AMENDED TO AGREE TO COMPLETED AUDIT

COPY FOR PUBLIC DISCLOSURE

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

A	For the	2022 calend	dar year, or tax year beginning 10/01/2022 and ending	09/30/2	023	
В	Check if	applicable:	C Name of organization GEORGIA WILDLIFE FEDERATION		D Emplo	oyer identification number
	Address	change	Doing business as			58-0676737
	Name cl	nange	Number and street (or P.O. box if mail is not delivered to street address)	m/suite	E Teleph	none number
	Initial ret	turn	11600 HAZLEBRAND RD NE			770-787-7887
$\overline{\Box}$	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
~	Amende	d return	COVINGTON, GA 30014-1059		G Gross	receipts \$ 1,287,649
П		ion pending	F Name and address of principal officer: Michael G Worley	H(a) Is this a grou	up return fo	or subordinates? Yes Vo
	• •		11600 Hazlebrand Road NE, Covington, GA 30014-1059	H(b) Are all su	bordinat	es included? Yes No
ī	Tax-exe	mpt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	-		ee instructions.
J	Website	: WWW.G\		H(c) Group ex	emption	number
ĸ	Form of	organization:				of legal domicile: GA
_	art l	Summa				
	1		cribe the organization's mission or most significant activities: Mission i	s to educate t	he pub	lic to recognize
ě			on as a way of life and encourage intelligent management of Earth's life su			
Governance			ortsman's shows, the website, and direct information to members about co			
ern	2		box if the organization discontinued its operations or disposed of r			s net assets.
Š	3		voting members of the governing body (Part VI, line 1a)		3	28
ø	4		independent voting members of the governing body (Part VI, line 1b)		4	28
es	5		per of individuals employed in calendar year 2022 (Part V, line 2a)		5	17
ivit	6		per of volunteers (estimate if necessary)		6	100
Activities &	7a		ated business revenue from Part VIII, column (C), line 12		7a	-2,256
	b		ted business taxable income from Form 990-T, Part I, line 11		7b	0
				Prior Year	1	Current Year
4	8	Contributio	ons and grants (Part VIII, line 1h)	78	38,810	676,868
Revenue	9		ervice revenue (Part VIII, line 2g)		129,472	
ě	10	_	t income (Part VIII, column (A), lines 3, 4, and 7d)		599	180,771 5,226
æ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15	53,084	124,927
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		71,965	987,792
	13		d similar amounts paid (Part IX, column (A), lines 1–3)	· · · · · · · · · · · · · · · · · · ·	04,998	49,079
	14		aid to or for members (Part IX, column (A), line 4)		0	0
w	15	•	her compensation, employee benefits (Part IX, column (A), lines 5–10)	54	13,222	613,088
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)		0	0
per	b		raising expenses (Part IX, column (D), line 25) 38,043		J	
Ж	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	40	09,007	432,937
	18	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		57,227	1,095,104
	19	-	ess expenses. Subtract line 18 from line 12		14,738	-107,312
or es			·	ginning of Curre		End of Year
ets	20	Total asset	s (Part X, line 16)	3.24	12,464	3,183,404
Ass d Ba	21		ties (Part X, line 26)	•	95,324	143,576
Net Assets or Fund Balances	22		or fund balances. Subtract line 21 from line 20		17,140	3,039,828
	art II		re Block	,	, ,	, ,
			, I declare that I have examined this return, including accompanying schedules and statem			my knowledge and belief, it is
tru	e, correc	t, and complet	Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledo	ge.	
		14	le WOLL		08/14/2	2025
Si	gn	Signature of	officer	Date		
He	ere	Michael G	Worley, President and CEO			
			name and title			
D-	id.	Print/Type	preparer's name Preparer's signature Date)	Check	if PTIN
Pa		Woodrov	1 101 101		self-emp	
	epare	Firms's 15 at 25		Firm's	EIN	27-3096350
US	se Onl	Firm's add		Phone		770-993-7100
Ma	v the IF		this return with the preparer shown above? See instructions	1		Yes No

Form 990 (2022)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	ADVOCATION AND EDUCATION ABOUT PROTECTING WILDLIFE AND WILDLIFE HABITATS.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,001,877 including grants of \$49,727) (Revenue \$1,240,290)
	Mission is to educate the public to recognize conservation as a way of life and encourage intelligent management of Earth's life sustaining resources. Outreach channels include sportsmen's shows, the website, and direct information to members about
	consequation issues
	CONSERVATION ISSUES.
	(O. I
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses 1,001,877

Form 99	0 (2022)		ı	Page 🕻
Part	V Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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</i> "Yes," <i>complete Schedule C, Part I</i>	3	·	~
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	,	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	,	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8	-	~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	,	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
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? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part l	V Checklist of Required Schedules (continued)			Ť
			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		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			Ť
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		~
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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	OFL		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	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		~
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		~
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		~
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
00	"Yes," complete Schedule L, Part IV	28c		V
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		~
50	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	04		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		レン
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37	-	~
38	19? Note: All Form 990 filers are required to complete Schedule O	38	/]
Part '		,		
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10		

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		~
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		. 1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		\
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
• •	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	11		
	no cara a compression according to the contract of the contrac			

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Part 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. See instructions. Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year. . . 1a 28 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 28 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?. 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a 8b / Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b V Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 1 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a 1 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed GA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ☐ Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. The Organization, (770)787-7887

Form 990 (2022)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

C	☐ Check this box if neither the organization no				atic	n c	ompe	nsa	ated any current	officer, director,	or trustee.
Name and title		(C)									
Name and title	(A)	(B)	(do n				e than d	one	(D)	(E)	(F)
Per week (list any hours for related organizations) Per week (list any hours for related organizat	Name and title		ю́ох,	box, unless person is both an				n an			
Mike Worley				1		1		<u> </u>			
Mike Worley			ndiv or di	nstit	Offic	(ey	High empl	orm			
Mike Worley 40.00 V V 93,241 0 0 President and CEO 0.00 V V 93,241 0 0 District Director 10 1.00 V 0 0 0 0 Mark Berry 1.00 V 0 0 0 0 0 Chair 1.00 V V 0			idua	utio	еŗ	emp	est c	ier			
Mike Worley 40.00 V V 93,241 0 0 President and CEO 0.00 V V 93,241 0 0 District Director 10 1.00 V 0 0 0 0 Mark Berry 1.00 V 0 0 0 0 0 Chair 1.00 V V 0			or tru	nal t		loye) jmj				
Mike Worley 40.00 V V 93,241 0 0 President and CEO 0.00 V V 93,241 0 0 District Director 10 1.00 V 0 0 0 0 Mark Berry 1.00 V 0 0 0 0 0 Chair 1.00 V V 0			stee	rust		Φ	ens				
President and CEO 0.00 ✓ ✓ 93,241 0 0 Tom Jones 1.00 0 0 0 0 0 District Director 10 1.00 ✓ 0 0 0 0 Mark Berry 1.00 ✓ ✓ 0 0 0 0 Chair 1.00 ✓ ✓ 0				ее			ated				
Tom Jones	Mike Worley	40.00									
District Director 10	President and CEO	0.00	~		~	~			93,241	0	0
Mark Berry 1.00 ✓ ✓ 0 0 0 Chair 1.00 ✓ ✓ 0 0 0 Don E Chandler 1.00 ✓ ✓ 0 0 0 Vice Chair 1.00 ✓ ✓ 0 0 0 Dan Fletcher 1.00 ✓ ✓ 0 0 0 Secretary 1.00 ✓ ✓ 0 0 0 Jana Dyke 1.00 ✓ ✓ 0 0 0 Kevin McKinstry 1.00 ✓ 0 0 0 0 NWF Delegate 1.00 ✓ 0 0 0 0 NWF Delegate 1.00 ✓ 0 0 0 0 Jamey Hulsey 1.00 ✓ 0 0 0 0 District Director 1 1.00 ✓ 0 0 0 0 Robbie Payne 1.00<	Tom Jones	1.00									
Chair 1.00 ✓ ✓ 0 0 0 Don E Chandler 1.00 ✓ ✓ 0 0 0 Vice Chair 1.00 ✓ ✓ 0 0 0 Dan Fletcher 1.00 ✓ ✓ 0 0 0 Secretary 1.00 ✓ ✓ 0 0 0 Jana Dyke 1.00 ✓ ✓ 0 0 0 Treasurer 1.00 ✓ ✓ 0 0 0 0 Kevin McKinstry 1.00 ✓ 0 <td>-</td> <td></td> <td>~</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>	-		~						0	0	0
Don E Chandler	Mark Berry	1.00									
Vice Chair 1.00 ✓ ✓ 0 0 0 Dan Fletcher 1.00 ✓ ✓ 0 0 0 Secretary 1.00 ✓ ✓ 0 0 0 Jana Dyke 1.00 ✓ ✓ 0 0 0 Kevin McKinstry 1.00 ✓ 0 0 0 0 NWF Delegate 1.00 ✓ 0 0 0 0 Jamey Hulsey 1.00 ✓ 0 0 0 0 District Director 1 1.00 ✓ 0 0 0 0 Micheal Binns 1.00 ✓ 0 0 0 0 0 District Director 3 1.00 ✓ 0			~		~				0	0	0
Dan Fletcher											
Secretary			~		~				0	0	0
Jana Dyke											
Treasurer 1.00 ✓ ✓ 0 0 0 Kevin McKinstry 1.00 ✓ 0 0 0 0 NWF Delegate 1.00 ✓ 0 0 0 0 Jamey Hulsey 1.00 ✓ 0 0 0 0 Micheal Binns 1.00 ✓ 0 0 0 0 District Director 3 1.00 ✓ 0 0 0 0 Robbie Payne 1.00 ✓ 0 0 0 0 0 District Director 4 1.00 ✓ 0 0 0 0 District Director 6 1.00 ✓ 0 0 0 0 Curtis S Jenkins 1.00 ✓ 0 0 0 0 District Director 7 1.00 ✓ 0 0 0 0 Charlie Todd 1.00 ✓ 0 0 0 0			~		~				0	0	0
New Mark New Mark					١.				_	_	_
NWF Delegate 1.00 ✓ 0 0 0 Jamey Hulsey 1.00 ✓ 0 0 0 District Director 1 1.00 ✓ 0 0 0 Micheal Binns 1.00 ✓ 0 0 0 District Director 3 1.00 ✓ 0 0 0 Robbie Payne 1.00 ✓ 0 0 0 District Director 4 1.00 ✓ 0 0 0 David Haire 1.00 ✓ 0 0 0 District Director 6 1.00 ✓ 0 0 0 Curtis S Jenkins 1.00 ✓ 0 0 0 District Director 7 1.00 ✓ 0 0 0 Charlie Todd 1.00 ✓ 0 0 0 Director District 8 1.00 ✓ 0 0 0 Joy Campbell 1.00 ✓ 0 0 0			~		~				0	0	0
Jamey Hulsey 1.00 District Director 1 1.00 Micheal Binns 1.00 District Director 3 1.00 Robbie Payne 1.00 District Director 4 1.00 David Haire 1.00 District Director 6 1.00 Curtis S Jenkins 1.00 District Director 7 1.00 Charlie Todd 1.00 Director District 8 1.00 Joy Campbell 1.00											
District Director 1 1.00 ✓ 0 0 0 Micheal Binns 1.00 ✓ 0 0 0 District Director 3 1.00 ✓ 0 0 0 Robbie Payne 1.00 ✓ 0 0 0 District Director 4 1.00 ✓ 0 0 0 David Haire 1.00 ✓ 0 0 0 0 Curtis S Jenkins 1.00 ✓ 0 0 0 0 District Director 7 1.00 ✓ 0 0 0 0 Charlie Todd 1.00 ✓ 0 0 0 0 Joy Campbell 1.00 ✓ 0 0 0 0		1	~						0	0	0
Micheal Binns 1.00 District Director 3 1.00 Robbie Payne 1.00 District Director 4 1.00 David Haire 1.00 District Director 6 1.00 Curtis S Jenkins 1.00 District Director 7 1.00 Charlie Todd 1.00 Director District 8 1.00 Joy Campbell 1.00											
District Director 3 1.00 ✓ 0 0 0 Robbie Payne 1.00 ✓ 0 0 0 District Director 4 1.00 ✓ 0 0 0 David Haire 1.00 ✓ 0 0 0 0 Curtis C Director 6 1.00 ✓ 0 0 0 0 Curtis S Jenkins 1.00 ✓ 0 0 0 0 District Director 7 1.00 ✓ 0 0 0 0 Charlie Todd 1.00 ✓ 0 0 0 0 Joy Campbell 1.00 ✓ 0 0 0 0			V						0	0	0
Robbie Payne			.,								
District Director 4 1.00 ✓ 0 0 0 David Haire 1.00 ✓ 0 0 0 District Director 6 1.00 ✓ 0 0 0 Curtis S Jenkins 1.00 ✓ 0 0 0 District Director 7 1.00 ✓ 0 0 0 Charlie Todd 1.00 ✓ 0 0 0 Director District 8 1.00 ✓ 0 0 0 Joy Campbell 1.00 ✓ 0 0 0			~						0	0	0
David Haire 1.00 District Director 6 1.00 Curtis S Jenkins 1.00 District Director 7 1.00 Charlie Todd 1.00 Director District 8 1.00 Joy Campbell 1.00			.,								
District Director 6 1.00 ✓ 0 0 0 Curtis S Jenkins 1.00 ✓ 0 0 0 District Director 7 1.00 ✓ 0 0 0 Charlie Todd 1.00 ✓ 0 0 0 Director District 8 1.00 ✓ 0 0 0 Joy Campbell 1.00 ✓ 0 0 0			_						0	0	0
Curtis S Jenkins 1.00 District Director 7 1.00 Charlie Todd 1.00 Director District 8 1.00 Joy Campbell 1.00			,						0	0	0
District Director 7 1.00 ✓ 0 0 0 Charlie Todd 1.00 ✓ 0 0 0 Director District 8 1.00 ✓ 0 0 0 Joy Campbell 1.00 ✓ 0 0 0		1							0	0	0
Charlie Todd 1.00 Director District 8 1.00 Joy Campbell 1.00			/						0	0	0
Director District 8 1.00 ✓ 0 0 0 Joy Campbell 1.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
Joy Campbell 1.00			1						n	n	n
		1							Ĭ	Ĭ	
	Director District 11	1.00	~						0	0	0

Form 990 (2022) Page **7 -** 2

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

				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average		do not check more than one ox, unless person is both a					Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any	Ind or o	lns:	Officer	Kej	Hig em	For	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for related	Individual trustee or director	Institutional trustee	icer	Key employee	hest ploy	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	tor	ona		ploy	con		1099-NEC)	1099-NEC)	related organizations
	below dotted line)	uste.	trus		ee	hper				
	dotted line)	ď	tee			Highest compensated employee				
Spud Woodward	1.00									
District Director 12	1.00	~						0	0	0
Ron Warnken	1.00									
NWF Staff	1.00	~						0	0	0
Kevin Queen	1.00									
Director at Large	1.00	~						0	0	0
Gordon Reynolds	1.00									
Director at Large	1.00	~						0	0	0
Joel Vinson	1.00									
Director at Large	1.00	~						0	0	0
Jim Manley	1.00									
Director at Large	1.00	~						0	0	0
Brian K Mask Sr	1.00									
Director at Large	1.00	~						0	0	0
Steve Wriigley	1.00									
Director at Large	1.00	~						0	0	0
Randy Young	1.00									
Director at Large	1.00	~						0	0	0
Daryl Ingram	1.00									
Director at Large	1.00	~						0	0	0
Seth Millican	1.00									
Director at Large	1.00	~						0	0	0
Kevin Pearson	1.00									
Director at Large	1.00	~			ļ			0	0	0
Russ England	1.00									
Board Emeritus	1.00	~	ļ	ļ	ļ		ļ	0	0	0
John Ladson	1.00									
Board Emeritus	1.00	~						0	0	0

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Em	plo	yee	s, an	nd F	lighest Compe	nsated Emp	loyees (continued)
					(6	C)					
	(A)	(B)	(B) Position (do not check more than of			ono	(D)	(E)	(F)		
	Name and title	Average					is both		Reportable	Reportable	Estimated amount
		hours per week	office	er an	1	1	or/trus		compensation from the	compensation from related	of other compensation
		list any	Indi or c	nst	Officer	Key	High	Former	organization (W-2/	organizations (W	
		hours for related	Individual t or director	ituti	cer	em	nest	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
		organizations	or all tr	nstitutional		employee	con		1033-1420)	1039-1120)	Telated organizations
		below dotted line)	Individual trustee or director	trustee		ee	npen				
		dotted line)	ď	tee			Highest compensated employee				
							۵				
41.	Cubtatal								00.044		
1b	Subtotal Total from continuation sheets to Part	VII Contin		•	•	•		•	93,241		0 0
c d	Tatal (add lines the and ta)		пА	•	•	•		•	93,241		0 0
	Total number of individuals (including		limite	d t	o t	thos	e lis	ted		eceived more	
_	reportable compensation from the organi						, , , ,		0	7001704 111010	11011 \$100,000 01
	1 1								0		Yes No
3	Did the organization list any former of	officer, dire	ector.	tru	ste	e. k	kev e	am	lovee, or highes	t compensat	
	employee on line 1a? If "Yes," complete							-			
4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npe	nsatic	on a	and other compe	nsation from t	he
	organization and related organizations	greater that	an \$1	150,	000)? /	f "Ye	s,"	complete Sched	dule J for su	ch
	individual					•		•			4
5	Did any person listed on line 1a receive of									ion or individu	ual
	for services rendered to the organization	? If "Yes," c	compl	lete	Sch	nedi	ule J t	for s	such person .		5
	on B. Independent Contractors										
1	Complete this table for your five high										
	compensation from the organization. Rep	ort compen	isation	n toi	r tne	e ca	ienda	r ye	ear ending with or	within the org	anization's tax year.
	(A) Name and business add	rocc							(B) Description of serv	vices	(C)
	ivaine and pusiness add	1699						1	Description of serv	1000	Compensation
None											
								-			
								1			
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot	limit	ted to	th	nose listed abov	e) who	
	received more than \$100,000 of compens								0		

D 1/111	Statement of Revenue
	STATEMENT AT REVENUE

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S, S	1a	Federated campaig	ns .		1a	1,699				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	144,680				
ع ق	С	Fundraising events			1c	0				
ts,	d	Related organization			1d	0				
ia et	e	Government grants			1e	67,000				
ıs,	f	All other contribution				07,000				
io s		and similar amounts no		1f	463,489					
the	g	Noncash contribution	ons in	cluded in		400,400				
i di	9	lines 1a–1f			1g	\$ 0				
ang ang	h	Total. Add lines 1a-					676 969			
- "	- 11	Total. Add lines ra-	-11 .		-	Business Code	676,868			
ø	20	Tarada Ohanii Danianii	_				400 774	100 774		0
i	2a	Trade Show Revenu				110000	180,771	180,771	0	0
Ser	b									
m (er	C									
gram Ser Revenue	d									
Program Service Revenue	e	All all and an annual and an an annual and an an annual and an an annual and an								
	f	All other program se					0	0	0	0
	<u>g</u> 	Total. Add lines 2a- Investment income	-ZI .	udina divi	donde	interest and	180,771			
	J	other similar amoun					E 000	F 000	0	0
	4	Income from investr	,				5,226	5,226	0 0	0
	4				•	•	0	0		0
	5	Royalties		(i) Real	•	(ii) Personal	0	0	0	0
	٥-	Ouese weeks	C-							
	6a	Gross rents	6a		5,103	0				
	b	Less: rental expenses			7,359	0				
	C	Rental income or (loss)			2,256	0	0.050		0.050	
	d Net rental income or (loss)			-2,256	0	-2,256	0			
	7a	Gross amount from sales of assets		(i) Securit	162	(ii) Other				
		other than inventory	7a							
4	b	Less: cost or other basis	1 a							
nue		and sales expenses	7b							
Revenue	С	Gain or (loss)	7c		0	0				
		Net gain or (loss)								
Other	8a	Gross income fro								
ō	Ju	events (not including		0						
		of contributions re		d on line						
		1c). See Part IV, line			8a	375,628				
	b	Less: direct expens	es .		8b	252,498				
	С	Net income or (loss)			g eve	•	123,130		0	123,130
	9a	Gross income	from	gaming						
		activities. See Part I	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
	С	Net income or (loss)) from	n gaming ac	ctivitie	es				
	10a	Gross sales of in		ory, less						
		returns and allowan	ices		10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)) from	sales of in	vento	1				
Sn						Business Code				
eo r	11a	Other Income				110000	5,064	5,064	0	0
scellaneo Revenue	b	Asset Disposals				110000	-1,011	-1,011	0	0
e cel	С									
Miscellaneous Revenue	d	All other revenue			-		0	0	0	0
_	е	Total. Add lines 11a			•		4,053			
	12	Total revenue. See	instr	uctions .	-		987,792	190,050	-2,256	123,130

Form 990 (2022) Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Schedule O contains a response or note to any line in this Part IX	

	Check it correduce of contains a response	of floto to arry line	in this raiting.		
	ot include amounts reported on lines 6b, 7b, b, 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		·	ů i	·
	and domestic governments. See Part IV, line 21 .	49,079	49,079		
2	Grants and other assistance to domestic		,		
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign	-	-		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	93,241	83,302	5,361	4,578
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	0	0	0
7	Other salaries and wages	475,574	424,885	27,350	23,339
8	Pension plan accruals and contributions (include	,,,,,,,	,,,,,		
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	44,273	39,560	2,540	2,173
11	Fees for services (nonemployees):	11,210	00,000	2,610	2,110
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	15,900	0	15,900	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	47,079	47,079	0	0
12	Advertising and promotion	202	202	0	0
13	Office expenses	69,469	64,983	2,002	2,484
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	41,216	37,070	1,289	2,857
17	Travel	45,242	45,172	0	70
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40		0	0	0	0
19	Conferences, conventions, and meetings	14,313	14,313	_	
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	45,479	45,479	0	0
23	Insurance	37,408	37,408	0	0
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	Trada Chau Evnanaa	120,386	120,386	0	0
a b	Dues and Subscriptions	33,504	30,220	742	2,542
C	Meat Processing - GHFH	8,715	8,715	0	2,542
d	(Less) Rent Income Offsets	-47,359	-47,359	0	0
e	All other expenses	1,383	1,383	0	0
25	Total functional expenses. Add lines 1 through 24e	1,095,104	1,001,877	55,184	38,043
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	.,,	.,,,	25,127	5 000 (2000

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	t X		
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			326,176	1	475,424
	2	Savings and temporary cash investments		<u> </u>	150,433		0
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net		<u> </u>	47,674	4	35,857
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqua under section 4958(f)(1)), and persons described				_	
	_	****		` ' ' ' '		6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use		-		8	
٨	9	Prepaid expenses and deferred charges			50,612	9	42,002
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
	L			, ,	0.007.500	100	0.000.404
	b	Less: accumulated depreciation			2,667,569	10c	2,630,121
	11 12	Investments—publicly traded securities Investments—other securities. See Part IV, line 1				12	
	13	Investments—program-related. See Part IV, line				13	
	14	Intangible assets	-		14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			3,242,464		3,183,404
	17	Accounts payable and accrued expenses			95,324		52,025
	18	Grants payable	0	18			
	19	Deferred revenue	0	19	91,551		
	20	Tax-exempt bond liabilities				20	·
	21	Escrow or custodial account liability. Complete I		l e	0	21	
es	22	Loans and other payables to any current or					
IIti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	se per	sons		22	
	23	Secured mortgages and notes payable to unrela		·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines of Schedule D	5 17-2	:4). Complete Part X		0.5	
	06				05.004	25	440.570
•	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			95,324	26	143,576
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.	OK IIC				
ılar	27	Net assets without donor restrictions			2,898,631	27	2,888,974
B	28	Net assets with donor restrictions		[248,509	28	150,854
pur		Organizations that do not follow FASB ASC 9	58, ch	neck here 🗌			
r F		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds		l e		29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
et ,	32	Total net assets or fund balances			3,147,140		3,039,828
Z	33	Total liabilities and net assets/fund balances .			3,242,464	33	3,183,404

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Part	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)		98	7,792		
2	Total expenses (must equal Part IX, column (A), line 25)		1,09	5,104		
3	Revenue less expenses. Subtract line 2 from line 1		-10	7,312		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		3,14	7,140		
5	Net unrealized gains (losses) on investments			0		
6	Donated services and use of facilities			0		
7	Investment expenses			0		
8	Prior period adjustments			0		
9	Other changes in net assets or fund balances (explain on Schedule O)			0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))		3,039	9,828		
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	2b	~			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☐ Separate 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.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		/		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	- Ou				
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b				

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

GEO	RGIA W	/ILDLIFE FEDERATION					58-06	76737	
Par	tΙ	Reason for Public Cha	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instructi	ons.	
The c	organiz	ation is not a private founda	ation because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)		
1	□ A c	church, convention of churc	hes, or associati	on of churches descr	ibed in s e	ection 17	0(b)(1)(A)(i).		
2	□ A s	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)			
3	□Ab	nospital or a cooperative ho	spital service org	ganization described i	n sectio r	170(b)(1	I)(A)(iii).		
4	_	nedical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
		spital's name, city, and state							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	☐ A f	ederal, state, or local gover	nment or govern	mental unit described	in secti e	on 170(b)	(1)(A)(v).		
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	□ A c	community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	or	agricultural research organ university or a non-land-gra versity:							
10	rec	organization that normally is eights from activities related oport from gross investment quired by the organization a	to its exempt fu t income and un	nctions, subject to ce related business taxa	rtain exc ble incon	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its	DSS
11		organization organized and	•	•		•	,		
12		organization organized and	•	•				out the nurne	neae of
12		e or more publicly supported							
		box on lines 12a through 12							000
а		Type I. A supporting organ		• • • • • • • • • • • • • • • • • • • •			•		nivina
.		the supported organization	•	•	•		• • • • • • • • • • • • • • • • • • • •	,, , ,	,,,,,,,
		supporting organization. Y							
b		Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by havi	na
		control or management of organization(s). You must	the supporting o	rganization vested in	the same				
С		Type III functionally integ						ally integrated	l with,
		its supported organization((s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.		
d		Type III non-functionally ithat is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
е		Check this box if the organ functionally integrated, or						e II, Type III	
f	Ente	r the number of supported o	organizations .						
g	Prov	ide the following information	n about the supp	orted organization(s).	i e				
	(i) Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount other support instruction	t (see
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
\ - /	_								

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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.)

Secti	Section A. Public Support									
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and membership fees						_			
_	received. (Do not include any "unusual grants.")	925,935	390,466	686,511	788,810	676,868	3,468,590			
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	132,037	56,863	78,372	129,472	180,771	577,515			
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	1,057,972	447,329	764,883	918,282	857,639	4,046,105			
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									
с 8	Add lines 7a and 7b						4.040.405			
Secti	on B. Total Support						4,046,105			
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
9	Amounts from line 6	1,057,972	447,329	764,883	918,282	857,639	4,046,105			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	32,203	1,084	604	599	5,226	39,716			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
С	Add lines 10a and 10b	32,203	1,084	604	599	5,226	39,716			
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	450.540	04.704	054 575	450.004	404.007	704.000			
13	Total support. (Add lines 9, 10c, 11, and 12.)	150,540 1,240,715	81,734	251,575	153,084	124,927	761,860			
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's			•	987,792 ar as a section				
Secti	on C. Computation of Public Suppor					· · ·				
15	Public support percentage for 2022 (line 8			3, column (f))		15	83.46 %			
16	Public support percentage from 2021 Sch	nedule A, Part I	II, line 15			16	83.12 %			
Secti	on D. Computation of Investment In									
17	Investment income percentage for 2022 (line 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	0.82 %			
18 19a	Investment income percentage from 2021 331 /3% support tests—2022. If the organi 17 is not more than 331/3%, check this box	ization did not	check the box	on line 14, an	id line 15 is m					
b	331/3% support tests—2021. If the organiz line 18 is not more than 331/3%, check this back	ation did not ch	neck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and			
20	Private foundation. If the organization di		=	•	-	-	_			

Schedule A (Form 990) 2022 Page 4

Part IV **Supporting Organizations**

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

Se

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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? <i>If "Yes," provide detail in Part VI.</i>	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
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.	10a		

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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No 11 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 on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* 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. Yes No 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. 2a Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. 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. 3a

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.

3b

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	rani	izations	rage
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			lain in Part VI\ See
-	instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		, , , , ,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)		integrated Type III suppo	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D—Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in **Part VI**) Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 **d** From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h 6 and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 Excess from 2022 . . . е

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part III, Line 12 - Schedule A, Part III, Line 12 - Fundraising Events, Rental Loss, and Miscellaneous

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Se	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.				
	of organization			Employer iden	tification number	
GEOR	GIA WILDLIFE FEDERATIO				58-0676737	
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a section 527 o	organization.	
1	Provide a description of definition of "political can	f the organization's direct and in-	direct political ca	mpaign activities in Part	IV. See instructi	ons fo
2		y expenditures. See instructions .		\$		
3		cal campaign activities. See instruc				
Part		e organization is exempt und		c)(3) .		
1 2 3 4a b Part 1 2 3	Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part Complete if the Enter the amount direct activities Enter the amount of the 527 exempt function activities 17b	excise tax incurred by the organization excise tax incurred by organization ed a section 4955 tax, did it file Formal IV. Expended by the filing organization is exempt under the filing organization is funds contribution in the filing organization is funds contribution. Expenditures. Add lines 1 and 2. In file Form 1120-POL for this year.	er section 501(cation for section outed to other organization for section of the secti	c), except section 501 527 exempt function anizations for section on Form 1120-POL,	Tyes	No No
5	Enter the names, address organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, on ontributions received that were pro- fund or a political action committe	mber (EIN) of all se enter the amount mptly and directly	ection 527 political organi paid from the filing organi delivered to a separate p	zations to which to zation's funds. Also olitical organizatio	so entei on, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of pol contributions receiv promptly and dire delivered to a sep political organiza If none, enter -0	ed and ectly arate tion.
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Schedule C (Form 990) 2022 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check [if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply. **Limits on Lobbying Expenditures** (a) Filing (b) Affiliated organization's totals group totals (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) . . . Total lobbying expenditures (add lines 1a and 1b) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0-Subtract line 1f from line 1c. If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 Page **3**

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	ı 5768		
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	iption of the lobbying activity.	Yes	No	Ar	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or					
•	referendum, through the use of: Volunteers?		~			
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	~				
C	Media advertisements?		~			
d	Mailings to members, legislators, or the public?		~			
e	Publications, or published or broadcast statements?		~			
f	Grants to other organizations for lobbying purposes?		1			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	٧			1	8,029
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~			
i	Other activities?		~			
j	Total. Add lines 1c through 1i				1	8,029
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		~			
b	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\/ C \				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	-	-		<u> </u>	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."				ine 3	B, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	•	2 a	<u> </u>		
b	Carryover from last year		2b			
С	Total		2c	<u> </u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
_	and political expenditures next year?	•	4	 		
5 Par	Taxable amount of lobbying and political expenditures. See instructions	•	5	<u> </u>		
2 (See	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groenstructions); and Part II-B, line 1. Also, complete this part for any additional information. dule C, Part II-B, Line 1 - Lobbying efforts were to protect wildlife lands.					

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

GEOR	GIA WILDLIFE FEDERATION		58-0676737
Par			ls or Accounts.
	Complete if the organization answered "		
		(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	dvicers in writing that the accets he	ld in donor advised
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
·	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre		f a historically important land area
	✓ Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contributior	n 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		. 2a 4
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (c) a		
_	3		· 2d 0
3	Number of conservation easements modified, transtax year 0	sterred, released, extinguished, or term	linated by the organization during the
4	Number of states where property subject to conserv	vation assement is located	
5	Does the organization have a written policy reg.		ection, handling of
-	violations, and enforcement of the conservation eas		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	
_	500		,,
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
	0		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · 🗌 Yes 🗹 No
9	In Part XIII, describe how the organization repo		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easemer	•	nancial statements that describes the
			011 0: 11 4
Part			Other Similar Assets.
10	Complete if the organization answered " If the organization elected, as permitted under FAS		a statement and balance about works
1a	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	ns:	•
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA	SB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1 .		\$

Schedu	le D (Form 990) 2022								Pá	age 2
Part	Organizations Maintaining (Collections of	Art, His	torical T	reasures,	or Oth	ner Similar As	sets (co		-
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and o	ther reco	rds, chec	k any of the	e follow	ing that make s	ignificant	use o	of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progra	am			
b	Scholarly research									
С	☐ Preservation for future generations									
4	Provide a description of the organization XIII.	on's collections	and expla	ain how tl	hey further	the orga	anization's exen	npt purpo	se in	Part
5	During the year, did the organization s assets to be sold to raise funds rather t							ar □ Ye	s 🗌	No
Part	IV Escrow and Custodial Arrar	gements.								
	Complete if the organization a 990, Part X, line 21.	answered "Yes					•		Form	1
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot 🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Par	t XIII and comp	lete the fo	lowing ta	able:					
							Aı	mount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount	on Form 990, F	Part X, line	21, for e	scrow or cu	ıstodial	account liability	? 🗌 Y e	s 🗌	No
b	If "Yes," explain the arrangement in Par	t X III . Check he	re if the e	xplanatio	n has been	provide	d on Part XIII .			
	t V Endowment Funds.					-				
	Complete if the organization a	answered "Yes	s" on For	m 990, F	Part IV, line	10.				
	·	(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
-	programs									
Ť	Administrative expenses									
g	End of year balance		<u> </u>		L . , ,					
2	Provide the estimated percentage of the			e (line 1g	, column (a)) held a	ıs:			
а	Board designated or quasi-endowment		.%							
b		%								
С	Term endowment%									
_	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	possession of t	he organi	zation tha	at are held	and adr	ninistered for th	_		
	organization by:							-	Yes	No
	(i) Unrelated organizations							3a(i)		
	• •							3a(ii)		
b	If "Yes" on line 3a(ii), are the related org		•					3b		
4	Describe in Part XIII the intended uses		ion's endo	owment fu	unds.					
Part									_	_
	Complete if the organization a	answered "Yes	s" on For	m 990, F	Part IV, line	9 11a. S	See Form 990,	Part X, I	ine 10	0
	Description of property	(a) Cost or o			or other basis ther)		accumulated preciation	(d) Book	value	
1a	Land		0		1,970,678				1,970	,678
b	Buildings		0		1,691,125		1,067,063			,062
С	Leasehold improvements		0		0		0			0
d	Equipment		0		122,871		87,490		35	,381

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

308,521

2,630,121

308,521

Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11b. See F	orm 990, Part X, line) 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)		_		
		_		
(C)		_		
(D)		-		
(E)		-		
(F)		-		
(G)		-		
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.)	-		
Part VIII	Investments—Program Related.			
rait viii	Complete if the organization answered "Yes" on Form 990, Part	IV line 11c See F	orm 990 Part X line	13 د
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(b) BOOK value	Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	orm 990, Part X, line	∍ 15.
	(a) Description		(b) Book va	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	<u> </u>	•	
rarex	Complete if the organization answered "Yes" on Form 990, Part	IV. line 11e or 11f.	See Form 990. Part	X.
	line 25.	.,	000 1 01111 000, 1 011	. , ,
1.	(a) Description of liability		(b) Book va	alue
(1) Federal ir			.,,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ			
organization's	s liability for uncertain tax positions under FASB ASC 740. Check here if the tex	t of the footnote has b	een provided in Part XI II	ı. 🔲

Schedule D (Form 990) 2022 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements. 987,792 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 0 Donated services and use of facilities 2b 0 b Recoveries of prior year grants 2c 0 Other (Describe in Part XIII.) 0 Add lines 2a through 2d 2e 0 Subtract line 2e from line 1 3 3 987,792 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b 0 Add lines 4a and 4b 4c 0 Total revenue, Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 5 987,792 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . 1,095,104 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 0 Prior year adjustments 2b 0 b C 2c 0 Other (Describe in Part XIII.) 2d 0 Add lines 2a through 2d . . . 2e 0 3 1,095,104 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b 0 Add lines 4a and 4b 4c 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,095,104 Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part II, Line 5 - The organization has written policies and regular inspections and maintenance of conservation easements. Schedule D, Part II, Line 9 - Conservation easements are reported on the financial statements at the cost or donated value.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

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

202	2	
Open to Pul Inspection	blic	
fication number		

	or the organization					Employer identific	
	RGIA WILDLIFE FEDERATION						0676737
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on F	Form 990, Part IV,	line 17.
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e [☐ Solicitat	ion of non-governi	ment grants	
b	Internet and email solicitation	ons	f [☐ Solicitat	ion of government	grants	
С	☐ Phone solicitations		g [Special ·	fundraising events	;	
d	☐ In-person solicitations			·	· ·		
2 a	Did the organization have a wri	tten or oral agre	ement with	any individ	dual (including offic	cers directors trust	ees
	or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	d individuals or	entities (fun		· · · · · · ·	=	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		001. (1)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organ registration or licensing.	anization is regi	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		grood recorpte groater the	40,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			Governor's Hunt	Chattahoochee Dinner	9	(add col. (a) through col. (c))	
4			(event type)	(event type)	(total number)		
Revenue							
eve	1	Gross receipts	100,000	51,508	224,120	375,628	
Re	_						
	2	Less: Contributions	0	0	0	0	
	3	Gross income (line 1 minus					
		line 2)	100,000	51,508	224,120	375,628	
	4	Cook prizos				0	
	4	Cash prizes	0	0	0	0	
	5	Noncash prizes	0	0	0	0	
	J	Noncash phizes	0	0	0	0	
ses	6	Rent/facility costs	0	0	0	0	
Direct Expenses	•	The state of the s	0	· ·			
Σxp	7	Food and beverages	0	0	0	0	
ct		, and the second					
)ire	8	Entertainment	0	0	0	0	
	9	Other direct expenses .	75,100	25,700	151,698	252,498	
	10	Direct expense summary. Ac				252,498	
	11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	column (d)		123,130	
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E	e organization answe	ered "Yes" on Form !	990, Part IV, line 19,	or reported more than	
		\$15,000 OH FOHH 990-E.	z, iii le oa. T				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)	
ver				amga, programma amga			
Re	1	Gross revenue					
	<u>'</u>	aross revenue					
S	2	Cash prizes					
nse							
Direct Expenses	3	Noncash prizes					
ΕÊ		·					
rec	4	Rent/facility costs					
₫							
	5	Other direct expenses .					
			☐ Y es %	☐ Y es %	☐ Yes %		
	6	Volunteer labor	☐ No	│	□ No		
	_						
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)			
	0	Net gaming income summar	v Subtract line 7 from l	ing 1 column (d)			
	8	Net gaming income summar	y. Subtract line / Ironn i	ine i, column (a)			
9	Er	nter the state(s) in which the or	ranization conducts as	umina activitics:			
_					 s?	□ Yes □ No	
		"No," explain:					
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax ye				ated during the tax vear	? .		
		<i></i>					

ochedu	ile G (i om 990) 2022		raye C
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		
Part			
		-	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

GEORGIA WILDLIFE FEDERATION	58-0676737
Form 990, Header, Line B - The financial portion of the report was amended to conform to the completed a	audit. Also, lobbying activities
were calculated and reported.	
Form 990, Part VI, Section B, Line 11b - The President and Board obtain and review Form 990 after the CP	A firm has prepared it, based
upon information provided by the organization and before it is filed.	
Form 990, Part VI, Section B, Line 12c - Officers and Directors submit statements of financial conflict, if an	 ۱V.
Form 990, Part VI, Section B, Line 15 - Compensation of the President and CEO is set and approved by the	e Board.
Form 990, Part VI, Section C, Line 19 - The Federation makes the documents available on its website and i	n the office.

Schedule O, Statement 1 GEORGIA WILDLIFE FEDERATION

Form: **Form 990 (2022)** EIN: **58-0676737**

Page: 1 Header Section

Reasonable Cause Explanations

This is an amended return. The original return was timely filed.

Explanation