
print	WILDHEART	81-2194708				
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.					
	333 SOUTH 13TH STREET					
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
instructions.	HARRISBURG, PA 17104					

Enter the Return Code for the return that this application is for (file a separate application for each return). 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

•	elephone No. ▶ (405) 234-0866 Fax No. ▶ the organization does not have an office or place of business in the United States, check this box
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is
	e whole group, check this box ▶
1	I request an automatic 6-month extension of time until <u>11/15</u> , 20 <u>21</u> , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 20 <u>20</u> or
	▶ tax year beginning, 20, and ending, 20, 20, 20,
2	If the tax year entered in line 1 is for less than 12 months, check reason:

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$ (
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ (
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ (

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2020)

Form	990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. 2020 Open to Public Inspection

		the Treasury ue Service		o to www.irs.g		-		and the latest		•			pectio		
Α			lendar year, or tax	k year beginni	ing			, and e	ending	_			•		
В	Check if a	applicable:	C Name of organizat	tion WILDH	HEART					D Employ	ver identifica	ation nur	nber		
	Address	change	Doing business as					•							
Х	Name ch	ange	Number and stree		nail is not de	elivered to st	reet address)	Room/suite		81-21947					
		-	333 SOUTH 13T	HSIREEI			04-4-	ZID as da		E Telepho	one number				
	Initial retu	urn	City or town HARRISBURG				State PA	ZIP code 17104		(405) 234	-0866				
	Final return	n/terminated	Foreign country n	ame	Foreign pr	ovince/state		Foreign posta	al code						
	Amendeo	d return					,			G Gross re	eceipts \$			250,	703
			F Name and address	s of principal offic	or:							40			1
	Applicatio	on pending	TANNON HERM							his a group retur			Yes		No
										e an subordin 'No," attach a	-		Yes	·	No
I		mpt status:	X 501(c)(3)	501(c) () ┥ ((insert no.)	4947(a)(*	1) or 527	II.	'No," attach a	list. See insi	ructions			
J	Website	e: 🕨 www	w.wildheartministr	ries.net					H(c) Gr	oup exemptio	n number 🕨	•			
κ	Form of	organization	n: X Corporation	Trust	Associatio	on Ot	her 🕨	L Ye	ear of form	ation: 201	7 MI Sta	te of lega	al domicile	e:	PA
	Part I	Su	mmary		_			4			·				
-	1		lescribe the organ	nization's miss	sion or m	ost sianifi	cant activitie	es: PRO		ROGRAN	IS TO DE		CHRIS	STIA	N
e			RS AND CONDU												: <u>.</u>
Activities & Governance			ER TO THE LOS												
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Acti	6		related business					• • • • •			7a				200
4	7a		elated business ta								7a 7b				0
	b	ivet unre	elated business ta	ixable income		000-0	, Pan I, line	11	<u>· · ·</u>	Prior Year	01	<u> </u>	rrent Yea		
	8	Contribu	utions and grants	(Part \/III line	1h)				-		15,040	01		228,	855
Revenue	9		n service revenue						-		15,040		4		140
ver	3		ent income (Part								0			9,	140
Re	10 11		ent income (Part VIII,								6,545			10	708
	12		venue—add lines 8						-	2	36,680				
	13		and similar amour							۷	0		4	250,	103 0
	14		paid to or for me						-		0				0
			other compensatio								56,613			50	745
see	16a		ional fundraising f						-		0			50,	143 0
ben	b		ndraising expense				,	10,143			0				
Expenses	17		xpenses (Part IX,					10,143	<u> </u>	1	14.384			127,	755
	18		penses. Add lines								70,997			178,	
	19		e less expenses.		-						65,683				203
r a	ß	Revenue	<u>e iess experises.</u>	Subtract inte		116 12.				ning of Curre		E	nd of Yea		200
ets d	20	Total as	sets (Part X, line	16)					209	-	70,407			354,	010
Ass	21		bilities (Part X, Iin							_	2,933				333
Net Assets or	22		ets or fund balanc		line 21 fr	om line 20	)			2	67,474			339,	
	art II		nature Block								,			,	
			y, I declare that I have	examined this ret	turn, includi	ng accompa	nying schedule	s and statement	s, and to th	ne best of my	knowledge				
and	belief, it i	is true, corre	ect, and complete. Dec	laration of prepare	er (other tha	an officer) is	based on all in	formation of whic	ch prepare	r has any kno	wledge.				
Ci/	an														
Si He			Signature of officer							Date	)				
пе	ie														
			Type or print name ar	nd title											
		Print	t/Type preparer's name	9	P	reparer's sig	nature		Dat	e			ΓIN		
Ра	id	Kat	hy Spyder						0/	10/2021	Check self-employ	if ed D(	06426	10	
Pr	eparer	ſ	hy Snyder		I				9/	10/2021			06436	10	
Us	e Only	y		Accounting, In						Firm's EIN	▶ 25-183				
		Firm	n's address ► 610 L	ansvale Stree	et, Marys	sville, PA	17053			Phone no.	717-95	7-47 <u>9</u> 7	-		
Ma	iy the IF	RS discus	s this return with	the preparer s	shown al	oove? See	e instruction	IS	<u>.</u>		<u></u>	Х	Yes		No

Form 9	90 (2020)	WILDHEART	81-2194708	Page <b>2</b>
Ра	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	TO SPR	escribe the organization's mission: EAD THE TEACHINGS OF JESUS CHRIST AS TAUGHT IN THE BIBLE AND TO PROVIDE C NTS OF HARRISBURG, PA AND THE SURROUNDING COMMUNITY	OUTREACH FOR	
2	the prior	organization undertake any significant program services during the year which were not listed o Form 990 or 990-EZ?	n Yes	X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program ?	Yes	X No
4	Describe expense	e the organization's program service accomplishments for each of its three largest program service. s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants an expenses, and revenue, if any, for each program service reported.		,
4a	propertie distribute	Hill-Organized an 8 week beautification project removing 200,000 of trash on 275 s. Also hosted 3 block parties feeding 300 people which included a Christmas giveaway. We		
4b	(Code:	) (Expenses \$ ) (Rev		
4c	(Code:	) (Expenses \$ including grants of \$ ) (Rev	venue \$	)
4d	Other pro	ogram services (Describe on Schedule O.) es \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e		bgram service expenses ► 79,300	0)	

	990 (2020) WILDHEART 81-2194	708	F	age <b>3</b>
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,"		Yes	No
		1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .	7		x
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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		x
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	х	
	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		x
	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		x
	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		х
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u>11e</u>		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes,"</i> and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120		X
14a		14a		X
b				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions.	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?         If "Yes," complete Schedule G, Part III	19		x
20a	5			Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
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		х

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	2	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	;	Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24	a	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	b	
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?	24	С	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	а	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I.	25	b	Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	5	Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27	,	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV.	28	a	Х
b	A family member of any individual described in line 28a? If Yes, " complete Schedule L, Part IV	28	b	Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV.	28	С	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	)	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	)	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32	2	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	;	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1		_	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		a	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	;	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	'	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	10	: X	
			m <b>990</b>	(2020)

excess parachute payment(s) during the year	Form 9	990 (2020) WILDHEART	81-2194708	Р	age <b>5</b>
2a       Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax       2a       1         b       If at least one is reported on line 2a. did the organization file all required federal employment tax returns?       2b       X         Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)       3a       X         b       If Yes," hast if field a form 60-1 for this year? <i>If Yor's</i> to line 3b, provide an explanation on a signature or other authority over, a financial account is a towink account, securities account, or other financial account?       3a         b       If Yes," hast if field a form 60-1 for this year? <i>If Yor's</i> to line 3b, provide an explanation on two signature or other authority over, a financial account?       3a         d       At any time the name of the foreign country is used as a bank account, securities account, or other financial account?       4a         SW as the organization aptry to a prohibited tax shelter transaction?       5a       X         D did any taxable party nolity the organization file from 6386.77.       5a       X         Ceo bes the organization aptry to a prohibited tax shelter transaction?       5a       X         dif Yes, 'idd the organization file from 6386.72.       5a       X         dif D de organization aptry to a prohibited tax shelter transaction organization aptry for opods and scharable contributions and party for goods and scharable contributions and year of a scharable contributions and year of a scha	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return. <u>2</u> X          Note: If the sum of lines 1a and 2a is greater than 250, your may be required tota-file, (see instructions) <u>3</u> Dott the organization have unreliated business greas income of 18 i/000 or more during the year? <u>3</u> Ar any time during the calendar year, dift 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)?            Was the organization have unable part, outry to a prohibited tax sheller transaction at any time during the statement's (Financial Account, (FMA))            See instructions of fling requirements for FinCLN Form 114. Report of Foreign Bark and Financial Account, (FMA)            May the organization have annual gross received 51 form 8308-17.              Do bes the organization have annual gross received 51 form 8308-17.              Organization sale annual gross received 51 form 8308-17.                Organization sale, annual gross received 51 form 8308-17.                  Organization sale and gross receive 41 forms 820.				Yes	No
b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2a				
Note: If the sum of lines ta and 2a is greater than 250, you may be required to <i>e-file</i> (see Instructions)         Image: the sum of lines ta and 2a is greater than 250, you may be required to <i>e-file</i> (see Instructions)         Image: the sum of lines ta and 2a is greater than 250, you may be required to <i>e-file</i> (see Instructions)         Image: the sum of lines ta and 2a is greater than 250, you may be required to <i>e-file</i> (see Instructions)         Image: the sum of lines ta and 2a is greater than 250, you may be required to <i>e-file</i> (see Instructions)         Image: the sum of lines ta and 2a is greater than 250, you may be required to <i>e-file</i> (see Instructions)         Image: the sum of lines ta and 2a is greater than 250, you may be required to <i>e-file</i> (see Instructions)         Image: the sum of line (see Instructions)         Image: the sum of lines ta and 2a is greater than 250, you may be required to <i>e-file</i> (see Instructions)         Image: the sum of lines ta and 2a is greater than 250, you may be required to <i>e-file</i> (see Instructions)         Image: the sum of lines ta and 2a is greater than 250, you may be required to <i>e-file</i> (see Instructions)         Image: the sum of lines ta and 2a is greater than 250, you may be required to the sum of the organization and party to a prohibited tax sheller transaduer)         Image: the sum of lines ta and 2a is greater than 250, you may be required to the you organization neces any pamet in excess of \$75 made party as a contributions and party for you which it was required to the payor?         Image: the you which it was an iterating to party the party to a personal benefit contract?         Image: the you which it was an iterating to party the you which it was an a sum of the you which it was required to the form 2222.         Image: the you which it was an the you which you indicatly, to pay pr			1		
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?.       3a       X         4a       At any time during the calendar year, did the organization have an interset in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         4b       It "Yes," enter the name of the foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign down of the organization approximation approximatinapproximation approximation approximation appr	b		<u>2</u> b	Х	
b       If "Yes," has it filed a Form 390-T for this year? If "No": to line 3b, provide an explanation on Schedule O.       3b         a       At any time during the calendar year, dith be organization have an interest in, or a signature or other authority over, a financial account) in a foreign county (such as a bank account, securities account, or other financial account)?       4a         b       If "Yes," reture the name of the foreign county I       5a         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Sub day table party nofity the organization has any time during the tax year?       5a         Sub day table party nofity the organization has any time during the tax year?       5a         Sub day table party nofity the organization that it was or is a party to a prohibited tax shelter transaction?       5c         Corganization solicit any contributions that were not tax deductible as chaintable contributions?       6a         Of any table organization noticke with were youldication an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b         Did the organization neceive a payment in excess of 357 made party as a contribution and partly for goods an desrives provided the payor?       7c       Xz         If "Yes," fudicate the number of Forms 2222 filed during the year?       7d       7d       7d       7d       X         If "Yes," fudicate the number of Forms 2222 filed d	2-		20		v
4a       At any time during the calendar year, did the organization have an interest in, or a signature or other automity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b       If "Yes," enter the name of the foreign country P       5e       5a       X         b       Was the organization aparty to a prohibited tax shelt transaction at any time during the xay year?       5a       X         c       If "Yes," enter the name of the foreign country P       5a       X         c       If "Yes," enter the name of the foreign country to a prohibited tax shelt transaction at any time during the xay year?       5a       X         d       If "Yes," did the organization file Form 8886.7?       6a       X         c       organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible?       6a       X         7       Organization sell, exchange, or threwise dispose of tangible prisonal properity of which it was required to file form 8282?       7a       X         7       Did the organization nearby exchange, or threwise dispose of tangible prisonal properity for which it was required to file form 8282?       7c       X         7       Did the organization make any taxif, anglase harmonical conserved to malified indirectly indirectly, indirectly, in apersonal benefit contract?	_				~
a financial accountly in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b If Yes,* inter the name of the foreign country b       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)       5a       Xa         54 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?       5a       Xa       X         54 Was the organization have annual gross recepits that are normally greater than \$100,000°, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         7 Organization receive a payment in excess of \$75 made party to a prohibited tax shells       7b       7b         9 If Yes,* indicate the number of Forms 2822 filed during the year;       1d       7c       X         9 Did the organization receive a payment in excess of \$75 made party as a contribution and party for groods and services provided to the payor?       7a       X         11 Yes,* indicate the number of Forms 2822 filed during the year;       1d       7c       X         12 Ub the organization receive a payment in excess of strong the proves indication file Form 8282.       7c       X         11 Wes,* indicate the number of Forms 2822 filed during the year;       1d       7d       7d       X         14 If Yes,* indid the organization ceeviee a contribution or cas, basta					
b       If "Yes," enter the name of the foreign county. <ul> <li>See instructions for fing requirements for FindEN Form 114. Report of Greign Bank and Financial Accounts (FBAR).</li> <li>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</li> <li>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at one time 5 and 5.0.000, and tick the organization file Form 8868-17.</li> <li>Does the organization neva ennual gross receipts that are normally greater than \$100,000, and tick the organization receive a payment in were not tax deductible as chartable contributions?</li> <li>di the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</li> <li>Di dthe organization sective a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?</li> <li>Di dthe organization neotify the donor of the value of the goods or services provided?</li> <li>Di dthe organization receive a payment in excess of \$75 made party as a contribution for which it was required to file form 82822. Filed during the year</li> <li>Di dthe organization neotify the value of the usue of the goods or services provided?</li> <li>To a tradicate the number of Form \$2822 filed during the year</li> <li>Di dthe organization mether of Forms \$2822 filed during the year pay or a personal benefit contract?</li> <li>To a tradicate the number of Forms \$2822 filed during the year</li> <li>Di dthe organization mether and trans. So other which is, di the organization file a Form 1080-C?</li> <li>Sponsoring organization make any taxable distributions of during the year?</li> <li>Sponsoring organization make any taxable distributions of during the year?</li></ul>	4a				x
See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Sa       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         Did any taxable party notify the organization file Form 8865-17.       5a         Does the organization have annual gross excepts that are normally greater than \$100,000, and tild the organization shell the very solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         Organization shell, excelve deductible contributions under section 170(c).       7a       X       7b         O did the organization notify the donor of the value of the goods or services provided?       7a       X         Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required for life Form 8282?       7c       X         T Yes, "indicate the number of Forms 2822 filed during the year.       12d       7d       X         T H Yes, "indicate the number of Forms 2822 filed during the year.       12d       7d       X         T H Yes, "indicate the number of Forms 2822 filed during the year.       12d       7d       X         T H Yes, "indicate the number of Forms 2822 filed during the year?       12d       7d       X         T H Yes, "indicate the number of Forms 2822 filed during the year?       5d       8       X	b		τu		
5a       Was the organization a party to a prohibited tax shelter transaction?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         6a       Does the organization have annual gross receipts that are normally greater than \$100.000; and up to organization include with ever so ttax deductible as charitable contributions?       6a       X         6a       Does the organization include with ever so ttax deductible as charitable contributions?       6a       X         crgints were not tax deductible?       6a       X       X         7       Organizations that may receive deductible?       6b       X         7       Organizations that may receive deductible?       7a       X         7       Organizations explored deductible?       7a       X         7       Organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         7       Trives," did the organization networks dispose of tangible presonal property for which it was required to file Form 8282?       7c       X         7       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         7       Did the organization mawers anotabally appremiums, directly or indirectly, o	~				
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transablen?       5b       X         c       If "Yes" to line 5a or 5b, did the organization file From 8866-1?.       Goes the organization have annual gross receipts that are normally greater than \$100.000; and rid the organization noted with very solicitation an express statement that such contributions or gifts were not tax deductible?       Ge       X         f "Yes," to if the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?       Ge       X         f Did the organization treceive a payment in excess of 375 made party as a contribution and partly for goods and services provided to the payor?       To       Ta       X         b If "Yes," indicate the number of Forms 8282 filed during the year       Id       Td       X       X         b If the organization receive any premiums, directly or indirectly, to pay premiums, on a personal benefit contract?       Tf       X         f If the organization notity the orar, boats, antipanes, or other year blee, diff contract?       Tf       X         f If the organization neceive any premiums, directly or indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indirectly to indinectly to indirectly to indinectly to indirectly to in	5a		5a		х
c       If "Yes" to line 5 or 5b, did the organization file Form 8886-T?       5c         6a       Does the organization have annual gross receipts that are normally greater than \$100.00, and did the organization solid any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?       6a       X         b       If "Yes," did the organization include with every solication an express statement that sub-contributions or gifts were not tax deductible?       6b       6a         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         7       Did the organization netwere a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7       Did the organization netwere a payment in the xoare of \$76 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7       Did the organization netwere any payment in excess of stagible personal porperty for which it was required to file Form 82827.       7d       7d       7c       X         9       Did the organization receive any funds, directly or indirectly, to pay prentums on a personal benefit contract?       7f       X       7f       X         9       Did the organization receive a contribution of qualified intelectual property of thore and a form 0096-C?       9a       X       7f       X       7f       X	b		5b		
organization solicit any contributions that were not tax deductible contributions?       6a       x         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or glifts were not tax deductible?       6b       6b         7       Organizations that may receive deductible contributions and partly for goods and services provided to the payor?       7a       x         8       X       To reganization self, exchange, or otherwise disposed tangible personal property for which it was required to file Form 8282?       7c       x         11" Yes," did the organization self, exchange, or otherwise disposed tangible personal property for which it was required to file Form 8282?       7c       x         11" Yes," did the organization self, exchange, or otherwise disposed tangible personal property for which it was required to file Form 8282?       7c       x         11" Yes," indicate the number of Forms 8282 filed during the year.       7d       x       7d       x         11" the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       x         11" the organization methy a contribution of cars, boats, airplanes, or other vehicles, did the organization face form 1038-C?       7a       x         11" the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization face form 1038-C?       9a       x         9       Sponsoring organizati	С		5c		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.       6b         c       Organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?       7b       7c       X         c       Did the organization coleve any function of the value of the goods or services provided to the payor?       7c       X         d       If "Yes," indicate the number of Forms 8282 field during the year?       7d       7       X         f       Did the organization receive any function, directly or indirectly, to pay premums on a personal benefit contract?       7f       X         f       If the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         g       If the organization maintaining donor advised funds.       Did the sonsorting organization make any taxabil other/bitions under section 4966?       9a       X         g       Sponsorting organization make any taxabil other/bitions under section 4966?       9a       X       9b       X         Did the	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
gifts were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     6b       a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7d     X       f     Did the organization received a contribution of qualified intellectual property, did the organization file Form 6829 as required?     7f     X       f     Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 6899 as required?     7f     X       f     H'rese, 's eponsoring organizations maintaining door advised funds.     Did the sponsoring organization make any taxable distributions under section 4966?     9a     X       9     Sponsoring organization make any taxable distribution such section 4966?     9a     X       10     Section 501(c)(7) organizations. Enter:     10a     10b     10b       a     Gross income from other sources (Do not net anounts due or paint on state)?     10b     12a       11     Section 501(c)(20) qualitations fire difficult on the organization file from 1041?     12a       12     Section 501(c)(		organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		Х
7       Organizations that may receive deductible contributions under section 170(c).       a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.       7a       X         7       Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7c       X         7       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       X         7       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       X         7       Did the organization receive a contribution of carb, betas, inplanes, or other vehicles, did the organization face we a contribution of carb, betas, inplanes, or other vehicles, did the organization face we access business holdings any time during the year?       7d       X         8       Sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Did the sponsoring organization make and sistribution to a donor, donor advised runds.       10a       10a         10       Sponsoring organizations make mounts due or paid to other sources (Do An et amounts due or receive), included on Form 900, Part VIII, line 12.       10a       10a         11       Gross income from members or shareholders.       10a       10a       11a	b				
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.       7a       X         b       If "Yes," idd the organization notify the donor of the value of the goods or services provided?.       7b       7c       X         c       Did the organization notify the donor of the value of the goods or services provided?.       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f       Did the organization received a contribution of qualified Intellectual property, did the organization file Form 8899 as required?       7d       X         g       Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 49667.       9a       X         9       Sponsoring organization make a distribution to a corror, donor advised rom 990. Part VIII, line 12, for public use of club facilities .       11a       10b       9a       X         11       Section 501(c)(2) organizations. Enter:       11a       11b       11b       12a         12       Section 501(c)(2) organizations. Enter:       11a       11b       12a       12a       14a			. <b>6</b> b		
and services provided to the payor?     7a     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b     X       c     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year.     7d     X       d     Did the organization receive any funds, directly or indirectly, to pay permums on a personal benefit contract?     7c     X       f     Did the organization received a contribution of qualified intellectual property, did the organization file Form 8089 as required to a file form 8089 as required a contribution of qualified intellectual property, did the organization file Form 8089 as required to file sponsoring organization have excess business holdings at any line during the year?     7g     X       e     Sponsoring organization maintaining donor advised funds.     Did the sponsoring organization make any taxable distributions under section 4966?     Ba     X       9     Sponsoring organizations. Enter:     a     Initiation fees and capital contributions. Included on Part VIII, line 12.     10a     10b       11     Section 501(c)(12) organizations. Enter:     a     Initiation fees and capital contributions. Included on Part VIII, line 12.     10a     10b       12     Section 501(c)(12) organization sincluded on Part VIII, line 12.     11a     11a     12a	7				
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?.       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       X         f       Did the organization, during the year, papy premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g       If the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         g       Sponsoring organizations maintaining door advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       8a       X         g       Sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organizations. Enter       10a       10a       10b       10b         11       Section 501(c)(7) organizations. Enter       11a       10a       10b       10c         12       Section 4947(a)(1) non-exempt chartable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a	а				
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If Yes, "Indicate the number of Forms 8282 filed during the year.       7d       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization for 8899 as required?       7f       X         g       If the organization received a contribution of caris, boats, airplanes, or other vehicles, did the organization fale a Form 1098-C?       7h       X         g       Sponsoring organizations maintaining donor advised funds.       8       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Did the sponsoring organization make a distribution to a donor, donor advised funds.       9b       X         10       Bid cross income from members or shareholders       10b       10b       10b       10b         11       Section 501(c)(7) organizations. Enter:       11a       11a       11b       12a       11b         13       Section 501(c)(2) organization were there there there there son capital contributions included on Part VIII, line 12, for public use of club facilities       11b					X
required to file Form 8282?.   required to file Form 8282? 7c X   d If Yes," indicate the number of Forms 8282 filed during the year 7d 7e X   f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X   g If the organization receive a contribution of qualified inteliectual property, did the organization file Form 1098-C? 7g 7h X   g If the organization cevied a contribution of qualified inteliectual property, did the organization file Form 1098-C? 7g 7h X   8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8 X   9 Sponsoring organizations maintaining donor advised funds. 8 X   9 Sponsoring organizations maintaining donor advised funds. 8 X   9 Sponsoring organizations make any taxable distributions under section 4966? 9a X   9 Did the sponsoring organizations. Enter: 10a 10a   1 Section 691(C)(7) organizations. Enter: 10a 10b   a Gross income from members or shareholders 11a 12a   b Gross receipts, included on Form 990, Faft VIII, line 12, for public use of club facilities 11b 12a   12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a   13 Section 501(c)(2) qualified nongrafiet the erganization filing Form 990 in lieu of Form 1041? 13a   14 Did the organization receive any payments for indoor tanning services during the yayer?					
d       If "Yes," indicate the number of Forms 8282 filed during the year.       Image: Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Contentet amounts due or received from them.)	С		70		v
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?.       7f       X         f       The organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?.       7f       X         8       Sponsoring organizations maintaining donor advised funds.       1d a donor advised funds.       8       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X       9b       X         10       the sponsoring organizations maintaining donor advised funds.       10a       10a       10a       10a       10b       X       9b       X         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10a       10b       10a       10b	А				
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         g       If the organization received a contribution of qualified intellectual property, did the organization fall a Form 1098-C?       7h       X         g       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       ga       X         g       Sponsoring organization make any taxable distributions under section 4966?       ga       X         b       Did the sponsoring organizations. Enter:       10a       10b       X         10       Section 501(c)(12) organizations. Enter:       10a       10b       10c       11a       10b       10b       10b       10b       10b       10c       11a       10b       10b       10c       11a       10b       10c			76		x
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 Form 1098-C?.       7h         8       Sponsoring organization maximizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         10       the sponsoring organizations. Enter:       10a       10a       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10c       10	_				
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 mave excess business holdings at any time during the year?       8       X         9       Sponsoring organizations maintaining donor advised funds.       9a       X         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organizations. Enter:       10a       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10b       10c					
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       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Section 501(c)(7) organizations. Enter:       10a       10a       10b       X         10       Section 501(c)(12) organizations. Enter:       10a       10b       10b       X         11       Section 501(c)(12) organizations. Enter:       11a       11a       11a       11a       11a       11a       11a       11a       11b       12a	-				
9       Sponsoring organizations maintaining donor advised funds.       9a       X         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b         c       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11a       11a       12a         12       Section 501(c)(12) organizations included on Part VIII, line 12, for public use of club facilities       11a       12a       12a         13       Section 501(c)(12) organizations included on Part VIII, line 12, for public use of club facilities       11a       12a       12a         14       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       12a       12a       12a         12a       Section 501(c)(12) gualified nonprofit health insurance issuers.       13a       13a       13a         13a       Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a       14a       X         144       Did the organization subject to the section 49	8				
a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       9b       X         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a       10b       11a       11a       11a       11a       11a       11b       12a       11b       12a       13a       13a       13a       13a       13a       13a		sponsoring organization have excess business holdings at any time during the year?	8		Х
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b	9				
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12	а				
a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations; Enter:       11a       11a         b       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         c       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       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         c       Enter the amount of reserves on hand       13b       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14a       X         b       If "Yes,"	b		9b		Х
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b       10b         11       Section 501(c)(12) organizations: Enter       11a       11a         a       Gross income from members or shareholders	10	Section 501(c)(7) organizations. Enter:			
11       Section 501(c)(12) organizations: Enter.       Image: transmission of the sources is against amounts of the sources is against amounts due or received from them.)       Image: transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmission of transmissin transmissin of transmission of transmission of transmission of					
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b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         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       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       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       X         16       X					
against amounts due or received from them.)       11b       11b         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       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       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.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         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       X         16       X			_		
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	U				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		12a		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14b       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       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X       15       X         16       X       X       16       X					
a       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.       Image: Construction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       Image: Construction of the organization of the organization receives on hand       13b       Image: Construction of the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       Image: Construction of 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       X         If "Yes," see instructions and file Form 4720, Schedule N.       Image: Construction of the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Constraint of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		. 13a		
the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       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       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X					
c       Enter the amount of reserves on hand .       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	b	Enter the amount of reserves the organization is required to maintain by the states in which			
<ul> <li>14a Did the organization receive any payments for indoor tanning services during the tax year?</li></ul>		the organization is licensed to issue qualified health plans			
<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li> <li>14b</li> <li>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</li></ul>	С				
<ul> <li>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</li></ul>	_				Х
excess parachute payment(s) during the year       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X			<b>14b</b>	ļ	<u> </u>
If "Yes," see 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?	15				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		excess parachute payment(s) during the year	15		Х
,		If "Yes," see instructions and file Form 4720, Schedule N.			
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .	16		Х
		If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

81-2194708 Page 5

Form 9	990 (2020) WILDHEART 81-219	4708	P	age <b>6</b>
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI.	ee ins	" struct	
Sect	ion 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       1a       3         If there are material differences in voting rights among members of the governing body, or       if the governing body delegated broad authority to an executive committee or similar       committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•	V	
3	any other officer, director, trustee, or key employee?	2	Х	
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
2	the year by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.0	~	
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		Х
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	V	
a b	The organization's CEO, Executive Director, or top management official.       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .	15a 15b	Х	Х
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		^
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
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-T (Section 5	501(0)		
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	50 T(C)	,	
	Own website 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 pol	icy.		
	and financial statements available to the public during the tax year.	<i></i>		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	►		
	CRISTINA HERMAN (405) 234-0866			
	333 SOUTH 13TH STREET, HARRISBURG, PA 17104			

Form 990 (2020)	WILDHEART	81-2194708	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated	
	<b>Employees, and Independent Contractors</b> Check if Schedule O contains a response or note to any line in this Part VII.		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated	Employees	
organization's	,	-	
0	of the ergenization's <b>eurrent</b> officers, directors, trustees (whether individuals or ergenization	na) regardlaga of amount	

• 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and tite     (B) Average prevention prevention of our determine that one prevention of our determine our determine that our determine our deter					(0	C)					
Name and title     Average hours per work (list ary hours for metal direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction direction di	(A)	(B)	(do r	not ch	neck	more	e than o	ne	(D)	(E)	(F)
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(6)     (7)       (8)     (8)       (9)     (10)       (11)     (11)       (12)     (13)	(4)										
(6)     (7)       (8)     (8)       (9)     (10)       (11)     (11)       (12)     (13)	(5)										
(8)     (9)     (10)     (11)       (11)     (12)     (13)     (14)	(6)										
(9)     (10)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)     (11)											
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	(12)										
(14)	(13)										
	(14)										

Form 990 (2020)

Form	990 (2020)	WILD	DHEART										8	31-219	4708	Page <b>8</b>
Pa	art VII	Section A	A. Officers,	Directors, Tru	istees, Key Em	ploye	es,	and	d Hi	ghest	Co	ompensated En	nployees (	contin	ued)	
		(A) Name ar			(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe d a d	erson lirecto	e than o is both thruste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensa from rela organizat (W-2/1099-	ation ated ions	o comj fro organ	(F) ted amount f other oensation om the ization and organizations
(15)													À			
(16)												Ś				
(17)																
(18)																
(19)										ć						
(20)												0				
(21)																
(22)																
(23)																
(24)																
(25)																
1b	Subtotal										•	0		0		0
c				to Part VII, S		• •	•	• •	•	• •		0		0		0
-				•		• •	• •	•	• •	• •		0		0		0
 2	Total num	ber of indiv	iduals (inclu		mited to those lis						/ed	more than \$100	),000 of	0		
	reportable	compensa	tion from tr	e organization												0
3					ector, trustee, ke							ompensated			3	Yes No
4	For any in the organi	dividual list zation and	ed on line f	la, is the sum o	of reportable con ter than \$150,00	npen: )0? <i>li</i>	satio f "Ye	on a es,″	nd o <i>con</i>	other o <i>nplete</i>	con Sc	npensation from hedule J for suc				
5	Did any pe		on line 1a			n froi	m ar	וy u	nrel	ated o	orga	anization or indiv		•	4	X
0					es," complete So	cneai	ile J	for	suc	n per	son				5	Х
	tion B. Inde						4			41			\$400.000			
1												ived more than with or within the				ır.
			Name	(A) and business add	ress							<b>(B)</b> Description of ser	vices	C	(C) compens	
N/A																0
																0
																0
																0
	- · · ·															0
2					ding but not limitoriation		tho	se l	liste	d abo	ve) 1	who received				

	90 (202	,				81-21947	708 Page S
Part	: VIII						
		Check if Schedule O contains a response or	note to any line in				· · · <b></b>
				<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue	function revenue	business revenue	from tax under
							sections 512-514
s s	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
ษี อี	с	Fundraising events	0				
Ъл,	d	Related organizations	0				
lar Iar		Government grants (contributions) <b>1e</b>	0				
s, s	e		0				
is Si	Ť	All other contributions, gifts, grants, and					
hei d		similar amounts not included above 1f	228,855				
<u> </u>	g	Noncash contributions included in					
u p		lines 1a–1f <b>1g</b>	\$0				
စာပ	h	<b>Total.</b> Add lines 1a–1f		228,855			
			Business Code	,			
e e	2a	PROGRAM TUITION	900099	9,140			
Ξ.	b		000000	0,110			
iue	U O			•			
c u	C			0			
Program Service Revenue	d			0			
δ ^ω	е			0			
ξl	f	All other program service revenue		0			
-	g	Total. Add lines 2a–2f		9,140			
	3	Investment income (including dividends, interest					
	•	other similar amounts).		0			
	4	Income from investment of tax-exempt bond pro		0			
	4						
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 5,690					
	b	Less: rental expenses . 6b					
	с	Rental income or (loss) 6c 5,690	0				
	d	Net rental income or (loss)		5,690			
	7a	Gross amount from (i) Securities	(ii) Other	0,000			
		sales of assets					
Ð			0				
	b	Less: cost or other basis					
/er		and sales expenses 7b 0	0				
Ś	С	Gain or (loss) 7c 0	0				
L.	d	Net gain or (loss)	🕨	0			
Other Reven	8a	Gross income from fundraising					
ō		events (not including \$					
		of contributions reported on line 1c).					
		See Part IV, line 18	0				
	F		0				
	b		Ŷ	-			
	С	Net income or (loss) from fundraising events .	🟲	0			
	9a						
		See Part IV, line 19	0				
	b	Less: direct expenses 9b	0				
	с	Net income or (loss) from gaming activities		0			
		Gross sales of inventory, less					
		returns and allowances	0				
	L.		-				
		5		-			
	С	Net income or (loss) from sales of inventory		0			
s			Business Code				
e e	11a	MERCHANDISE SALES	900099	3,495			
ואָד א	b	VAN USAGE INCOME	900099	3,477			
Miscellaneous Revenue	с		900099	46			
s 🕷	h	All other revenue	-	0			
Ϊ	e	Total. Add lines 11a–11d.         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         . <td></td> <td>7,018</td> <td></td> <td></td> <td></td>		7,018			
-	e			250,703		0	
	12	Total revenue. See instructions					

	990 (2020) WILDHEART			81-2194	708 Page <b>10</b>
	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note t	-			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		•	5	·
_	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	50,715	25,357	15,215	10,143
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include		$\mathbf{\lambda}$		
	section 401(k) and 403(b) employer contributions)	0			
9		0 30	17	40	
10 11		30	1/	13	
a	Fees for services (nonemployees): Management	0			
a b		0			
c		3,484	•	3,484	
d		0		0,101	
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	3,948	3,948	4 700	
13	Office expenses	4,766		4,766	
14 15	Information technology	0			
16		24,744	11,135	13,609	
17	Travel	0	11,100	10,000	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,862	3,538	4,324	0
23		11,225	5,051	6,174	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSES	49,447	49,447		
b	REPAIRS/MAINTENANCE	11,491	4,908	6,583	
С	AUTO	5,858	818	5,040	
d	SUPPLIES	3,750	2,139	1,611	
е	All other expenses Hospitality	1,180		1,180	
25	Total functional expenses. Add lines 1 through 24e	178,500	106,358	61,999	10,143
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
					<b>G</b> (0000)

	990 (2	,			81-2194708 Page <b>11</b>
Pa	rt X				_
		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	72,517	1	163,982
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	C
	4	Accounts receivable, net	0	4	C
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	0	-	
	~	controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined		6	
Ś	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6 7	
Assets	7	Notes and loans receivable, net	0	8	C
As	8	Inventories for sale or use	0	<u>8</u> 9	
	9	Prepaid expenses and deferred charges		9	
	10a	other basis. Complete Part VI of Schedule D <b>10a</b> 204,652			
	b	Less: accumulated depreciation <b>10b</b> 14,624	197,890	10c	190,028
	11	Investments—publicly traded securities	0	11	190,020
	12	Investments—other securities. See Part IV, line 11.	0	12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14		0	14	C
	15	Other assets. See Part IV, line 11.	0	15	C
	16	Total assets. Add lines 1 through 15 (must equal line 33)	270,407	16	354,010
	17	Accounts payable and accrued expenses	2,933	17	2,633
	18	Grants payable	0	18	2,000
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
ŝ	22	Loans and other payables to any current or former officer, director,	-		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	11,700
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	2,933	26	14,333
es		Organizations that follow FASB ASC 958, check here ► X			
рč		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions .	234,974	27	315,093
B	28	Net assets with donor restrictions	32,500	28	24,584
ŭ		Organizations that do not follow FASB ASC 958, check here			
Ļ		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds	0	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund .	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	267,474	32	339,677
Z	33	Total liabilities and net assets/fund balances	270,407	33	354,010 Form <b>990</b> (2020)

Form	990 (2020) WILDHEART	8	31-2194	708	Pag	ge <b>12</b>
Part	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			250	),703
2	Total expenses (must equal Part IX, column (A), line 25)	2			178	3,500
3	Revenue less expenses. Subtract line 2 from line 1	3			72	2,203
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			267	7,474
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain on Schedule O).	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10			339	9,677
Part	XII Financial Statements and Reporting				ĺ	
	Check if Schedule O contains a response or note to any line in this Part XII.		• •		•	
					Yes	No
1		DIFIE	<u>) C</u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
-	Schedule O.			-	X	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	• • •	•	2a	Х	
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		·	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		· · ·	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
•	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			•		V
<b>L</b>	the Single Audit Act and OMB Circular A-133?		•	3a		Х
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.			3b		
	required addit of addits, explain why on Schedule of and describe any steps taken to undergo such addits .				990	(2020)
				FOIIII	550	(2020)
	$\blacksquare$					

4500	Dep	preciation and A	Amortiza	tion		OMB	No. 1545-0172
Form <b>4562</b>	-	ng Information or			l l		
	(เกิดเนน	•		operty)		4	.020
Department of the Treasury Internal Revenue Service (99)	Go to www.irs.g	Attach to your tax ov/Form4562 for instruction		test informatio	n.		hment ence No. <b>179</b>
Name(s) shown on return		ess or activity to which this f			Identifying num		
WILDHEART	990				81-2194708		
		erty Under Section 1					
1 Maximum amount (see instru		te Part V before you comple				1	
2 Total cost of section 179 pro	,					2	
3 Threshold cost of section 17						3	
4 Reduction in limitation. Subtr	act line 3 from line 2. If	f zero or less, enter -0				4	0
<b>5</b> Dollar limitation for tax year.				•		_	
separately, see instructions					(c) Elected cos	5	0
6 (a) Descrip	otion of property	(d)	ost (business use	oniy)	(C) Elected cos	ι	
7 Listed property. Enter the an	nount from line 29			7			
8 Total elected cost of section						8	0
9 Tentative deduction. Enter th						9	0
10 Carryover of disallowed dedu						10	
<ul><li>11 Business income limitation. E</li><li>12 Section 179 expense deduct</li></ul>						11	0
13 Carryover of disallowed dedu				1		<b>12</b>	0
Note: Don't use Part II or Part III				• 10	Į	0	
		nd Other Depreciatio	n (Don't incl	ude listed pr	operty. See ins	truct	ions.)
14 Special depreciation allowan							
during the tax year. See instr						14	
<b>15</b> Property subject to section 1						15	
16 Other depreciation (including		e listed property. See i			<u></u>	16	
Part III MACRS Deprec		Section A	nstructions.				
17 MACRS deductions for asse	ts placed in service in t		2020			17	7,862
18 If you are electing to group a							,
asset accounts, check here					🕨 🔲		
Section B -	Assets Placed in Serv	vice During 2020 Tax Ye	ar Using the	General Depr	eciation System		
	(b) Month and	(c) Basis for depreciation					
(a) Classification of property	year placed	(business/investment use	(d) Recovery period	(e) Convention	(f) Method	<b>(g)</b> D	epreciation deduction
10 - 0	in service	only—see instructions)					
19 a3-year propertyb5-year property							
<b>c</b> 7-year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs.		S/L		
h Residential rental			27.5 yrs.	MM	S/L		
property			27.5 yrs.	MM	S/L		
<ul> <li>Nonresidential real property</li> </ul>			39 yrs.	MM MM	S/L S/L	-	
	ssets Placed in Servi	ce During 2020 Tax Yea	Using the A			n n	
20 a Class life					S/L	Ï	
<b>b</b> 12-year			12 yrs.		S/L		
<b>c</b> 30-year			30 yrs.	MM	S/L		
d 40-year	······································		40 yrs.	MM	S/L		
Part IV Summary (See 1						04	
<ul><li>21 Listed property. Enter amou</li><li>22 Total. Add amounts from line</li></ul>		7 lines 10 and 20 in colu	 mn (a) and lin	 ne 21 Enter		21	
here and on the appropriate						22	7,862
23 For assets shown above and							1,002
portion of the basis attributat	•			23			

SCHE	DU	LE	Α
(Form	990	or	990-EZ)

mant of th

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

2020 Open to Public

OMB No. 1545-0047

		evenue Service	► Got	to www.irs.gov/Forn	n990 for instructions ar	nd the late	st informa	tion.	Inspection
Name	of tl	he organization						Employer identification	number
WILD									94708
Par					ganizations must co				
The c	orga			•	or lines 1 through 12, o	-		,	
-					of churches described in			(A)(I).	
2					ach Schedule E (Form				
3			•		zation described in <b>sec</b>	•		•	
4		hospital's name	e, city, and state	:	nction with a hospital c				
5		An organization section 170(b)	n operated for th ( <b>1)(A)(iv).</b> (Com	e benefit of a colleg plete Part II.)	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state	e, or local govern	nment or governmer	ntal unit described in <b>se</b>	ection 170	)(b)(1)(A)(	(v).	
7				eceives a substantia <b>(A)(vi).</b> (Complete F	al part of its support fro Part II.)	m a gove	rnmental u	unit or from the gene	ral public
8		A community tr	rust described in	section 170(b)(1)(	A)(vi). (Complete Part	II.)			
9		or university or	a non-land-grar	nt college of agricult	section <b>170(b)(1)(A)(ix</b> ure (see instructions).	Enter the	name, city	, and state of the co	llege or
10	Х	receipts from a support from g	ctivities related to ross investment	to its exempt function income and unrelated	nan 33 1/3% of its supp ons—subject to certain ed business taxable in See <b>section 509(a)(2).</b>	exception come (les	is, and (2) s section {	no more than 33 1/3 511 tax) from busine	3% of its
11		An organization	n organized and	operated exclusive	ly to test for public safe	ety. See <b>s</b> e	ection 509	9(a)(4).	
12		of one or more	publicly support	ted organizations de	ly for the benefit of, to escribed in <b>section 509</b> bes the type of suppor	<b>9(a)(1)</b> or s	section 5	09(a)(2). See section	n 509(a)(3).
а		the supporte	ed organization(		pervised, or controlled l Ilarly appoint or elect a <b>tions A and B.</b>				
b		control or m	anagement of th		r controlled in connecti ization vested in the sa ections A and C.				
С					organization operated i You must complete F				rated with,
d		Type III nor	n-functionally ir	ntegrated. A suppor	ting organization operation generally must sati	ated in cor	nnection w	vith its supported org	
	l				plete Part IV, Sections				
е		functionally	integrated or T	zation received a wr	itten determination fror ally integrated supportir	n the IRS	that it is a	і Туре I, Туре II, Тур	e III
f		-							0
g		Provide the follo	owing informatio	n about the support					
	(i)	Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	<ul> <li>(v) Amount of monetary support (see instructions)</li> </ul>	(vi) Amount of other support (see instructions)
						Yes	No		
(A)						163			
()									
(B)									
(C)									
(D)									
(E)									
Total								0	0

Sche	dule A (Form 990 or 990-EZ) 2020 WILDHEAI	RT				81-21947	08 Page <b>2</b>
Pa	t II Support Schedule for Orga (Complete only if you checked						oder
	Part III. If the organization fa				•		
Sec	tion A. Public Support					art m.j	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(8) 2011		(4) 2010	(0) 2020	0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<u>.</u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge						<u> </u>
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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)						
6	Public support. Subtract line 5 from line 4						0
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	<b>(f)</b> Total
7 8	Amounts from line 4	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
	Gross receipts from related activities, etc. (se <b>First 5 years.</b> If the Form 990 is for the organ organization, check this box and <b>stop here</b> .	nization's first, sec	ond, third, fourth, c	or fifth tax year as a	section 501(c)(3)	12	
Sec	tion C. Computation of Public Sup	oport Percenta	ige			<del>_</del>	
14	Public support percentage for 2020 (line 6, c	( )	•	. , ,		14	0.00%
15	Public support percentage from 2019 Schede					15	0.00%
	<b>33 1/3% support test—2020.</b> If the organization qualifies as	a publicly support	ed organization .				
b	<b>33 1/3% support test—2019.</b> If the organization qualified box and <b>stop here.</b> The organization qualified						
17a	<b>10%-facts-and-circumstances test—2020</b> 10% or more, and if the organization meets the Part VI how the organization meets the facts organization .	he facts-and-circur -and-circumstance	nstances test, che s test. The organiz	ck this box and <b>sto</b> ation qualifies as a	<b>p here</b> . Explain in		
b	<b>10%-facts-and-circumstances test—2019</b> 15 is 10% or more, and if the organization m in Part VI how the organization meets the fac organization	eets the facts-and- cts-and-circumstan	circumstances test ces test. The organ	t, check this box an nization qualifies as	d <b>stop here</b> . Expl a publicly support	ain ted	 ▶∏
18	Private foundation. If the organization did r instructions .	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		 

Schedule A (Form 990 or 990-EZ) 2020

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

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

	tion A. Public Support					1	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	19,283	200,410	185,013	215,040	228,855	848,601
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	75,334	62,296	18,817	19,399	18,325	194,171
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	3,080	4,272	1,352	2,241	3,523	14,468
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	97,697	266,978	205,182	236,680	250,703	1,057,240
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons .	ŀł					0
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						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						4 057 040
<u> </u>	line 6.).						1,057,240
	ction B. Total Support	(a) 2016	(h) 2017	(a) 2019	(4) 2010	(-) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	
9	Amounts from line 6	97,697	266,978	205,182	236,680	250,703	1,057,240
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						0
h	royalties, and income from similar sources Unrelated business taxable income (less						0
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
r	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.).........						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	97,697	266,978	205,182	236,680	250,703	1,057,240
14	First 5 years. If the Form 990 is for the orga	nization's first, sec	ond, third, fourth, c	r fifth tax year as a	a section 501(c)(3)		
	organization, check this box and <b>stop here</b> .						► X
Sec	tion C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2020 (line 8, c	olumn (f), divided b	y line 13, column (	(f))		15	0.00%
16	Public support percentage from 2019 Sched					16	0.00%
Sec	tion D. Computation of Investmer	it Income Perc	entage			1	
17	Investment income percentage for 2020 (line	e 10c, column (f), di	vided by line 13, c	olumn (f))....		17	0.00%
18	Investment income percentage from 2019 Se					18	0.00%
19a	33 1/3% support tests—2020. If the organi						
	not more than 33 1/3%, check this box and s				-		Þ 📘
b	<b>33 1/3% support tests—2019.</b> If the organi						
<b>~</b> ~	line 18 is not more than 33 1/3%, check this	-	-				· · · · · <b>F</b> []
20	Private foundation. If the organization did r	IOL CHECK & DOX ON	iine 14, 19a, or 19	D, CNECK THIS DOX A	na see instructions	5	🕨 🛄

Page **3** 

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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		
20		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
30		
9c		
10a		
10b		

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IV Supporting Organizations (continued)			
		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
A family member of a person described in line 11a above?	11b		
A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, prov	/ide		
detail in <b>Part VI.</b>	11c		
ion B. Type I Supporting Organizations			
		Yes	No
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization and more than one supported organization.	ers, ported		
	Supporting Organizations (continued)           Has the organization accepted a gift or contribution from any of the following persons?           A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?           A family member of a person described in line 11a above?           A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, providetail in Part VI.           Ion B. Type I Supporting Organizations           Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officed 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	IV       Supporting Organizations (continued)         Has the organization accepted a gift or contribution from any of the following persons?         A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?         A family member of a person described in line 11a above?         A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.         Ito B. Type I Supporting Organizations         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	IV       Supporting Organizations (continued)       Yes         Has the organization accepted a gift or contribution from any of the following persons?       Yes         A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?       11a         A family member of a person described in line 11a above?       11b       11b         A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.       11c         Ion B. Type I Supporting Organizations       Yes         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

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 in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard.

### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 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.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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.
- 3 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.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2

1

3

Yes No

Schedule A (Form 990 or 990-EZ) 2020

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	•		
instructions. All other Type III non-functionally integrated supporting orga	anization	s must complete Sections	
Section 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	0	C
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	0	C
Section 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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	C
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	C
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	C
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	(
6 Multiply line 5 by 0.035.	6	0	
7 Recoveries of prior-year distributions	7	0	C
8 Minimum Asset Amount (add line 7 to line 6)	8	0	C
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		C
5 Income tax imposed in prior year	5		-
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		C
7 Check here if the current year is the organization's first as a non-functiona	llv intear	ated Type III supporting	

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

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi		1-2194700 Page 1
Section	on D - Distributions	· · · · · · · · · · · · · · · · · · ·	· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part VI</b>	)	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required— <i>explain in <b>Part VI</b>)</i> . See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 0			
b	From 2016 0			
	From 2017			
	From 2018			
	From 20190			
	Total of lines 3a through 3e	0		
<u> </u>	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2020 distributable amount			0
<u> </u>	Carryover from 2015 not applied (see instructions)	0		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from Section D, line 7: \$ 0			
	Applied to underdistributions of prior years		0	
	Applied to underdistributions of phot years		0	0
	Remainder. Subtract lines 4a and 4b from line 4.	0		0
<u> </u>	Remaining underdistributions for years prior to 2020, if	0		
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h		0	
5	and 4b from line 1. For result greater than zero, <i>explain</i>			
	in <b>Part VI.</b> See instructions.			0
7	Excess distributions carryover to 2021. Add lines 3j			
-	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2016 0			
b	Excess from 2017 0			
C				
d	Excess from 2019 0			
e	- /			
	· · · · · · · · · · · · · · · · · · ·	-		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	orm 990 or 990-EZ) 2020 WILDHEART	81-2194708	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 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,	17b; Part , 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 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,		
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		

Schedu	le B	
(Form 990,	990-E	Z,

Internal Revenue Service

# or 990-PF)

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization	Employer identification number
WILDHEART	81-2194708
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Employer	identification	number
	04 0404700	

Name of organization WILDHEART

81-2194708

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	ERIC & MICHELLE VERA         15464 SW 19TH STREET         MIRAMAR       FL       33027         Foreign State or Province:         Foreign Country:	\$ <u>10,069</u> _	Person X Payroll I Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	TFEC           200 N. 3RD STREET           HARRISBURG         PA           17101           Foreign State or Province:           Foreign Country:	\$10,750_	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	THE FAILE FOUNDATION         1250 REVOLUTION MILL DR.         GREENSBORO       NC       27402         Foreign State or Province:         Foreign Country:	\$ <u>20,781</u> _	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	KIMBER & DEBROAH LATSHA         1421 HERITAGE SQ.         MIDDLETOWN       PA       17057         Foreign State or Province:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	PRAISE COMMUNITY CHURCH         705 S OGONTZ ST         YORK       PA       17403         Foreign State or Province:         Foreign Country:	\$ <u>5,750</u> _	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	LES HERMAN         5 TROTTERS LANE         MCCLOUD       OK       74851         Foreign State or Province:         Foreign Country:	\$ <u>8,500</u> _	Person X Payroll I Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer	identification	number
	81-2194708	

Name of organization WILDHEART

Part I

(a)

No.

7

 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (b)
 (c)
 (d)

 Name, address, and ZIP + 4
 Total contributions
 Type of contribution

 DANIELLE VERA
 Person
 X

 1040 W. ADAMS ST
 Payroll
 Noncash

 CHICAGO
 IL
 60607
 \$
 17,600
 Noncash

Foreign State or Province: (Complete Part II for Foreign Country: _____ noncash contributions.) (b) (a) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 CITY OF HARRISBURG CENTRAL DISBURSEMENT Person 8 Х 10 N 2ND STREET Payroll HARRISBURG PA 17101 _____ 10,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country: _____ noncash contributions.) (b) (C) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ENCOUNTER CHURCH Person 9 Payroll 300 HIDEAWAY DRIVE QUARRYVILLE PA 17566 Noncash \$ 8,720 Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (b) (C) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. WEST SHORE EVANGELICAL FREE Person 10 Х 1345 WILLIAMS GROVE ROAD Payroll MECHANICSBURG PA 17055 10,196 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (C) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person _____ Payroll \$____ Noncash

Foreign State or Province:

Foreign Country:

(Complete Part II for noncash contributions.)

Name of organization

WILDHEART

Employer identification number 81-2194708

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of org WILDHEAF				Employer identification number 81-2194708	
Part III	<b>Exclusively</b> religious, charitable, etc., cont (10) that total more than \$1,000 for the year the following line entry. For organizations con contributions of \$1,000 or less for the year. ( Use duplicate copies of Part III if additional sp	<b>r from any one contributor.</b> Constributor of the non- npleting Part III, enter the total of Enter this information once. See	omplete col of <i>exclusive</i>	section 501(c)(7), (8), or umns (a) through (e) and ly religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held	
Faiti					
	Transferee's name, address, and ZIF	(e) Transfer of gift	ionshin of	transferor to transferee	
		·			
(a) No.	For. Prov. Country				
from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and ZIF	P + 4 Relat	tionship of	transferor to transferee	
	  For. Prov. Country	·			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(1	d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and ZIF	P + 4 Relat	tionship of	transferor to transferee	
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, and ZIF	P + 4 Relat	tionship of	transferor to transferee	
	For. Prov. Country				

SCHEDULE D (Form 990)

HTA

Department of the Treasury

# **Supplemental Financial Statements**

 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990. OMB No. 1545-0047

Open to Public
Inspection

Internal	Revenue Service <b>Go to www.irs.gov</b>	//Form990 for instructions and the latest info	ormation. Inspection
Name o	of the organization		Employer identification number
WILD	HEART		81-2194708
Part	<b>I</b> Organizations Maintaining Donor	Advised Funds or Other Similar Fun	ids or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year).		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, donor	<b>.</b>	
	only for charitable purposes and not for the be		
	conferring impermissible private benefit?		
Part			
i ai c		ed "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by		
•	Preservation of land for public use (for example		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation ease		
С	Number of conservation easements on a certif		2c
d	Number of conservation easements included i		
•	historic structure listed in the National Registe		
3	Number of conservation easements modified,	transferred, released, extinguished, or term	inated by the organization during
	the tax year	na mantian a sana antis ta sa da d	
4	Number of states where property subject to co		handling of
5	Does the organization have a written policy re-		
6	violations, and enforcement of the conservatio Staff and volunteer hours devoted to monitoring, in		
0	Stan and volunteer hours devoted to monitoring, in	specting, nandling of violations, and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting bandling of violations, and onforcing conso	nution accoments during the year
'	<ul> <li>Amount of expenses incurred in monitoring, inspec</li> <li></li></ul>	and, narioining of violations, and enforcing conse	rvation easements during the year
8	Does each conservation easement reported of	n line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
Ŭ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization rep		
•	balance sheet, and include, if applicable, the to		
	organization's accounting for conservation eas		
Part	III Organizations Maintaining Collect		Other Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under		statement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, education	on, or research in furtherance of
	public service, provide in Part XIII the text of the		
b	If the organization elected, as permitted under	FASB ASC 958, to report in its revenue sta	tement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, education	on, or research in furtherance of
	public service, provide the following amounts r	elating to these items:	
	(i) Revenue included on Form 990, Part VIII, I	ine 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of a		
	following amounts required to be reported und		
а	Revenue included on Form 990, Part VIII, line		► \$
	Assets included in Form 990, Part X		
	aperwork Reduction Act Notice, see the Instruc		Schedule D (Form 990) 2020

Sched	ule D (Form 990) 2020 WILDHEART			81-219	4708	Pa	ige <b>2</b>
Part	III Organizations Maintaining Collect	ctions of Art, Histor	rical Treasures, or	Other Similar Asse	ts (continu	ied)	
3	Using the organization's acquisition, accessi	on, and other records, o	check any of the follow	ing that make significan	t use of its		
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exchange pr	ogram			
b	Scholarly research	е	Other				
с	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain h	ow they further the org	anization's exempt purp	ose in Part		
	XIII.		, ,				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to				Yes		No
Part	V Escrow and Custodial Arrangem	ients.					
	Complete if the organization answe	ered "Yes" on Form §	90, Part IV, line 9, o	or reported an amour	nt on Form	1	
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodi	ian or other intermediar	y for contributions or of	ther assets not			
	included on Form 990, Part X?				Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table:	·			
					Amount		
С	Beginning balance						0
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			0
2a	Did the organization include an amount on F	orm 990, Part X, line 2	I, for escrow or custod	al account liability?	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the expl	anation has been provi	ded on Part XIII...			
Part	V Endowment Funds.						
	Complete if the organization answe	ered "Yes" on Form §	90, Part IV, line 10.				
	(a)	Current year (b) Prid	or year (c) Two years	back (d) Three years bac	k (e) Four	years ba	ack
1a	Beginning of year balance	0	0	0			
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
,	and programs						
T	Administrative expenses	0	0	0			
g 2	End of year balance Provide the estimated percentage of the curr	Ţ	÷		0		0
ے a	Board designated or quasi-endowment	%	ine ig, column (a)) nei	u as.			
b	Permanent endowment	%					
c	Term endowment ► %						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the posse		n that are held and ad	ministered for the			
	organization by:	-			Y	/es	No
	(i) Unrelated organizations				3a(i)		
	(ii) Related organizations				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as required	d on Schedule R?		3b		
4	Describe in Part XIII the intended uses of the	e organization's endowr	nent funds.				
Part				_			
	Complete if the organization answe	ered "Yes" on Form 9	990, Part IV, line 11a	a. See Form 990, Pa	rt X, line 1	0.	
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	<b>(d)</b> Book	value	
		(investment)	(other)	depreciation			005
1a		0	90,600	E 700			,600
b	Buildings	0	79,181	5,790		/3,	,391
с С	Leasehold improvements	0	0	0		05	0
d	Equipment	0	<u>33,808</u> 1,063	8,245 589			,563 474
e Tota	Add lines 1a through 1e. (Column (d) must e	-				190,	
		goon onn ood, ran A,				100,	,520

Part X       Other Liabilities. 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       (c)         (2)       (a)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)       (c)	Part VII	Investments—Other Securities.		Dent IV line 11- Or - From 1	
(1) Financial derivatives       0         (2) Closely held equity interests       0         (3) Other       0         (4)       0         (5)       0         (5)       0         (5)       0         (6)       0         (7)       0         (6)       0         (7)       0         (7)       0         (7)       0         (7)       0         (7)       0         (7)       0         (7)       0         (8)       0         (9)       0         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.         (9)       0         (10)       0         (11)       0         (12)       0         (13)       0         (14)       0         (15)       0         (16)       0         (17)       0         (18)       0         (19)       0         (10)       0         (11)					
(2) Closely held equity interests         0           (A)         0           (A)         0           (B)         0           (B)         0           (C)         0           (D)         0           (F)         0           (G)         0 <tr< td=""><td></td><td></td><td>(b) Book value</td><td></td><td></td></tr<>			(b) Book value		
(3) Other					
(A)			0		
(B)					
(C)					
(D)       (C)         (E)       (C)         (F)       (C)         (G)       (G)         (G)       (G)         (G)       (G)         (G)       (G)         (G)       (G)         (G)       (G)         (G)					
(E)					
(F)	<u>(D)</u>				
(G)       Image: Control of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image.         (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)         (2)       (2)       (2)       (3)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (	( <u>E</u> )				
(H)	(0)				
Total. Column (b) must equal Form 990, Part X, col. (b) line 12). ▶ 0 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. (a) Description of investment (b) Book value (c) Method of valuation: Cost of end-of-year market value (c) Method of valuation: Cost of end-of-year market value (c) Method of valuation: Cost of end-of-year market value (c) Method of valuation: Cost of end-of-year market value (c) Method of valuation: Cost of end-of-year market value (c) Method of valuation: Cost of end-of-year market value (c) Method of valuation: Cost of end-of-year market value (c) (c) Method of valuation: Cost of end-of-year market value (c) (c) Method of valuation: Cost of end-of-year market value (c) (c) Method of valuation: Cost of end-of-year market value (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)					
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.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (2)         (a)         (b)         (c) Method of valuation: Cost or end-of-year market value           (3)         (a)         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)           (5)         (c)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)         (c)           (7)         (c)         (c) <td></td> <td>nn (b) must equal Form 990. Part X. col. (B) line 12.). ►</td> <td>0</td> <td></td> <td></td>		nn (b) must equal Form 990. Part X. col. (B) line 12.). ►	0		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (2)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (3)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (4)         (c)         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)           (5)         (c)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (1)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (6)					
(a) Description of livestment         (b) Book value         (c) Method of valuation: Coast or end-of-year market value           (1)         Coast or end-of-year market value         (2)         (3)           (3)         (4)         (4)         (4)           (4)         (5)         (6)         (7)           (6)         (7)         (7)         (7)           (6)         (7)         (7)         (7)           (7)         (7)         (7)         (7)           (8)         (7)         (7)         (7)           (9)         (7)         (7)         (7)           (9)         (7)         (7)         (7)           (9)         (9)         (9)         (9)         (9)           (1)         (9)         (9)         (9)         (9)           (1)         (9)         (9)         (9)         (9)           (1)         (9)         (9)         (9)         (9)           (1)         (9)         (9)         (9)         (9)           (1)         (9)         (9)         (9)         (9)           (1)         Foder Jancow et aves         (9)         (9)           (1)         (9) <td></td> <td>•</td> <td>"Yes" on Form 990,</td> <td>Part IV, line 11c. See Form</td> <td>990, Part X, line 13.</td>		•	"Yes" on Form 990,	Part IV, line 11c. See Form	990, Part X, line 13.
Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control and Control					
(2)       (3)       (4)         (3)       (4)       (5)         (6)       (6)       (7)         (6)       (7)       (7)         (7)       (7)       (7)         (8)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (1)       (8)       (8)         (2)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (2)       (9)       (9)         (1)       (9)       (9)         (2)       (9)       (9)         (2)       (9)       (9)					
(3)       Image: Constraint of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	(1)				
(4)       Image: Control of Control of Control (Control (Contro) (Control (Contro) (Control (Control (Cont	(2)				
(6)	(3)				
(6)       (7)         (7)       (8)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶       0         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a)       (b) Book value         (1)       (a) Description         (b)       (b) Book value         (1)       (a) Description         (b)       (b) Book value         (1)       (a) Description         (b)       (b)         (c)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         (a)       (c)         (b)       (c)         (c)       (c)         (g)       (c)         (l)       Federal income taxes         (c)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (l)       Federal income taxes         (c)       (c)         (c)       (c)         (c)       (c)	(4)				
(7)       (8)       (9)         (9)       (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶       0         Part IX       Other Assets.       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (b) Book value       (c)         (3)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)       (c)         (a) Description of liability       (b) Book value       (c)       (c)         (1) Federal income taxes       (c)       (c)       (c)         (2)       (a) Description of liability       (b) Book value       (c)         (3)       (c)       (c)       (c)					
(8)       (9)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). •       0         Part IX       Other Assets.         (a) Description       (b) Book value         (1)       (c) Book value         (2)       (c) Book value         (3)       (c) Book value         (4)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c) Hook value         (1)       (c) Book value         (1)       (c) Book value         (1)       (c) Book value         (6)       (c) Book value         (7)       (c) Book value         (7)       (c) Book value         (1)       (c) Book value         (1) <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
(9)       0         Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶       0         Part IX       Other Assets.         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)       (a) Description         (a) Description       (b) Book value         (1)       (a) Description         (b) Book value       (c)         (c)       (c)         (c) <td></td> <td></td> <td></td> <td></td> <td></td>					
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Part IX       Other Assets.         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         (c)         (c)         (c)         (d)         (e)         (f)         (g)         (g)         (g)         (h) must equal Form 990, Part X, col. (B) line 15.).         (g)         (h) Foderal income taxes         (g)         (h) Federal income taxes         (g)         (h)         (h)         (g)         (h)         (h) <td></td> <td>on (b) must aqual Form 000 Part X and (P) line 12)</td> <td>0</td> <td></td> <td></td>		on (b) must aqual Form 000 Part X and (P) line 12)	0		
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)         (a) Description         (b) Book value           (2)         (a) Description         (b) Book value           (3)         (a) Description         (b) Book value           (4)         (a)         (b) Book value           (5)         (a)         (a)         (b) Book value           (6)         (b) Book value         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)           Part X         Other Liabilities.         (c)         (c)         (c)         (c)           (1)         (a) Description of liability         (b) Book value         (c)         (c)         (c)           (2)         (c)         (c)         (c)         (c)         (c) <td></td> <td></td> <td>0</td> <td></td> <td></td>			0		
(a) Description       (b) Book value         (1)       (b) Book value         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).       (c)         (7)       (c)         (8)       (c)         (9)       (c)         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         (1) Federal income taxes       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)	Partix		"Ves" on Form 990	Part IV line 11d See Form	000 Part X line 15
(1)       (1)         (2)       (3)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (8)         (9)       (7)         Part X       Other Liabilities.         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         (1) Federal income taxes       (2)         (3)       (4)         (4)       (5)         (6)       (6)         (7)       (8)         (9)       (9)		•		Fartiv, line Thu. See Forms	
(2)       (3)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).       (7)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).       (7)         (9)       (7)         (1)       (1)         (2)       (1)         (1)       (a) Description of liability         (1)       (a) Description of liability         (1)       Federal income taxes         (2)       (1)         (3)       (1)         (4)       (2)         (5)       (1)         (6)       (1)         (7)       (2)         (8)       (2)         (9)       (2)	(1)	(u) 2000			
(3)       (4)         (4)       (5)         (5)       (7)         (6)       (7)         (7)       (7)         (8)       (7)         (9)       (7)         Part X       Other Liabilities.         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         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (6)         (7)       (8)         (8)       (9)					
(4)					
(5)					
(7)       (8)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (1)         Part X       Other Liabilities. 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)         (4)       (5)         (6)       (7)         (8)       (1)         (9)       (2)					
(8)	(6)				
(9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(8)				
Part X       Other Liabilities. 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       (c)         (2)       (a)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)       (c)	(9)				
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       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)			ine 15.)	<u></u>	0
line 25.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)	Part X				
1.         (a) Description of liability         (b) Book value           (1) Federal income taxes         (C)           (2)         (C)           (3)         (C)           (4)         (C)           (5)         (C)           (6)         (C)           (7)         (C)           (8)         (C)           (9)         (C)			"Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Part X,
(1) Federal income taxes       (1)         (2)       (2)         (3)       (2)         (4)       (2)         (5)       (2)         (6)       (2)         (7)       (2)         (8)       (2)         (9)       (2)					[
(2)       (3)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)			tion of liability		
(3)       (4)         (4)       (5)         (5)       (6)         (6)       (7)         (8)       (9)		l income taxes			0
(4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)					
(5)       (6)         (7)       (7)         (8)       (9)					
(6)       (7)         (7)       (8)         (9)       (9)					
(7)         (8)         (9)					
(8) (9)					
(9)					
		umn (b) must equal Form 990. Part X, col. (B)	ine 25.) .	<b>.</b>	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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.

Sched	ule D (Form 990) 2020 WILDHEART	81-2194708	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.).		
е	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.).		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	0
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	-
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.).		
	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	0
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		(, line 

	Part XIII	Supplemental	Information	(continued
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SCHEDULE O	Supplemental Information to	o Form 990 or 990-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for resp Form 990 or 990-EZ or to provide an	onses to specific questions on ny additional information.	2020
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990</li> <li>Go to www.irs.gov/Form990 for the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second</li></ul>		Open to Public Inspection
Name of the organization			loyer identification number
WILDHEART		81-21	194708
	on B, Line 11B: Documents are shared at board	meetings and reviewed by	
a board member prior to	submission.		
Form 990, Part VI, Section	on C, Line 19: Documents are available upon re	quest.	

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization	Employer identification number
WILDHEART	81-2194708
	•

## Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2020

### Summary of Qualified Property by Activity

			Unadjusted
_		Activity	Cost or Basis
	1	990	114,052

### **Detail of Qualified Property**

			Date In	Recovery	Years in	Total Cost	Business/Time	Unadjusted
Activity		Asset Description	Service	Period	Service	or Basis	Use Percent	Cost or Basis
2	990	PIANO	2/5/2017	7	4	1,063	100.00%	1,063
3	990	333 13th Street Building	7/13/2018	27.5	3	20,176	100.00%	20,176
4	990	333 13th St Bldg Improvement	10/1/2018	27.5	3	41,286	100.00%	41,286
5	990	Refrigerator	3/28/2018	7	3	2,600	100.00%	2,600
6	990	WATER HEATER-333 13TH S	12/20/2018	7	3	3,415	100.00%	3,415
7	990	DIAMOND C DUMP TRAILER	7/24/2019	7	2	6,493	100.00%	6,493
8	990	BASEMENT WATERPROOF/	12/31/2019	27.5	2	17,719	100.00%	17,719
9	990	REMODEL KITCHEN MANSIO	12/31/2019	7	2	21,300	100.00%	21,300

P B 2( H	ureau of Corpor 07 North Office arrisburg, PA 17	7120	Charitable Organization Registration Statement BCO-10 (rev. 8/2017) Fee: See instructions	
Se	e <u>www.dos.pa.</u>	gov/charities for more info	rmation	
		Read all instruct	tions prior to c	ompleting form.
Certificate number: <u>31316</u> (N/A if initial registration)			If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:	
Fiscal year ended: <u>12/31/2020</u>			Organization is exempt from registration because	
		MM DD YYYY		Organization does not solicit contributions in
FEIN	I:	81-2194708		Pennsylvania
3.	Contact persor	s used to solicit contributio		Contact's e-mail: <u>CRISTINA@WILDHEARTMIN</u> ailing address (if different than principal address):
	333 SOUTH 13TH S			
	HARRISBURG	PA 17104	4	
	County: DAUF	PHIN		none number: (405) 234-0866
	800 number:		Fa	ax number:
		t than Contact's email): /.WILDHEARTMINISTRIES.COM		
5.	Type of organiz		oration, uni	ncorporated association, etc.):
	Where establis	shed: <u>PENNSYLVANIA</u>	Date est	ablished:** 04/25/2016
	-	ust submit copies of organizational organizational organizational instrument and by-la		as charter, articles of incorporation,

#### WILDHEART

6.	Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate
	units located in Pennsylvania, which share in the contributions or other revenue raised in the
	Commonwealth: (Attach a separate sheet if necessary)
	N/A

7.	Short form registration applicability – Specified types of charitable organizat §162.7(a) of the Act may file a short form registration, which permits the org without filing a financial report. Check the section that describes the organiz organization does not meet any of the criteria below for short form registration Applicable":	anizati ation. I	on to r f the	egister
	§162.7(a)(1) – Persons or organizations which solicit contributions for the relief of a spe all of the contributions collected are turned over to the named beneficiary for his/her use and provided that all contributions collected shall be held in trust			
	§162.7(a)(2) – Organizations which only solicit within the membership of the organization the organization. The term "membership" shall not include those persons who are grant upon making a contribution as the result of solicitation. "Member" means a person havin nonprofit corporation, or other organization, in accordance with the provisions of its artic bylaws or other instruments creating its form and organization and having bona fide righ organization such as the right to vote, to elect officers and directors, to hold office or pos- conferred on members of such organizations.	ed a me ng memb les of in its and p	mbersh bership corpora privilege	ip solely in a ition, is in the
	§162.7(a)(3) – Organizations which receive gross contributions of no more than \$25,000 fundraising activities are carried on only by volunteers, members, officers or permanent permanent employees are compensated for those fundraising activities			
	§162.7(a)(4) – Veterans organizations chartered under Federal law, organizations of vo ambulance associations, rescue squad associations and their auxiliaries or affiliates, wh registration, did not receive gross contributions in excess of \$100,000 and did not use a	nich are	not exe	mpt from
	X Not Applicable			
	Charitable organizations which check boxes §162.7(a)(1) – §162.7(a)(4) are a financial report with this registration. <u>If "Not Applicable" is checked, the char organization must submit financial reports which are audited, reviewed, com- prepared.</u> See Instructions.	aritable	)	
	Items 8 and 9 are required to be completed by initial registrants	s only		
8.	Date organization first solicited contributions from Pennsylvania residents:			2000/
	Other	MM	DD	YYYY
9.	If organization solicited Pennsylvania residents and received gross* contrib more than \$25,000 in any given fiscal year, provide the date the organizatic contributions totaling more than \$25,000.			
	Other	MM	DD	YYYY
	*Includes contributions received both within and outside Pennsylvania before any deduction	ons or e	xpense	6.

	ILDHEART 81-2194708 Has the organization been granted IRS tax-exempt status? XYes No
	A. If "Yes," under which IRS code section: <u>501 (C) (3)</u> and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? XYes No
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	DIRECT CONTACT, INTERNET & WEB SITE
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	TO PROVIDE PROGRAMS THAT WILL HELP DEVELOP CHRISTIAN LEADERS AS WELL AS CONDUCT MISSION TRIPS
	THAT WILL FOCUS ON THOSE WHO NEED TO HEAR THE GOSPEL, MINISTER TO THE LOST AND UNDERSERVED AND SPREAD THE TEACHINGS OF JESUS CHRIST AS TAUGHT IN THE BIBLE. THE ORGANIZATION WILL ALSO PROVIDE AN
	OUTREACH FOR RESIDENTS OF HARRISBURG AND THE SURRONDING COMMUNITY.
14.	Is the organization registered to solicit contributions in any other state or municipality? Yes XNo (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:

Month Day Year

**16.** Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

N/A

WILDHEART

**17.** Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

	<u>N/A</u>				
18.	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)				
	<u>N/A</u>				
19.	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization")				
	If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)				
20.	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")				
	If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)				
	Legal name of parent organization       Pennsylvania certificate number				
21	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)				
	<b>executive staff officers.</b> (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)				

A. Are in charge of solicitation activities:

		TANNON HERMAN
		Have final responsibility for the custody of contributions: CRISTINA HERMAN
		Have final responsibility for final distribution of contributions:
	D.	Are responsible for custody of financial records: CRISTINA HERMAN
23.	Ar	e any officers, directors, trustees, or employees related by blood, marriage, or adoption to:
	A.	Any other officer, director, trustee, or employee?
	В.	Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? **
		Any officers, agents or employees of any supplier or vendor providing goods or services? **
		**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)
		If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.
24.	Ha	is the organization or any of its present officers, directors, executive personnel or trustees ever:
	A.	Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?
	Β.	Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes $\square$ No $\propto$
	C.	Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?
		(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

**Certification** – This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date	
KIMBER LATSHA TREASURER	-	
Type or print name and title of Chief Fiscal Officer		
	<u> </u>	
Signature of Other Authorized Officer	Date	
JOLENE PICKENS PRESIDENT		
Type or print name and title of Other Authorized Officer	-	
Checklist for registration:		
Completed registration statement properly sign		
LI LI AMPLATAA RAARTATIAD STATAMANT BRADARIV/ SIAB		I I

- 5
Completed registration statement properly signed and dated.
A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
Public Disclosure Form BCO-23 (if required)
Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
Registration fee and any late filing fees
Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.
See Instructions for more information on completing this form and attachments.

#### (Rev. 5-09)

## PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

(	ORGANIZATION NAME:	WILDHEART			
(	CERTIFICATE NUMBER:	31316	FOR FISCAL YEAR ENDED:	12/	/31/2020
Part I: Gi	ross Contributions	_		_	
1) (	General Contributions			1	228,855
2) (	Gross Receipts from Specia	al Events		2	
3) (	Contributions from Affiliates			3	
4) (	Contributions Received from	n Federated Fundraising C	Organizations	4	
5) ł	Receipts from Membership I	Dues in Excess of Bona F	ïde Dues	5	
6) (	Gross Contributions (add I	lines 1 through 5)	→	6	228,855
Part II: O	Other Income				
7) I	Program Service Revenues			7	9,140
8) I	Bona Fide Membership Due	s and Assessments		8	
9) (	Government Grants and Co	ntracts		9	
10) I	Miscellaneous Income			10	12,708
11) 1	Total Income (add lines 6 t	through 10)	<b>→</b>	11	250,703
Part III: E	Expenses				
12) I	Program Services			12	106,358
13) /	Administrative Expenses			13	61,999
14) I	Fundraising Expenses			14	10,143
15) I	Payments to Affiliated Orgar	nizations		15	
16) (	Other Expenses from Specia	al Events (other than fund	raising expenses)	16	
17) I	Miscellaneous Expenses			17	
18) 1	Total Expenses (add lines	12 through 17)	<b>→</b>	18	178,500
Part IV: N	Net Assets				
19) I	Excess or (Deficit) for the Ye	ear (subtract line 18 from l	line 11)	19	72,203
20) 1	Net Assets or Fund Balance	es at Beginning of Year		20	
21) (	Other Changes in Net Asset	ts or Fund Balances (attac	h explanation)	21	
22) I	Net Assets or Fund Balanc	ces at End of Year (comb	Dine lines 19, 20, and 21)	22	72,203
(See	e Next Page for "Salaries a	and Expense Allowance	Statement")		

#### WILDHEART 31316 SALARIES AND EXPENSE ALLOWANCE STATEMENT

# Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.

23) Salaries and Expense:

Name of Individual	Title and Average Hours Per Week Devoted to Position	Salary	Expense Account and Other Allowances
Five Highest Paid Employees:			
1.			
2.			
3.			
4.			
5.			
Officers:			

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

► Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the

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electronic filing of this form	. VISIT WWW.Irs.dov/e-tile-b	roviders/e-file-for-charifies	-ana-non-proi	UIS.
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### Automatic 6-Month Extension of Time. Only submit original (no copies needed)

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)			
print	WILDHEART	81-2194708			
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.				
due date for	333 SOUTH 13TH STREET				
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
instructions.	HARRISBURG, PA 17104				

Enter the Return Code for the return that this application is for (file a separate application for each return). 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

•	elephone No. ▶ (405) 234-0866 Fax No. ▶ the organization does not have an office or place of business in the United States, check this box
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is
	e whole group, check this box ▶
1	I request an automatic 6-month extension of time until <u>11/15</u> , 20 <u>21</u> , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 20 <u>20</u> or
	▶ tax year beginning, 20, and ending, 20, 20, 20,
2	If the tax year entered in line 1 is for less than 12 months, check reason:

_____

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$ (
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ (
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ (

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2020)

Form	990

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

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. 2020 Open to Public Inspection

		the Treasury ue Service		o to www.irs.g		-		and the latest		•			pectio		
Α			lendar year, or tax	k year beginni	ing			, and e	ending	_			•		
В	Check if a	applicable:	C Name of organizat	tion WILDH	HEART					D Employ	ver identifica	ation nur	nber		
	Address	change	Doing business as					•							
Х	Name ch	ange	Number and stree		nail is not de	elivered to st	reet address)	Room/suite		81-21947					
		-	333 SOUTH 13T	HSIREEI			04-4-	ZID as da		E Telepho	one number				
	Initial retu	urn	City or town HARRISBURG				State PA	ZIP code 17104		(405) 234	-0866				
	Final return	n/terminated	Foreign country n	ame	Foreign pr	ovince/state		Foreign posta	al code						
	Amendeo	d return					<b>,</b>			G Gross re	eceipts \$			250,	703
			F Name and address	s of principal offic	or:							40			1
	Applicatio	on pending	TANNON HERM							his a group retur			Yes		No
										e an subordin 'No," attach a	-		Yes	·	No
I		mpt status:	X 501(c)(3)	501(c) (	) ┥ (	(insert no.)	4947(a)(*	1) or 527	II.	'No," attach a	list. See insi	ructions			
J	Website	e: 🕨 www	w.wildheartministr	ries.net					<b>H(c)</b> Gr	oup exemptio	n number 🕨	•			
κ	Form of	organization	n: X Corporation	Trust	Associatio	on Ot	her 🕨	L Ye	ear of form	ation: 201	7 MI Sta	te of lega	al domicile	e:	PA
	Part I	Su	mmary		_			4			·				
-	1		lescribe the organ	nization's miss	sion or m	ost sianifi	cant activitie	es: PRO		ROGRAN	IS TO DE		CHRIS	STIA	N
e			RS AND CONDU												: <u></u>
Activities & Governance			ER TO THE LOS												
/err	2		his box ► if			ntinued it	e operation	e or disposed	d of mor	a than 25%	6 of its not	t accot			
õ	3		of voting membe	-								1 45566	5.		3
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es	4 5		imber of individua	0							4				 1
۲İİ	-		imber of volunteer								6				
Acti	6		related business					• • • • •			7a				200
4	7a		elated business ta								7a 7b				0
	b	ivet unre	elated business ta	ixable income		000-0	, Pan I, line	11	<u>· · ·</u>	Prior Year	01	<u> </u>	rrent Yea		
	8	Contribu	utions and grants	(Part \/III line	1h)				-		15,040	01		228,	855
Revenue	9		n service revenue						-		15,040		4		140
ver	3		ent income (Part								0			9,	140
Re	10 11		ent income (Part VIII,								6,545			10	708
	12		venue—add lines 8						-	2	36,680				
	13		and similar amour							۷	0		4	250,	103 0
	14		paid to or for me						-		0				0
			other compensatio								56,613			50	745
see	16a		ional fundraising f						-		0			50,	143 0
ben	b		ndraising expense				,	10,143			0				
Expenses	17		xpenses (Part IX,					10,143	<u> </u>	1	14.384			127,	755
	18		penses. Add lines								70,997			178,	
	19		e less expenses.		-						65,683				203
r a	ß	Revenue	<u>e iess experises.</u>	Subtract inte		116 12.				ning of Curre		E	nd of Yea		200
ets d	20	Total as	sets (Part X, line	16)					209	-	70,407			354,	010
Ass	21		bilities (Part X, Iin							_	2,933				333
Net Assets or	22		ets or fund balanc		line 21 fr	om line 20)			2	67,474			339,	
	art II		nature Block								,			,	
			y, I declare that I have	examined this ret	turn, includi	ng accompa	nying schedule	s and statement	s, and to th	ne best of my	knowledge				
and	belief, it i	is true, corre	ect, and complete. Dec	laration of prepare	er (other tha	an officer) is	based on all in	formation of whic	ch prepare	r has any kno	wledge.				
Ci/	an														
Si He			Signature of officer							Date)				
пе	ie														
			Type or print name ar	nd title											
		Print	t/Type preparer's name	9	P	reparer's sig	nature		Dat	e			ΓIN		
Ра	id	Kat	hy Spyder						0/	10/2021	Check self-employ	if ed D(06426	10	
Pr	eparer	ſ	hy Snyder		I				9/	10/2021			06436	10	
Us	e Only	y		Accounting, In						Firm's EIN	▶ 25-183				
		Firm	n's address ► 610 L	ansvale Stree	et, Marys	sville, PA	17053			Phone no.	717-95	7-47 <u>9</u> 7	-		
Ma	iy the IF	RS discus	s this return with	the preparer s	shown al	oove? See	e instruction	IS	<u>.</u>		<u> </u>	Х	Yes		No

Form 9	90 (2020)	WILDHEART	81-2194708	Page 2
Ра	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	TO SPR	escribe the organization's mission: EAD THE TEACHINGS OF JESUS CHRIST AS TAUGHT IN THE BIBLE AND TO PROVIDE C NTS OF HARRISBURG, PA AND THE SURROUNDING COMMUNITY	OUTREACH FOR	
2	the prior	organization undertake any significant program services during the year which were not listed o Form 990 or 990-EZ?	n Yes	X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program ?	Yes	X No
4	Describe expense	e the organization's program service accomplishments for each of its three largest program service. s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants an expenses, and revenue, if any, for each program service reported.		,
4a	propertie distribute	Hill-Organized an 8 week beautification project removing 200,000 of trash on 275 s. Also hosted 3 block parties feeding 300 people which included a Christmas giveaway. We		
4b	(Code:) (Expenses \$) (Rev		
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
4d	Other pro	ogram services (Describe on Schedule O.) es \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e		bgram service expenses ► 79,300	0)	

	990 (2020) WILDHEART 81-2194	708	F	age 3
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,"		Yes	No
		1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .	7		x
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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		x
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	х	
	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		x
	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		x
	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		х
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u>11e</u>		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes,"</i> and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a		14a		X
b				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions.	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	5			Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
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		х

Form §	990 (2020) WILDHEART	81-219470	8 F	Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	2	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	;	Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24	a	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	b	
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?	24	С	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	а	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25	b	Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	5	Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27	,	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV.	28	а	Х
b	A family member of any individual described in line 28a? If Yes, " complete Schedule L, Part IV	28	b	Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV.	28	С	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29)	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30)	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32	2	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	;	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1		_	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		a	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	;	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	'	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	10	: X	
			m 990	(2020)

excess parachute payment(s) during the year	Form 9	990 (2020) WILDHEART	81-2194708	Р	age 5
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 1 b If at least one is reported on line 2a. did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a X b If Yes," hast if field a form 60-1 for this year? <i>If Yor's</i> to line 3b, provide an explanation on a signature or other authority over, a financial account is a towink account, securities account, or other financial account? 3a b If Yes," hast if field a form 60-1 for this year? <i>If Yor's</i> to line 3b, provide an explanation on two signature or other authority over, a financial account? 3a d At any time the name of the foreign country is used as a bank account, securities account, or other financial account? 4a SW as the organization aptry to a prohibited tax shelter transaction? 5a X D did any taxable party nolity the organization file from 6386.77. 5a X Ceo bes the organization aptry to a prohibited tax shelter transaction? 5a X dif Yes, 'idd the organization file from 6386.72. 5a X dif D de organization aptry to a prohibited tax shelter transaction organization aptry for opods and scharable contributions and party for goods and scharable contributions and year of a scharable contributions and year of a scha	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return. <u>2</u> X Note: If the sum of lines 1a and 2a is greater than 250, your may be required tota-file, (see instructions) <u>3</u> Dott the organization have unreliated business greas income of 18 i/000 or more during the year? <u>3</u> Ar any time during the calendar year, dift 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)? Was the organization have unable part, outry to a prohibited tax sheller transaction at any time during the statement's (Financial Account, (FMA)) See instructions of fling requirements for FinCLN Form 114. Report of Foreign Bark and Financial Account, (FMA) May the organization have annual gross received 51 form 8308-17. Do bes the organization have annual gross received 51 form 8308-17. Organization sale annual gross received 51 form 8308-17. Organization sale, annual gross received 51 form 8308-17. Organization sale and gross receive 41 forms 820.				Yes	No
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b If "Yes," has it filed a Form 390-T for this year? If "No": to line 3b, provide an explanation on Schedule O. 3b a At any time during the calendar year, dith be organization have an interest in, or a signature or other authority over, a financial account) in a foreign county (such as a bank account, securities account, or other financial account)? 4a b If "Yes," reture the name of the foreign county I 5a See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Sub day table party nofity the organization has any time during the tax year? 5a Sub day table party nofity the organization has any time during the tax year? 5a Sub day table party nofity the organization that it was or is a party to a prohibited tax shelter transaction? 5c Corganization solicit any contributions that were not tax deductible as chaintable contributions? 6a Of any table organization noticke with were youldication an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b Did the organization neceive a payment in excess of 357 made party as a contribution and partly for goods an desrives provided the payor? 7c Xz If "Yes," fudicate the number of Forms 2222 filed during the year? 7d 7d 7d 7d X If "Yes," fudicate the number of Forms 2222 filed d	2-		20		v
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations: Enter 11a 11a a Gross income from members or shareholders	10	Section 501(c)(7) organizations. Enter:			
11 Section 501(c)(12) organizations: Enter. Image: transmission of the sources is against amounts of the sources is against amounts due or received from them.) Image: transmission of transmissin transmissin of transmission of transmission of transmission of					
a Gross income from members or shareholders 11a 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 11a 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 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b 14a X b If "Yes," see instructions and file Form 4720, Schedule N. 15 X 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X			_		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 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 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 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 X 16 X					
against amounts due or received from them.) 11b 11b 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 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a 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. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 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 X 16 X			_		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	U				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b 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 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X 15 X 16 X X 16 X					
a 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. Image: Construction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Image: Construction of the organization of the organization receives on hand 13b Image: Construction of the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b Image: Construction of 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 X If "Yes," see instructions and file Form 4720, Schedule N. Image: Construction of the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
Note: See the instructions for additional information the organization must report on Schedule O. Image: Constraint of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		. 13a		
the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X					
c Enter the amount of reserves on hand . 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	b	Enter the amount of reserves the organization is required to maintain by the states in which			
 14a Did the organization receive any payments for indoor tanning services during the tax year?		the organization is licensed to issue qualified health plans			
 b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 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	С				
 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	_				Х
excess parachute payment(s) during the year 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			14b	ļ	<u> </u>
If "Yes," see 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?	15				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		excess parachute payment(s) during the year	15		Х
,		If "Yes," see instructions and file Form 4720, Schedule N.			
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .	16		Х
		If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

81-2194708 Page 5

Form 9	990 (2020) WILDHEART 81-219	4708	P	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI.	ee ins	" struct	
Sect	ion 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 1a 3 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•	X	
3	any other officer, director, trustee, or key employee?	2	Х	
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
2	the year by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.0	~	
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		Х
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	V	
a b	The organization's CEO, Executive Director, or top management official. .	15a 15b	Х	Х
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		^
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
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-T (Section 5	501(0)		
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	50 T(C)	,	
	Own website 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 pol	icy.		
	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	►		
	CRISTINA HERMAN (405) 234-0866			
	333 SOUTH 13TH STREET, HARRISBURG, PA 17104			

Form 990 (2020)	WILDHEART	81-2194708	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated	
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated	Employees	
organization's	,	-	
0	of the ergenization's eurrent officers, directors, trustees (whether individuals or ergenization	na) regardlaga of amount	

• 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and tite (B) Average prevention prevention of our determine that one prevention of our determine our determine that our determine our deter					(0	C)					
Name and title Average hours per work (list ary hours for metal direction di	(A)	(B)	(do r	not ch	neck	more	e than o	ne	(D)	(E)	(F)
per veck (list ary burs for related organizations dotted ine) per veck (list ary burs for related organizations dotted ine) per veck (list ary burs for related organizations dotted ine) from the arganization (W-2/109-MISC) compension (W-2/109-MISC) compension (W-2/109-MISC) (1) JOLENE PICKENS 2.00 X X Image: Compension (W-2/109-MISC) Image: Compension		Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated amount
Image: Constraints of the second s				1	1						
Image: Constraints of the second s		(list any	ndivi r dir	nstitu	filo	ey e	ighe mpl	orm			
.(1) JOLENE PICKENS 2.00 X X .(2) KIMBER LATSHA 2.00 X X .(2) KIMBER LATSHA 2.00 X X .(3) STEVE ESPAMER 2.00 X X .(4) .000 X X .(5) .000 X X .(6) .000 X X .(7) .000 X X .(9)		related	dua	ution	Pr	duệ	st c oyee	đ	(00-2/1099-0013C)	(1099-1013C)	related organizations
.(1) JOLENE PICKENS 2.00 X X .(2) KIMBER LATSHA 2.00 X X .(2) KIMBER LATSHA 2.00 X X .(3) STEVE ESPAMER 2.00 X X .(4) .000 X X .(5) .000 X X .(6) .000 X X .(7) .000 X X .(9)		organizations)r Urus	nal tr		oye	omp				-
.(1) JOLENE PICKENS 2.00 X X .(2) KIMBER LATSHA 2.00 X X .(2) KIMBER LATSHA 2.00 X X .(3) STEVE ESPAMER 2.00 X X .(4) .000 X X .(5) .000 X X .(6) .000 X X .(7) .000 X X .(9)			stee	uste		•	ens				
PRESIDENT 0.00 X X (2) KIMBER LATSHA 2.00 X X (3) STEVE ESPAMER 2.00 X X (4) 0:00 X X X (5) 1 1 1 1 (6) 1 1 1 1 (7) 1 1 1 1 (9) 1 1 1 1 (10) 1 1 1 1 (11) 1 1 1 1 (13) 1 1 1 1				ŏ		1	ated				
(2) KIMBER LATSHA (2.00) x x (3) STEVE ESPAMER (2.00) x x (4) (2.00) x x (4) (2.00) x x (5) (2.00) (2.00) (2.00) (6) (2.00) (2.00) (2.00) (7) (2.00) (2.00) (2.00) (8) (2.00) (2.00) (2.00) (9) (2.00) (2.00) (2.00) (10) (2.00) (2.00) (2.00) (11) (2.00) (2.00) (2.00) (12) (2.00) (2.00) (2.00) (13) (2.00) (2.00) (2.00)	(1) JOLENE PICKENS	2.00									
TREASURER 0.00 X X (3) STEVE ESPAMER 2.00 x x SECTRETARY 0:00 x x .(4) 0:00 x x .(5) 0:00 x x .(6) 0 0 0 .(7) 0 0 0 .(8) 0 0 0 .(9) 0 0 0 .(10) 0 0 0 .(11) 0 0 0 .(12) 0 0 0	PRESIDENT	<u>0.0</u> 0	X		Х						
(3) STEVE ESPAMER 2.00 x x SECTRETARY 0:00 x x (4) 1 1 1 (5) 1 1 1 (6) 1 1 1 (7) 1 1 1 (8) 1 1 1 (9) 1 1 1 (10) 1 1 1 (11) 1 1 1 (12) 1 1 1	(2) KIMBER LATSHA	2.00									
SECTRETARY 0:00 X X X .(4)		0.00	X		Х						
(4) (5) (6) (7) (6) (7) (7) (8) (7) (9) (7) (10) (7) (11) (7) (12) (7) (13) (7)		2.00									
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(6) (7) (8) (8) (9) (10) (11) (11) (12) (13)	(4)										
(6) (7) (8) (8) (9) (10) (11) (11) (12) (13)	(5)										
(8) (9) (10) (11) (11) (12) (13) (14)	(6)										
(9) (10) (11)											
(10)	(8)										
(11) (12) (13) (13)	(9)										
(12)	(10)										
(13)	(11)										
	(12)										
(14)	(13)										
	(14)										

Form 990 (2020)

Form	990 (2020)	WILD	DHEART										8	31-219	4708	Page 8
Pa	art VII	Section A	A. Officers,	Directors, Tru	istees, Key Em	ploye	es,	and	d Hi	ghest	Co	ompensated En	nployees (contin	ued)	
		(A) Name ar			(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe d a d	erson lirecto	e than o is both thr/truster employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensa from rela organizat (W-2/1099-	ation ated ions	o comj fro organ	(F) ted amount f other pensation pm the ization and organizations
(15)													À			
(16)												Ś				
(17)																
(18)																
(19)										ć						
(20)												0				
(21)																
(22)																
(23)																
(24)																
(25)																
1b	Subtotal										•	0		0		0
c				to Part VII, S		• •	•	• •	•	• •		0		0		0
-				•		• •	• •	•	• •	• •		0		0		0
 2	Total num	ber of indiv	iduals (inclu		mited to those lis						/ed	more than \$100),000 of	0		
	reportable	compensa	tion from tr	e organization												0
3					ector, trustee, ke							ompensated			3	Yes No
4	For any in the organi	dividual list zation and	ed on line f	la, is the sum o	of reportable con ter than \$150,00	npen:)0? <i>li</i>	satio f "Ye	on a es,″	nd o <i>con</i>	other o <i>nplete</i>	con Sc	npensation from hedule J for suc				
5	Did any pe		on line 1a			n froi	m ar	וy u	nrel	ated o	orga	anization or indiv		•	4	X
0					es," complete So	cneai	ile J	for	suc	n per	son				5	Х
	tion B. Inde						4			41 4			\$400.000			
1												ived more than with or within the				ır.
			Name	(A) and business add	ress							(B) Description of ser	vices	C	(C) compens	
N/A																0
																0
																0
																0
	- · · ·															0
2					ding but not limitoriation		tho	se l	liste	d abo	ve) 1	who received				

	90 (202	,				81-21947	708 Page S
Part	: VIII						
		Check if Schedule O contains a response or	note to any line in				· · ·
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue	function revenue	business revenue	from tax under
							sections 512-514
s s	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
ษี อี	с	Fundraising events	0				
Ъл,	d	Related organizations	0				
lar Iar		Government grants (contributions) 1e	0				
s, s	e		0				
is Si	Ť	All other contributions, gifts, grants, and					
hei d		similar amounts not included above 1f	228,855				
<u> </u>	g	Noncash contributions included in					
u p		lines 1a–1f 1g	\$0				
စာပ	h	Total. Add lines 1a–1f		228,855			
			Business Code	,			
e e	2a	PROGRAM TUITION	900099	9,140			
Ξ.	b		000000	0,110			
iue	U O			, v			
c u	C			0			
Program Service Revenue	d			0			
δ ^ω	е			0			
ξl	f	All other program service revenue		0			
-	g	Total. Add lines 2a–2f		9,140			
	3	Investment income (including dividends, interest					
	•	other similar amounts).		0			
	4	Income from investment of tax-exempt bond pro		0			
	4						
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 5,690					
	b	Less: rental expenses . 6b					
	с	Rental income or (loss) 6c 5,690	0				
	d	Net rental income or (loss)		5,690			
	7a	Gross amount from (i) Securities	(ii) Other	0,000			
		sales of assets					
Ð			0				
	b	Less: cost or other basis					
/er		and sales expenses 7b 0	0				
Ś	С	Gain or (loss) 7c 0	0				
L.	d	Net gain or (loss)	🕨	0			
Other Reven	8a	Gross income from fundraising					
ō		events (not including \$					
		of contributions reported on line 1c).					
		See Part IV, line 18	0				
	F		0				
	b		Ŷ	-			
	С	Net income or (loss) from fundraising events .	🟲	0			
	9a						
		See Part IV, line 19	0				
	b	Less: direct expenses 9b	0				
	с	Net income or (loss) from gaming activities		0			
		Gross sales of inventory, less					
		returns and allowances	0				
	L.		-				
		5		-			
	С	Net income or (loss) from sales of inventory		0			
s			Business Code				
e e	11a	MERCHANDISE SALES	900099	3,495			
ואָד א	b	VAN USAGE INCOME	900099	3,477			
Miscellaneous Revenue	с		900099	46			
s 🕷	h	All other revenue	-	0			
Ϊ	e	Total. Add lines 11a–11d. . <td></td> <td>7,018</td> <td></td> <td></td> <td></td>		7,018			
-	e			250,703		0	
	12	Total revenue. See instructions					

	990 (2020) WILDHEART			81-2194	708 Page 10
	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note t	-			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•	5	·
_	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	50,715	25,357	15,215	10,143
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include		$\mathbf{\lambda}$		
	section 401(k) and 403(b) employer contributions)	0			
9		0 30	17	40	
10 11		30	1/	13	
a	Fees for services (nonemployees): Management	0			
a b		0			
c		3,484	•	3,484	
d		0		0,101	
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	3,948	3,948	4 700	
13	Office expenses	4,766		4,766	
14 15	Information technology	0			
16		24,744	11,135	13,609	
17	Travel	0	11,100	10,000	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,862	3,538	4,324	0
23		11,225	5,051	6,174	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSES	49,447	49,447		
b	REPAIRS/MAINTENANCE	11,491	4,908	6,583	
С	AUTO	5,858	818	5,040	
d	SUPPLIES	3,750	2,139	1,611	
е	All other expenses Hospitality	1,180		1,180	
25	Total functional expenses. Add lines 1 through 24e	178,500	106,358	61,999	10,143
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
					G (0000)

	990 (2	,			81-2194708 Page 11
Pa	rt X				_
		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	72,517	1	163,982
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	C
	4	Accounts receivable, net	0	4	C
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	0	-	
	~	controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined		C	
Ś	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6 7	
Assets	7	Notes and loans receivable, net	0	8	C
As	8	Inventories for sale or use	0	<u>8</u> 9	
	9	Prepaid expenses and deferred charges		9	
	10a	other basis. Complete Part VI of Schedule D 10a 204,652			
	b	Less: accumulated depreciation 10b 14,624	197,890	10c	190,028
	11	Investments—publicly traded securities	0	11	190,020
	12	Investments—other securities. See Part IV, line 11.	0	12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14		0	14	C
	15	Other assets. See Part IV, line 11.	0	15	C
	16	Total assets. Add lines 1 through 15 (must equal line 33)	270,407	16	354,010
	17	Accounts payable and accrued expenses	2,933	17	2,633
	18	Grants payable	0	18	2,000
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
ŝ	22	Loans and other payables to any current or former officer, director,	-		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	11,700
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	2,933	26	14,333
es		Organizations that follow FASB ASC 958, check here ► X			
рč		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions .	234,974	27	315,093
B	28	Net assets with donor restrictions	32,500	28	24,584
ŭ		Organizations that do not follow FASB ASC 958, check here			
Ļ		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds	0	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund .	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	267,474	32	339,677
Z	33	Total liabilities and net assets/fund balances	270,407	33	354,010 Form 990 (2020)

Form	990 (2020) WILDHEART	8	31-2194	708	Pag	ge 12
Part	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			250),703
2	Total expenses (must equal Part IX, column (A), line 25)	2			178	3,500
3	Revenue less expenses. Subtract line 2 from line 1	3			72	2,203
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			267	7,474
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain on Schedule O).	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10			339	9,677
Part	XII Financial Statements and Reporting				ĺ	
	Check if Schedule O contains a response or note to any line in this Part XII.		• •		•	
					Yes	No
1		DIFIE	<u>) C</u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
-	Schedule O.			-	X	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	• • •	•	2a	Х	
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		·	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
•	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			•		V
L	the Single Audit Act and OMB Circular A-133?		•	3a		Х
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.			3b		
	required addit of addits, explain why on Schedule of and describe any steps taken to undergo such addits .				990	(2020)
				FOIIII	550	(2020)
	\blacksquare					

4500	Dep	preciation and A	Amortiza	tion		OMB	No. 1545-0172
Form 4562	-	ng Information or			l l		
	(เกิดเนน	•		operty)		4	.020
Department of the Treasury Internal Revenue Service (99)	Go to www.irs.g	Attach to your tax ov/Form4562 for instruction		test informatio	n.		hment ence No. 179
Name(s) shown on return		ess or activity to which this f			Identifying num		
WILDHEART	990				81-2194708		
		erty Under Section 1					
1 Maximum amount (see instru		te Part V before you comple				1	
2 Total cost of section 179 pro	,					2	
3 Threshold cost of section 17						3	
4 Reduction in limitation. Subtr	act line 3 from line 2. If	f zero or less, enter -0				4	0
5 Dollar limitation for tax year.				•		_	
separately, see instructions					(c) Elected cos	5	0
6 (a) Descrip	otion of property	(d)	ost (business use	oniy)	(C) Elected cos	ι	
7 Listed property. Enter the an	nount from line 29			7			
8 Total elected cost of section						8	0
9 Tentative deduction. Enter th						9	0
10 Carryover of disallowed dedu						10	
11 Business income limitation. E12 Section 179 expense deduct						11	0
13 Carryover of disallowed dedu				1		12	0
Note: Don't use Part II or Part III				• 10	Į	0	
		nd Other Depreciatio	n (Don't incl	ude listed pr	operty. See ins	truct	ions.)
14 Special depreciation allowan							
during the tax year. See instr						14	
15 Property subject to section 1						15	
16 Other depreciation (including		e listed property. See i			<u></u>	16	
Part III MACRS Deprec		Section A	nstructions.				
17 MACRS deductions for asse	ts placed in service in t		2020			17	7,862
18 If you are electing to group a							,
asset accounts, check here					🕨 🔲		
Section B -	Assets Placed in Serv	vice During 2020 Tax Ye	ar Using the	General Depr	eciation System		
	(b) Month and	(c) Basis for depreciation					
(a) Classification of property	year placed	(business/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) D	epreciation deduction
10 - 0	in service	only—see instructions)					
19 a3-year propertyb5-year property							
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs.		S/L		
h Residential rental			27.5 yrs.	MM	S/L		
property			27.5 yrs.	MM	S/L		
 Nonresidential real property 			39 yrs.	MM MM	S/L S/L	-	
	ssets Placed in Servi	ce During 2020 Tax Yea	Using the A			n n	
20 a Class life					S/L	Ï	
b 12-year			12 yrs.		S/L		
c 30-year			30 yrs.	MM	S/L		
d 40-year	······································		40 yrs.	MM	S/L		
Part IV Summary (See 1						04	
21 Listed property. Enter amou22 Total. Add amounts from line		7 lines 10 and 20 in colu	 mn (a) and lin	 ne 21 Enter		21	
here and on the appropriate						22	7,862
23 For assets shown above and							1,002
portion of the basis attributat	•			23			

SCHE	DU	LE	Α
(Form	990	or	990-EZ)

mant of th

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2020 Open to Public

OMB No. 1545-0047

		evenue Service	► Got	to www.irs.gov/Forn	n990 for instructions ar	nd the late	st informa	tion.	Inspection
Name	of tl	he organization						Employer identification	number
WILD									94708
Par					ganizations must co				
The c	orga			•	or lines 1 through 12, o	-		,	
-					of churches described in			(A)(I).	
2					ach Schedule E (Form				
3			•		zation described in sec	•		•	
4		hospital's name	e, city, and state	:	nction with a hospital c				
5		An organization section 170(b)	n operated for th (1)(A)(iv). (Com	e benefit of a colleg plete Part II.)	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state	e, or local govern	nment or governmer	ntal unit described in se	ection 170)(b)(1)(A)((v).	
7				eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II.)	m a gove	rnmental u	unit or from the gene	ral public
8		A community tr	rust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)			
9		or university or	a non-land-grar	nt college of agricult	section 170(b)(1)(A)(ix ure (see instructions).	Enter the	name, city	, and state of the co	llege or
10	Х	receipts from a support from g	ctivities related to ross investment	to its exempt function income and unrelated	nan 33 1/3% of its supp ons—subject to certain ed business taxable in See section 509(a)(2).	exception come (les	is, and (2) s section {	no more than 33 1/3 511 tax) from busine	3% of its
11		An organization	n organized and	operated exclusive	ly to test for public safe	ety. See s e	ection 509	9(a)(4).	
12		of one or more	publicly support	ted organizations de	ly for the benefit of, to escribed in section 509 bes the type of suppor	9(a)(1) or s	section 5	09(a)(2). See section	n 509(a)(3).
а		the supporte	ed organization(pervised, or controlled l Ilarly appoint or elect a tions A and B.				
b		control or m	anagement of th		r controlled in connecti ization vested in the sa ections A and C.				
С					organization operated i You must complete F				rated with,
d		Type III nor	n-functionally ir	itegrated. A suppor	ting organization operation generally must sati	ated in cor	nnection w	vith its supported org	
	l				plete Part IV, Sections				
е		functionally	integrated or T	zation received a wr	itten determination fror ally integrated supportir	n the IRS	that it is a	і Туре I, Туре II, Тур	e III
f		-							0
g		Provide the follo	owing informatio	n about the support					
	(i)	Name of supported of	organization	(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)						163			
()									
(B)									
(C)									
(D)									
(E)									
Total								0	0

Sche	dule A (Form 990 or 990-EZ) 2020 WILDHEAI	RT				81-21947	08 Page 2
Pa	t II Support Schedule for Orga (Complete only if you checked						oder
	Part III. If the organization fa				•		
Sec	tion A. Public Support					art m.j	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(8) 2011		(4) 2010	(0) 2020	0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<u>.</u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge						<u> </u>
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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)						
6	Public support. Subtract line 5 from line 4						0
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
	Gross receipts from related activities, etc. (se First 5 years. If the Form 990 is for the organ organization, check this box and stop here .	nization's first, sec	ond, third, fourth, c	or fifth tax year as a	section 501(c)(3)	12	
Sec	tion C. Computation of Public Sup	oport Percenta	ige			_	
14	Public support percentage for 2020 (line 6, c	()	•	. , ,		14	0.00%
15	Public support percentage from 2019 Schede					15	0.00%
	33 1/3% support test—2020. If the organization qualifies as	a publicly support	ed organization .				
b	33 1/3% support test—2019. If the organization qualified box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test—2020 10% or more, and if the organization meets the Part VI how the organization meets the facts organization .	he facts-and-circur -and-circumstance	nstances test, che s test. The organiz	ck this box and sto ation qualifies as a	p here . Explain in		
b	10%-facts-and-circumstances test—2019 15 is 10% or more, and if the organization m in Part VI how the organization meets the fac organization	eets the facts-and- cts-and-circumstan	circumstances test ces test. The organ	t, check this box an nization qualifies as	d stop here . Expl a publicly support	ain ted	 ▶∏
18	Private foundation. If the organization did r instructions .	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

Schedule A (Form 990 or 990-EZ) 2020

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

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

	tion A. Public Support					1	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	19,283	200,410	185,013	215,040	228,855	848,601
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	75,334	62,296	18,817	19,399	18,325	194,171
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	3,080	4,272	1,352	2,241	3,523	14,468
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	97,697	266,978	205,182	236,680	250,703	1,057,240
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons .	ŀ					0
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						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						4 057 040
<u> </u>	line 6.).						1,057,240
	ction B. Total Support	(a) 2016	(h) 2017	(a) 2019	(4) 2010	(-) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	
9	Amounts from line 6	97,697	266,978	205,182	236,680	250,703	1,057,240
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						0
h	royalties, and income from similar sources Unrelated business taxable income (less						0
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
r	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)..........						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	97,697	266,978	205,182	236,680	250,703	1,057,240
14	First 5 years. If the Form 990 is for the orga	nization's first, sec	ond, third, fourth, c	r fifth tax year as a	a section 501(c)(3)		
	organization, check this box and stop here .						► X
Sec	tion C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2020 (line 8, c	olumn (f), divided b	y line 13, column ((f))		15	0.00%
16	Public support percentage from 2019 Sched					16	0.00%
Sec	tion D. Computation of Investmer	it Income Perc	entage			1	
17	Investment income percentage for 2020 (line	e 10c, column (f), di	vided by line 13, c	olumn (f))....		17	0.00%
18	Investment income percentage from 2019 Se					18	0.00%
19a	33 1/3% support tests—2020. If the organi						
	not more than 33 1/3%, check this box and s				-		Þ 📘
b	33 1/3% support tests—2019. If the organi						
~ ~	line 18 is not more than 33 1/3%, check this	-	-				· · · · · F []
20	Private foundation. If the organization did r	IOL CHECK & DOX ON	iine 14, 19a, or 19	D, CNECK THIS DOX A	na see instructions	5	🕨 🔛

Page **3**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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		
20		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
30		
9c		
10a		
10b		

le A (Form 990 or 990-EZ) 2020 WILDHEART 8	31-2194708	P	age 5
IV Supporting Organizations (continued)			
		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
A family member of a person described in line 11a above?	11b		
A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, prov	/ide		
detail in Part VI.	11c		
ion B. Type I Supporting Organizations			
		Yes	No
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in 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 and more than one supported organization.	ers, ported		
	Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in line 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, providetail in Part VI. Ion B. Type I Supporting Organizations Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officed 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	IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in line 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Ito B. Type I Supporting Organizations 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	IV Supporting Organizations (continued) Yes Has the organization accepted a gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a A family member of a person described in line 11a above? 11b 11a A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Ion B. Type I Supporting Organizations Yes 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

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 in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 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.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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.
- 3 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.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2

1

3

Yes No

Schedule A (Form 990 or 990-EZ) 2020

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	•		
instructions. All other Type III non-functionally integrated supporting orga	anization	s must complete Sections	
Section 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	0	C
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	0	C
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	C
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	C
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	C
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	(
6 Multiply line 5 by 0.035.	6	0	
7 Recoveries of prior-year distributions	7	0	C
8 Minimum Asset Amount (add line 7 to line 6)	8	0	C
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		C
5 Income tax imposed in prior year	5		-
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		C
7 Check here if the current year is the organization's first as a non-functiona	llv intear	ated Type III supporting	

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

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi		1-2194700 Page 1
Section	on D - Distributions	· · · · · · · · · · · · · · · · · · ·	· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI)	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required— <i>explain in Part VI)</i> . See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 0			
b	From 2016 0			
	From 2017			
	From 2018			
	From 2019			
	Total of lines 3a through 3e	0		
<u> </u>	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2020 distributable amount			0
<u> </u>	Carryover from 2015 not applied (see instructions)	0		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from Section D, line 7: \$ 0			
	Applied to underdistributions of prior years		0	
	Applied to underdistributions of phot years		0	0
	Remainder. Subtract lines 4a and 4b from line 4.	0		0
<u> </u>	Remaining underdistributions for years prior to 2020, if	0		
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h		0	
5	and 4b from line 1. For result greater than zero, <i>explain</i>			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2021. Add lines 3j			
-	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2016 0			
b	Excess from 2017 0			
C				
d	Excess from 2019 0			
e	- /			
	· · · · · · · · · · · · · · · · · · ·	-		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	orm 990 or 990-EZ) 2020 WILDHEART	81-2194708	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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,	17b; Part , 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 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,		
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		

Schedu	le B	
(Form 990,	990-E	Z,

Internal Revenue Service

or 990-PF)

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization	Employer identification number
WILDHEART	81-2194708
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Employer	identification	number
	04 0404700	

Name of organization WILDHEART

81-2194708

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	ERIC & MICHELLE VERA 15464 SW 19TH STREET MIRAMAR FL 33027 Foreign State or Province: Foreign Country:	\$ <u>10,069</u> _	Person X Payroll I Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	TFEC 200 N. 3RD STREET HARRISBURG PA 17101 Foreign State or Province: Foreign Country:	\$10,750_	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	THE FAILE FOUNDATION 1250 REVOLUTION MILL DR. GREENSBORO NC 27402 Foreign State or Province:	\$ <u>20,781</u> _	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	KIMBER & DEBROAH LATSHA 1421 HERITAGE SQ. MIDDLETOWN PA 17057 Foreign State or Province:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	PRAISE COMMUNITY CHURCH 705 S OGONTZ ST YORK PA 17403 Foreign State or Province: Foreign Country:	\$ <u>5,750</u> _	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	LES HERMAN 5 TROTTERS LANE MCCLOUD OK 74851 Foreign State or Province: Foreign Country:	\$ <u>8,500</u> _	Person X Payroll I Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer	identification	number
	81-2194708	

Name of organization WILDHEART

Part I

(a)

No.

7

 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (b)
 (c)
 (d)

 Name, address, and ZIP + 4
 Total contributions
 Type of contribution

 DANIELLE VERA
 Person
 X

 1040 W. ADAMS ST
 Payroll
 Noncash

 CHICAGO
 IL
 60607
 \$
 17,600
 Noncash

Foreign State or Province: (Complete Part II for Foreign Country: _____ noncash contributions.) (b) (a) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 CITY OF HARRISBURG CENTRAL DISBURSEMENT Person 8 Х 10 N 2ND STREET Payroll HARRISBURG PA 17101 _____ 10,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country: _____ noncash contributions.) (b) (C) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ENCOUNTER CHURCH Person 9 Payroll 300 HIDEAWAY DRIVE QUARRYVILLE PA 17566 Noncash \$ 8,720 Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (b) (C) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. WEST SHORE EVANGELICAL FREE Person 10 Х 1345 WILLIAMS GROVE ROAD Payroll MECHANICSBURG PA 17055 10,196 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (C) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person _____ Payroll \$____ Noncash

Foreign State or Province:

Foreign Country:

(Complete Part II for noncash contributions.)

Name of organization

WILDHEART

Employer identification number 81-2194708

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of org WILDHEAF				Employer identification number 81-2194708			
Part III	Exclusively religious, charitable, etc., cont (10) that total more than \$1,000 for the year the following line entry. For organizations con contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional sp	r from any one contributor. Constributor of the non- npleting Part III, enter the total of Enter this information once. See	omplete col of <i>exclusive</i>	section 501(c)(7), (8), or umns (a) through (e) and ly religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Faiti							
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
			Relationship of transferor to transferee				
(a) No.	For. Prov. Country						
from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIF	P + 4 Relat	Relationship of transferor to transferee				
	 For. Prov. Country	·					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(1	d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	For. Prov. Country						
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship		tionship of	transferor to transferee			
	For. Prov. Country						

SCHEDULE D (Form 990)

HTA

Department of the Treasury

Supplemental Financial Statements

 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990. OMB No. 1545-0047

Open to Public
Inspection

Internal	Revenue Service Go to www.irs.gov	//Form990 for instructions and the latest info	ormation. Inspection
Name o	of the organization		Employer identification number
WILD	HEART		81-2194708
Part	I Organizations Maintaining Donor	Advised Funds or Other Similar Fun	ids or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year).		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, donor	.	
	only for charitable purposes and not for the be		
	conferring impermissible private benefit?		
Part			
i ai c		ed "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by		
•	Preservation of land for public use (for example		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation ease		
С	Number of conservation easements on a certif		2c
d	Number of conservation easements included i		
•	historic structure listed in the National Registe		
3	Number of conservation easements modified,	transferred, released, extinguished, or term	inated by the organization during
	the tax year	na mantian a sana antis ta sa da d	
4	Number of states where property subject to co		handling of
5	Does the organization have a written policy re-		
6	violations, and enforcement of the conservatio Staff and volunteer hours devoted to monitoring, in		
0	Stan and volunteer hours devoted to monitoring, in	specting, nandling of violations, and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting bandling of violations, and onforcing conso	nution accoments during the year
'	C C	and, narioining of violations, and enforcing conse	rvation easements during the year
8	Does each conservation easement reported of	n line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
Ŭ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization rep		
•	balance sheet, and include, if applicable, the to		
	organization's accounting for conservation eas		
Part	III Organizations Maintaining Collect		Other Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under		statement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, education	on, or research in furtherance of
	public service, provide in Part XIII the text of the		
b	If the organization elected, as permitted under	FASB ASC 958, to report in its revenue sta	tement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, education	on, or research in furtherance of
	public service, provide the following amounts r	elating to these items:	
	(i) Revenue included on Form 990, Part VIII, I	ine 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of a		
	following amounts required to be reported und		-
а	Revenue included on Form 990, Part VIII, line		► \$
	Assets included in Form 990, Part X		
	aperwork Reduction Act Notice, see the Instruc		Schedule D (Form 990) 2020

Sched	ule D (Form 990) 2020 WILDHEART			81-219	4708	P	Page 2
Part	III Organizations Maintaining Colle	ctions of Art, Histor	ical Treasures, or (Other Similar Asset	s (continu	led)	
3	Using the organization's acquisition, access	ion, and other records, c	heck any of the followi	ng that make significan	t use of its		
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exchange pro	ogram			
b	Scholarly research	е	Other				
с	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explain ho	w they further the orga	anization's exempt purp	ose in Parl		
	XIII.	·	, ,				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t				Yes		No
Part	V Escrow and Custodial Arrangem	nents.					
	Complete if the organization answe		90, Part IV, line 9, o	or reported an amour	nt on Forn	า	
	990, Part X, line 21.			•			
1a	Is the organization an agent, trustee, custod	lian or other intermediary	for contributions or ot	her assets not			
	included on Form 990, Part X?				Yes		No
b	If "Yes," explain the arrangement in Part XII	I and complete the follow	ving table:				
					Amount		
С	Beginning balance			1c			0
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			0
2a	Did the organization include an amount on F	Form 990, Part X, line 21	, for escrow or custodi	al account liability?	Yes	X	No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the expla	nation has been provi	ded on Part XIII...			
Part	V Endowment Funds.						
	Complete if the organization answe	ered "Yes" on Form 9	90, Part IV, line 10.				
	(a)) Current year (b) Prio	r year (c) Two years	back (d) Three years bac	k (e) Four	years	back
1a	Beginning of year balance	0	0	0			
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
t	Administrative expenses				0		
g	End of year balance	0		0	0		0
2	Provide the estimated percentage of the cur Board designated or quasi-endowment	%	ne ig, column (a)) nei	u as.			
a b	Permanent endowment	/0. %					
c	Term endowment ► %	/0					
Ŭ	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the posse	-	n that are held and adr	ninistered for the			
	organization by:	5			`	Yes	No
	(i) Unrelated organizations				3a(i)		
	(ii) Related organizations				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	zations listed as required	on Schedule R?		3b		
4	Describe in Part XIII the intended uses of the	e organization's endowm	ent funds.				
Part							
	Complete if the organization answe	ered "Yes" on Form 9	90, Part IV, line 11a	i. See Form 990, Pai	t X, line 1	0.	
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Boo	k value	ŧ
		(investment)	(other)	depreciation			
1a		0	90,600				0,600
b	Buildings	0	79,181	5,790		73	<u>3,391</u>
c	Leasehold improvements	0	0	0			0
d	Equipment	0	33,808	8,245		2	5,563
e Total	Other	0	1,063	589 ►		10	474
TOLA	. Aud intes la unough le. (Column (a) muste	equal Follil 990, Pall X, (נסוטווווו (ם), וווופ וטכ.) .	🚩		190	0,028

Part X Other Liabilities. 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 (c) (2) (a) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) (c)	Part VII	Investments—Other Securities.		Deut IV/ line 11- Or - Ermin	
(1) Financial derivatives 0 (2) Closely held equity interests 0 (3) Other 0 (4) 0 (5) 0 (5) 0 (5) 0 (6) 0 (7) 0 (6) 0 (7) 0 (7) 0 (7) 0 (7) 0 (7) 0 (7) 0 (7) 0 (8) 0 (9) 0 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. (9) 0 (10) 0 (11) 0 (12) 0 (13) 0 (14) 0 (15) 0 (16) 0 (17) 0 (18) 0 (19) 0 (10) 0 (11)					
(2) Closely held equity interests 0 (A) 0 (A) 0 (B) 0 (B) 0 (C) 0 (D) 0 (F) 0 (G) 0 <tr< td=""><td></td><td></td><td>(b) Book value</td><td></td><td></td></tr<>			(b) Book value		
(3) Other					
(A)			0		
(B)					
(C)					
(D) (C) (E) (C) (F) (C) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G)					
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(F)	<u>(D)</u>				
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Total. Column (b) must equal Form 990, Part X, col. (b) line 12). ▶ 0 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. (a) Description of investment (b) Book value (c) Method of valuation: Cost of end-of-year market value (c) Method of valuation: Cost of end-of-year market value (c) Method of valuation: Cost of end-of-year market value (c) Method of valuation: Cost of end-of-year market value (c) Method of valuation: Cost of end-of-year market value (c) Method of valuation: Cost of end-of-year market value (c) Method of valuation: Cost of end-of-year market value (c) (c) Method of valuation: Cost of end-of-year market value (c) (c) Method of valuation: Cost of end-of-year market value (c) (c) Method of valuation: Cost of end-of-year market value (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)					
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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.

Sched	ule D (Form 990) 2020 WILDHEART	81-2194708	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.).		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.).		
с	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	0
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	-
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.).		
	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).	5	0
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		(, line

	Part XIII	Supplemental	Information	(continued
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SCHEDULE O	Supplemental Information to	o Form 990 or 990-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)			
Department of the Treasury Internal Revenue Service	Open to Public Inspection		
Name of the organization	► Go to www.irs.gov/Form990 for		loyer identification number
WILDHEART		81-21	194708
	on B, Line 11B: Documents are shared at board	meetings and reviewed by	
a board member prior to	submission.		
Form 990, Part VI, Section	on C, Line 19: Documents are available upon re	quest.	

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
WILDHEART	81-2194708

Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2020

Summary of Qualified Property by Activity

			Unadjusted
_		Activity	Cost or Basis
	1	990	114,052

Detail of Qualified Property

			Date In	Recovery	Years in	Total Cost	Business/Time	Unadjusted
	Activity	Asset Description	Service	Period	Service	or Basis	Use Percent	Cost or Basis
2	990	PIANO	2/5/2017	7	4	1,063	100.00%	1,063
3	990	333 13th Street Building	7/13/2018	27.5	3	20,176	100.00%	20,176
4	990	333 13th St Bldg Improvement	10/1/2018	27.5	3	41,286	100.00%	41,286
5	990	Refrigerator	3/28/2018	7	3	2,600	100.00%	2,600
6	990	WATER HEATER-333 13TH S	12/20/2018	7	3	3,415	100.00%	3,415
7	990	DIAMOND C DUMP TRAILER	7/24/2019	7	2	6,493	100.00%	6,493
8	990	BASEMENT WATERPROOF/	12/31/2019	27.5	2	17,719	100.00%	17,719
9	990	REMODEL KITCHEN MANSIO	12/31/2019	7	2	21,300	100.00%	21,300

Mail to: Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120				Charitable Organization Registration Statement BCO-10 (rev. 8/2017) Fee: See instructions
Se	e <u>www.dos.pa.</u>	gov/charities for more info	rmation	
		Read all instruct	tions prior to c	ompleting form.
Certi	ficate number:	31316 (N/A if initial registration)		If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:
Fisca	al year ended:	12/31/2020		Organization is exempt from registration because
		MM DD YYYY		Organization does not solicit contributions in
FEIN	I:	81-2194708		Pennsylvania
3.	Contact persor	s used to solicit contributio		Contact's e-mail: <u>CRISTINA@WILDHEARTMIN</u> ailing address (if different than principal address):
	333 SOUTH 13TH S			
	HARRISBURG	PA 17104	4	
	County: DAUF	PHIN		none number: (405) 234-0866
	800 number:		Fa	ax number:
		t than Contact's email): /.WILDHEARTMINISTRIES.COM		
5.	Type of organiz		oration, uni	ncorporated association, etc.):
	Where establis	shed: <u>PENNSYLVANIA</u>	Date est	ablished:** 04/25/2016
	-	ust submit copies of organizational organizational organizational instrument and by-la		as charter, articles of incorporation,

WILDHEART

6.	Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate
	units located in Pennsylvania, which share in the contributions or other revenue raised in the
	Commonwealth: (Attach a separate sheet if necessary)
	N/A

7.	Short form registration applicability – Specified types of charitable organizat §162.7(a) of the Act may file a short form registration, which permits the org without filing a financial report. Check the section that describes the organiz organization does not meet any of the criteria below for short form registration Applicable":	anizati ation. I	on to r f the	egister
	§162.7(a)(1) – Persons or organizations which solicit contributions for the relief of a spe all of the contributions collected are turned over to the named beneficiary for his/her use and provided that all contributions collected shall be held in trust			
	§162.7(a)(2) – Organizations which only solicit within the membership of the organization the organization. The term "membership" shall not include those persons who are grant upon making a contribution as the result of solicitation. "Member" means a person havin nonprofit corporation, or other organization, in accordance with the provisions of its artic bylaws or other instruments creating its form and organization and having bona fide righ organization such as the right to vote, to elect officers and directors, to hold office or pos- conferred on members of such organizations.	ed a me ng memb les of in its and p	mbersh bership corpora privilege	ip solely in a ition, is in the
	§162.7(a)(3) – Organizations which receive gross contributions of no more than \$25,000 fundraising activities are carried on only by volunteers, members, officers or permanent permanent employees are compensated for those fundraising activities			
	§162.7(a)(4) – Veterans organizations chartered under Federal law, organizations of vo ambulance associations, rescue squad associations and their auxiliaries or affiliates, wh registration, did not receive gross contributions in excess of \$100,000 and did not use a	nich are	not exe	mpt from
	X Not Applicable			
	Charitable organizations which check boxes §162.7(a)(1) – §162.7(a)(4) are a financial report with this registration. <u>If "Not Applicable" is checked, the char organization must submit financial reports which are audited, reviewed, com- prepared.</u> See Instructions.	aritable)	
	Items 8 and 9 are required to be completed by initial registrants	s only		
8.	Date organization first solicited contributions from Pennsylvania residents:			2000/
	Other	MM	DD	YYYY
9.	If organization solicited Pennsylvania residents and received gross* contrib more than \$25,000 in any given fiscal year, provide the date the organizatic contributions totaling more than \$25,000.			
	Other	MM	DD	YYYY
	*Includes contributions received both within and outside Pennsylvania before any deduction	ons or e	xpense	6.

	ILDHEART 81-2194708 Has the organization been granted IRS tax-exempt status? XYes No
	A. If "Yes," under which IRS code section: <u>501 (C) (3)</u> and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? XYes No
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	DIRECT CONTACT, INTERNET & WEB SITE
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	TO PROVIDE PROGRAMS THAT WILL HELP DEVELOP CHRISTIAN LEADERS AS WELL AS CONDUCT MISSION TRIPS
	THAT WILL FOCUS ON THOSE WHO NEED TO HEAR THE GOSPEL, MINISTER TO THE LOST AND UNDERSERVED AND SPREAD THE TEACHINGS OF JESUS CHRIST AS TAUGHT IN THE BIBLE. THE ORGANIZATION WILL ALSO PROVIDE AN
	OUTREACH FOR RESIDENTS OF HARRISBURG AND THE SURRONDING COMMUNITY.
14.	Is the organization registered to solicit contributions in any other state or municipality? Yes XNo (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:

Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

N/A

WILDHEART

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

	N/A				
18.	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)				
	<u>N/A</u>				
19.	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization")				
	If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)				
20.	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")				
	If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)				
	Legal name of parent organization Pennsylvania certificate number				
21.	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)				
	EXECUTIVE STATE OFFICERS. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)				

A. Are in charge of solicitation activities:

		TANNON HERMAN				
		Have final responsibility for the custody of contributions: CRISTINA HERMAN				
		Have final responsibility for final distribution of contributions:				
	D.	Are responsible for custody of financial records: CRISTINA HERMAN				
23.	Ar	e any officers, directors, trustees, or employees related by blood, marriage, or adoption to:				
	A.	Any other officer, director, trustee, or employee?				
	В.	Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? **				
	C.	Any officers, agents or employees of any supplier or vendor providing goods or services? **				
		**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)				
		If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.				
24.	Ha	is the organization or any of its present officers, directors, executive personnel or trustees ever:				
	A.	Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? \Box Yes x No				
	Β.	Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes \square No \propto				
	C.	Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?				
		(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)				

Certification – This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date		
KIMBER LATSHA TREASURER	-		
Type or print name and title of Chief Fiscal Officer			
	<u> </u>		
Signature of Other Authorized Officer	Date		
JOLENE PICKENS PRESIDENT			
Type or print name and title of Other Authorized Officer	-		
Checklist for registration:			
Completed registration statement properly sign			
LI II AMPLATAA KAARTATIAD STATAMADT DRADARIV/ SIAB			

- 5
Completed registration statement properly signed and dated.
A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
Public Disclosure Form BCO-23 (if required)
Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
Registration fee and any late filing fees
Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.
See Instructions for more information on completing this form and attachments.

(Rev. 5-09)

PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

	ORGANIZATION NAME:	WILDHEART			
	CERTIFICATE NUMBER:	31316	FOR FISCAL YEAR ENDED:		12/31/2020
Part I: G	ross Contributions				
1)	General Contributions			1	228,855
2)	Gross Receipts from Specia	al Events		2	
3)	Contributions from Affiliates	1		3	
4)	Contributions Received from	n Federated Fundraising	Drganizations	4	
5)	Receipts from Membership	Dues in Excess of Bona F	ide Dues	5	
6)	Gross Contributions (add	lines 1 through 5)	→	6	228,855
Part II: C	Other Income				
7)	Program Service Revenues			7	9,140
8)	Bona Fide Membership Due	es and Assessments		8	
9)	Government Grants and Co	ontracts		9	
10)	Miscellaneous Income			10	12,708
11)	Total Income (add lines 6	through 10)	→	11	250,703
Part III: 1	Expenses				
12)	Program Services			12	106,358
13)	Administrative Expenses			13	61,999
14)	Fundraising Expenses			14	10,143
15)	Payments to Affiliated Orga	nizations		15	
16)	Other Expenses from Speci	al Events (other than fund	Iraising expenses)	16	
17)	Miscellaneous Expenses			17	
18)	Total Expenses (add lines	12 through 17)	→	18	178,500
Part IV:	Net Assets				
19)	Excess or (Deficit) for the Y	ear (subtract line 18 from	line 11)	19	72,203
20)	Net Assets or Fund Balance	es at Beginning of Year		20	
21)	Other Changes in Net Asse	ts or Fund Balances (atta	ch explanation)	21	
22)	Net Assets or Fund Baland	ces at End of Year (com	bine lines 19, 20, and 21)	22	72,203
(See	e Next Page for "Salaries a	and Expense Allowance	e Statement")		

WILDHEART 31316 SALARIES AND EXPENSE ALLOWANCE STATEMENT

Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.

23) Salaries and Expense:

Name of Individual	Title and Average Hours Per Week Devoted to Position	Salary	Expense Account and Other Allowances
Five Highest Paid Employees.			
1.			
2.			
3.			
4.			
5.			
Officers:			