

Form **990**

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A For the 2022 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
 THE WILDLIFE CENTER OF VIRGINIA

**D Employer identification number**  
 54-1215402

Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) \_\_\_\_\_ Room/suite \_\_\_\_\_  
**E Telephone number**  
 540-942-9453

P. O. BOX 1557  
 City or town, state or province, country, and ZIP or foreign postal code  
 WAYNESBORO VA 22980

**G Gross receipts \$** 2,667,485

**F Name and address of principal officer:**  
 EDWARD E. CLARK, JR  
 1665 ROCKFISH ROAD  
 WAYNESBORO VA 22980

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** WWW.WILDLIFECENTER.ORG **H(c) Group exemption number** \_\_\_\_\_

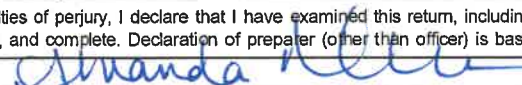
**K Form of organization:**  Corporation  Trust  Association  Other **L Year of formation:** 1982 **M State of legal domicile:** VA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TREATMENT AND REHABILITATION OF ILL OR INJURED WILD ANIMALS AND EDUCATIONAL PROGRAMS FOR VARIOUS ENVIRONMENTAL ISSUES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>39</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>136</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 2,793,564	<b>Current Year</b> 2,353,400
	<b>9</b> Program service revenue (Part VIII, line 2g)	53,749	50,651
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-972	2,974
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178,559	197,509
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,024,900</b>	<b>2,604,534</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,308,854</b>	<b>1,635,525</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>236,675</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>906,428</b>	<b>929,437</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,215,282</b>	<b>2,564,962</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>809,618</b>	<b>39,572</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 5,036,754	<b>End of Year</b> 5,088,139
	<b>21</b> Total liabilities (Part X, line 26)	653,157	664,970
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,383,597</b>	<b>4,423,169</b>

**Part II Signature Block**

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

**Sign Here**  **AMANDA NICHOLSON** **SR VICE PRESIDENT** **11/15/23**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **KIRK B. KNOTT, CPA** Preparer's signature: **KIRK B. KNOTT, CPA** Date: **11/15/23** Check  if self-employed PTIN: **P00548117**  
 Firm's name: **ADVANTAGE ACCOUNTING & TAX SOLUTIONS INC** Firm's EIN: **26-0004840**  
 Firm's address: **721 N MAIN ST HARRISONBURG, VA 22802** Phone no.: **540-434-1706**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No  
 For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

**Part III 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:

**TREATMENT AND REHABILITATION OF ILL OR INJURED WILD ANIMALS AND EDUCATIONAL PROGRAMS FOR VARIOUS ENVIRONMENTAL ISSUES.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 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 \$ **832,441** including grants of \$ ) (Revenue \$ **10,118** )  
**SEE SCHEDULE O**

4b (Code: ) (Expenses \$ **869,444** including grants of \$ ) (Revenue \$ )  
**THE CENTER PROVIDED VETERINARY TREATMENT AND REHABILITATION FOR 3,703 WILD ANIMALS SUFFERING FROM INJURY OR DISEASE.**

4c (Code: ) (Expenses \$ **442,484** including grants of \$ ) (Revenue \$ **40,533** )  
**VETERINARY INTERNS AND STUDENTS FROM VARIOUS EDUCATIONAL INSTITUTIONS RECEIVED ADVANCED TRAINING IN THE TREATMENT AND REHABILITATION OF ILL OR INJURED WILD ANIMALS.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **2,144,369**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

1a	3
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No			
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>39</b>			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>				
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>				<b>X</b>
<b>b</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).					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	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?	<b>6a</b>				<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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?	<b>7a</b>		<b>X</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		<b>X</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		<b>X</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders	<b>11a</b>				
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</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	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>				
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>				<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>				<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, 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? If "Yes," complete Form 6069.	<b>17</b>				

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

**THE WILDLIFE CENTER OF VIRGINIA**      **1800 S DELPHINE AVENUE**      **VA 22980**      **540-942-9453**  
**WAYNESBORO**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD E. CLARK, JR PRESIDENT	40.00 0.00			X			192,734	0	9,654	
(2) RANDY HUWA EXEC VICE PRES	30.00 0.00			X			96,757	0	4,870	
(3) AMANDA NICHOLSON SR VICE PRESIDENT	40.00 0.00			X			94,322	0	3,773	
(4) MATTHEW BOYER SR VP OF CONS PTRSHP	40.00 0.00			X			71,966	0	0	
(5) KACKY ANDREWS DIRECTOR	1.00 0.00	X					0	0	0	
(6) DALE BATEMAN TREASURER	1.00 0.00	X	X				0	0	0	
(7) ERWIN BOHMFALK, PH. D. CHAIR EMERITUS	1.00 0.00	X					0	0	0	
(8) DICKSON YOUNG, ESQ. DIRECTOR	1.00 0.00	X					0	0	0	
(9) KATHERINE L IMHOFF VICE CHAIR	1.00 0.00	X	X				0	0	0	
(10) SCOTT KIMMEL DIRECTOR	1.00 0.00	X					0	0	0	
(11) NANCY SHEFFIELD, EX OFFICIO	LVT 1.00 0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>JULIE MORILL</b> ..... <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(13) <b>CYNDI PERRY</b> ..... <b>CHAIR</b>	1.00 0.00	X		X				0	0	0
(14) <b>KURT PLOWMAN</b> ..... <b>SECRETARY</b>	1.00 0.00	X		X				0	0	0
(15) <b>AARON PROCTOR</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(16) <b>JEFFREY SABOL</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
<b>1b Subtotal</b> .....								<b>455,779</b>		<b>18,297</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>455,779</b>		<b>18,297</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	<b>X</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	9,760				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,343,640				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 133,798				
	<b>h Total.</b> Add lines 1a-1f			2,353,400			
	<b>Program Service Revenue</b>	<b>2a</b> CONFERENCE	Business Code	28,703	28,703		
<b>b</b> COURSE & CLASS FEES			11,705	11,705			
<b>c</b> PRESENTATION FEES-EDUC.			10,243	10,243			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				50,651			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		463			463
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	24,811	2,500		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	24,800				
	<b>c</b> Gain or (loss)	<b>7c</b>	11	2,500			
<b>d</b> Net gain or (loss)			2,511	2,511			
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		226,975				
		<b>b</b> Less: direct expenses	<b>8b</b>	33,884			
		<b>c</b> Net income or (loss) from fundraising events		193,091		193,091	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		8,685				
		<b>b</b> Less: cost of goods sold	<b>10b</b>	4,267			
		<b>c</b> Net income or (loss) from sales of inventory		4,418		4,418	
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			2,604,534	53,162	0	197,972	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	455,779	359,380	43,382	53,017
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	988,562	807,551	74,847	106,164
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,326	33,335	4,287	3,704
9 Other employee benefits	51,974	44,918	3,709	3,347
10 Payroll taxes	97,884	85,066	8,035	4,783
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	27,293	21,241	549	5,503
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,003	8,270	728	5
12 Advertising and promotion	668	668		
13 Office expenses	66,257	41,540	1,969	22,748
14 Information technology	37,200	35,300	475	1,425
15 Royalties				
16 Occupancy	119,282	112,451	5,258	1,573
17 Travel	7,702	7,394		308
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,152	6,932		220
20 Interest	18,440	16,043	553	1,844
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	153,880	147,767	6,113	
23 Insurance	25,844	15,909	9,369	566
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.)				
a <b>SUPPLIES</b>	136,895	129,985	5,433	1,477
b <b>ANIMAL FEED</b>	113,820	113,820		
c <b>PROJECT EXPENSES</b>	50,173	50,173		
d <b>LIBRARY &amp; ARCHIVES</b>	34,274	12,500	7,985	13,789
e All other expenses	121,554	94,126	11,226	16,202
25 Total functional expenses. Add lines 1 through 24e	2,564,962	2,144,369	183,918	236,675
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	300	1	300
	2	Savings and temporary cash investments	2,314,167	2	850,381
	3	Pledges and grants receivable, net	7,245	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,383	9	4,860
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,393,086		
	b	Less: accumulated depreciation	10b 1,947,488	10c	1,445,598
	11	Investments—publicly traded securities	7,817	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,287,000	15	2,787,000
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	5,036,754	16	5,088,139	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	55,878	17	55,527
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	392,302	23	369,178
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	204,977	25	240,265
	26	<b>Total liabilities.</b> Add lines 17 through 25	653,157	26	664,970
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	4,223,459	27	4,351,057
	28	Net assets with donor restrictions	160,138	28	72,112
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	4,383,597	32	4,423,169	
33	<b>Total liabilities and net assets/fund balances</b>	5,036,754	33	5,088,139	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,604,534</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,564,962</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>39,572</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,383,597</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>4,423,169</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**THE WILDLIFE CENTER OF VIRGINIA**

Employer identification number

**54-1215402**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,147,505	1,357,301	1,994,985	2,793,564	2,353,400	10,646,755
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	2,147,505	1,357,301	1,994,985	2,793,564	2,353,400	10,646,755
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						10,646,755

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2,147,505	1,357,301	1,994,985	2,793,564	2,353,400	10,646,755
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,019	2,959	937	326	463	8,704
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	161,537	175,639	204,004	201,408	235,660	978,248
11 <b>Total support.</b> Add lines 7 through 10						11,633,707

12 Gross receipts from related activities, etc. (see instructions) **12** 309,429

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	91.52%
15 Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	92.15%

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

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

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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).		
<b>2</b>		
<b>3</b> 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.		
<b>3</b>		

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

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D – Distributions	Current Year
1 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	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 <b>Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 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.			
3 Excess distributions carryover, if any, to 2022			
a From 2017 .....			
b From 2018 .....			
c From 2019 .....			
d From 2020 .....			
e From 2021 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018 .....			
b Excess from 2019 .....			
c Excess from 2020 .....			
d Excess from 2021 .....			
e Excess from 2022 .....			

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

GROSS INCOME FROM FUNDRAISING \$ 647,617

GROSS SALES OF INVENTORY \$ 94,971

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

THE WILDLIFE CENTER OF VIRGINIA

Employer identification number

54-1215402

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment .....
  - b** Permanent endowment .....
  - c** Term endowment .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>312,100</b>		<b>312,100</b>
<b>b</b> Buildings .....		<b>2,308,779</b>	<b>1,313,697</b>	<b>995,082</b>
<b>c</b> Leasehold improvements .....		<b>85,780</b>	<b>79,003</b>	<b>6,777</b>
<b>d</b> Equipment .....		<b>686,427</b>	<b>554,788</b>	<b>131,639</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,445,598</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (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 Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>DUE FROM WILDLIFE CENTER FOUNDATION</b>	<b>2,787,000</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>2,787,000</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED PAYROLL</b>	<b>126,203</b>
(3) <b>ACCRUED LEAVE</b>	<b>107,042</b>
(4) <b>PAYROLL LIABILITIES</b>	<b>6,360</b>
(5) <b>ACCRUED INTEREST</b>	<b>577</b>
(6) <b>SALES TAX PAYABLE</b>	<b>83</b>
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>240,265</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII 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.

Dotted lines for providing supplemental information.





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

**THE WILDLIFE CENTER OF VIRGINIA**

Employer identification number

**54-1215402**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ANNUAL BENEFIT</u> (event type)	<u>RECEPTIONS</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	220,516	6,459	226,975
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	220,516	6,459	226,975
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages		11,340	11,340
	8	Entertainment			
	9	Other direct expenses	22,544		22,544
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				193,091

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%

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 \$ .....
- c If "Yes," enter name and address of the third party:

Name .....

Address .....

16 Gaming manager information:

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- 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 IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**Attach to Form 990.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**THE WILDLIFE CENTER OF VIRGINIA**

Employer identification number

**54-1215402**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 EDWARD E. CLARK, JR PRESIDENT	(i)	167,734	25,000	0	8,594	1,060	202,388	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE WILDLIFE CENTER OF VIRGINIA**

Employer identification number

**54-1215402**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	9	51,097	COST
20 Drugs and medical supplies	X	24	21,050	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>PROF FEES</b> )	X	12	47,975	COST
26 Other ( <b>SUPPLIES</b> )	X	33	10,676	COST
27 Other ( <b>EQUIPMENT</b> )	X	1	3,000	COST
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**THE WILDLIFE CENTER OF VIRGINIA**

Employer identification number

**54-1215402**

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

THE CENTER HOSTS A ROBUST AND CURRENT WEBSITE THAT INCLUDES SIGNIFICANT RESOURCES ON WILDLIFE AND ENVIRONMENTAL ISSUES, A USER-FRIENDLY "I NEED RESCUE ADVICE" SECTION, AND FREQUENT UPDATES ON CENTER PATIENTS. THE CENTER'S WEBSITE ALSO PROVIDES A LIVE WEBCAM FEED OF PATIENTS AND EDUCATION ANIMALS, ACCESSIBLE TO VIEWERS WORLDWIDE THROUGH THE INTERNET. IN ADDITION, DURING 2022 THE CENTER OUTREACH STAFF PRESENTED EDUCATIONAL PROGRAMS REACHING MORE THAN 25,584 CHILDREN AND ADULTS; A LITTLE MORE THAN HALF OF THESE PROGRAMS WERE OFFERED ONLINE; THE OTHERS WERE OFFERED AT LOCATIONS THROUGHOUT VIRGINIA. THESE PROGRAMS EMPHASIZE EDUCATION LESSONS FROM THE THOUSANDS OF WILD ANIMALS THAT ARRIVE AT THE WILDLIFE CENTER'S DOORSTEP EVERY YEAR IN NEED OF CARE. THE STORIES OF THESE ANIMALS ILLUSTRATE THE WIDER PROBLEMS WILDLIFE FACE - LITTER, PESTICIDES, FREE-ROAMING DOMESTIC ANIMALS, HABITAT LOSS, AND DISEASES - AND CHALLENGE PEOPLE OF ALL AGES TO TAKE ACTION TO PROTECT WILDLIFE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 MEMBERS OF THE BOARD OF DIRECTORS RECEIVED A DRAFT FORM 990 FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANNUALLY, BOARD MEMBERS ARE REQUIRED TO AFFIRM THEY HAVE READ AND UNDERSTOOD THE CONFLICT OF INTEREST POLICY, HAVE AGREED TO COMPLY WITH THE POLICY AND UNDERSTAND THE ORGANIZATION MUST ENGAGE IN ACTIVITIES ACCOMPLISHING ITS TAX-EXEMPT PURPOSE.

Name of the organization

Employer identification number

THE WILDLIFE CENTER OF VIRGINIA

54-1215402

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD ANNUALLY REVIEWS AND APPROVES THE COMPENSATION FOR THE CENTER'S PRESIDENT. DATA FOR COMPARABLE COMPENSATION FOR SIMILAR POSITIONS IN COMPARABLE ORGANIZATIONS IS COLLECTED AND REVIEWED. THE ANNUAL DELIBERATIONS AND DISCUSSIONS ARE INCLUDED IN BOARD MINUTES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

DURING 2021, THE CENTER ALSO EMPLOYED THE SERVICES OF AN OUTSIDE HUMAN RESOURCES CONSULTANT TO EXAMINE THE CENTER'S SALARY STRUCTURE FOR ALL OTHER EMPLOYEES, TO COMPARE CENTER SALARIES WITH THOSE PAID FOR COMPARABLE POSITIONS WITH OTHER ORGANIZATIONS IN THE REGION, ETC. THIS SALARY SURVEY WAS SHARED WITH THE CENTER'S SENIOR MANAGEMENT AND WITH THE CENTER'S BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

COPIES OF THE WILDLIFE CENTER OF VIRGINIA ARTICLES OF INCORPORATION, CONFLICT OF INTEREST POLICY, AND MOST RECENT FORM 990 ARE AVAILABLE AT THE CENTER'S OFFICE AT 1800 SOUTH DELPHINE AVENUE, WAYNESBORO, VA DURING NORMAL BUSINESS HOURS, MONDAY THROUGH FRIDAY.

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2022**

Attachment Sequence No. **179**

**THE WILDLIFE CENTER OF VIRGINIA**

Identifying number

**54-1215402**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,080,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,700,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>144,831</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	<b>9,049</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>153,880</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

\*\*-\*\*\*5402

## Federal Asset Report

FYE: 12/31/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
142	Poles in flight pens	2/16/11	2,323			2,323	15 MQ S/L	1,617	154
143	Flight Pen - Buddy	8/16/11	9,404			9,404	15 MQ S/L	6,271	627
144	Fencing - Buddy's Pen	9/16/11	5,638			5,638	15 MQ S/L	3,759	376
145	New Flight Pens(A3)	11/01/11	66,361			66,361	15 MQ S/L	43,287	4,424
146	Radiology Screen	2/01/11	1,122			1,122	5 MQ S/L	1,122	0
	Sold/Scrapped: 1/01/22								
147	Tranquilizer Gun	7/16/11	2,257			2,257	5 MQ S/L	2,257	0
148	Optical Imaging Machine	8/01/11	4,030			4,030	5 MQ S/L	4,030	0
149	Bloodwork Machine	9/08/11	9,765			9,765	5 MQ S/L	9,765	0
150	Oxygen Concentrator	9/16/11	1,150			1,150	5 MQ S/L	1,150	0
	Sold/Scrapped: 1/01/22								
151	ICU Oxygen Unit	10/16/11	2,597			2,597	5 MQ S/L	2,597	0
152	Endoscope	10/16/11	30,246			30,246	5 MQ S/L	30,246	0
153	Radio Surgery Unit	12/19/11	10,120			10,120	5 MQ S/L	10,120	0
154	5 New Computers	6/16/11	6,923			6,923	5 MQ S/L	6,923	0
	Sold/Scrapped: 1/01/22								
155	Laptop - Ed	10/16/11	1,512			1,512	5 MQ S/L	1,512	0
	Sold/Scrapped: 1/01/22								
238	Add'l Generator Costs	1/20/20	4,000			4,000	7 HY S/L	857	572
239	Carrier PTAC Model ETAC2	1/02/20	1,997			1,997	7 HY S/L	428	285
240	M9 Steam Sterilizer	2/18/20	3,887			3,887	5 HY S/L	1,166	778
241	Axis Camera & Dome	7/31/20	4,008			4,008	5 HY S/L	1,202	802
242	Precision 3630 Tower & Soundbar	1/10/20	1,212			1,212	5 HY S/L	364	242
243	2 Dell 24 Monitors	1/10/20	255			255	5 HY S/L	77	51
244	4 Dell 24 Monitors	7/22/20	540			540	5 HY S/L	162	108
245	4 Precision 3630 Tower Computers	7/22/20	3,153			3,153	5 HY S/L	946	630
			<u>172,500</u>			<u>172,500</u>		<u>129,858</u>	<u>9,049</u>
<b>Other Depreciation:</b>									
1	Land - Waynesboro	3/31/95	90,500			90,500	0 -- Land	0	0
2	Land Improvements -Wboro	3/31/95	55,261			55,261	30 MO S/L	49,274	1,842
3	Gravel Driveway	7/12/96	503			503	15 MO S/L	503	0
	Sold/Scrapped: 1/01/22								
4	Landscaping	3/31/96	553			553	15 MO S/L	553	0
5	Driveway Improvements	2/07/97	737			737	15 MO S/L	737	0
6	Driveway Paving	11/17/97	22,461			22,461	15 MO S/L	22,461	0
7	Land Donation	1/01/98	66,600			66,600	0 -- Land	0	0
8	Flight Pens	6/01/87	6,900			6,900	15 MO S/L	6,900	0
	Sold/Scrapped: 1/01/22								
9	Flight Pens	6/30/88	5,000			5,000	15 MO S/L	5,000	0
10	Flight Pens	6/30/87	13,050			13,050	15 MO S/L	13,050	0
	Sold/Scrapped: 1/01/22								
11	Flight Pens	6/30/89	2,500			2,500	15 MO S/L	2,500	0
12	Flight Pens - External	3/31/95	44,925			44,925	15 MO S/L	44,925	0
13	Flight Pens - Internal	3/31/95	563			563	15 MO S/L	563	0
	Sold/Scrapped: 1/01/22								
14	Building - Waynesboro	3/31/95	762,023			762,023	40 MO S/L	509,603	19,051
15	Flight Pens	1/31/96	768			768	15 MO S/L	768	0
	Sold/Scrapped: 1/01/22								
16	Cages	2/28/96	2,983			2,983	15 MO S/L	2,983	0
17	Fencing	6/30/96	3,509			3,509	15 MO S/L	3,509	0
18	Exterior Lighting	11/27/96	5,637			5,637	15 MO S/L	5,637	0
19	Education Animal Cages	9/16/98	861			861	15 MO S/L	861	0
	Sold/Scrapped: 1/01/22								
20	Songbird Aviary	6/01/98	2,365			2,365	15 MO S/L	2,365	0
	Sold/Scrapped: 1/01/22								
21	Fence	6/30/99	750			750	15 MO S/L	750	0
22	Carpet	3/01/00	10,631			10,631	15 MO S/L	10,631	0
23	Bear Pen	6/30/02	13,236			13,236	15 MO S/L	13,236	0
24	Storage Buildings	1/28/08	11,622			11,622	15 MO S/L	10,783	774
25	Storage Buildings	7/18/08	2,450			2,450	15 MO S/L	2,191	164
26	Various X-Ray Cassettes	12/01/86	800			800	5 MO S/L	800	0
	Sold/Scrapped: 1/01/22								
27	Hydraulic Surgical Table	4/01/86	750			750	10 MO S/L	750	0
28	Portable Kennels	1/01/86	1,500			1,500	10 MO S/L	1,500	0
29	Isotec Anesthesia Vaporizer	4/01/87	1,000			1,000	10 MO S/L	1,000	0
30	Ellman Surgitron Electro	7/01/87	950			950	10 MO S/L	950	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Sold/Scrapped: 1/01/22								
31	Orthopedic Cast Cutter	6/01/88	300			300	10 MO S/L	300	0
32	Ultrasonic Cleaner	5/01/88	230			230	10 MO S/L	230	0
33	Wooden Storage Bldg	2/01/90	1,000			1,000	10 MO S/L	1,000	0
34	Ohaus Electronic Scale	6/30/90	450			450	15 MO S/L	450	0
	Sold/Scrapped: 1/01/22								
35	Isolette Incubator	8/01/91	200			200	5 MO S/L	200	0
	Sold/Scrapped: 1/01/22								
36	Isolette Incubator	8/01/91	200			200	5 MO S/L	200	0
	Sold/Scrapped: 1/01/22								
37	Isolette Incubator	8/01/91	200			200	5 MO S/L	200	0
	Sold/Scrapped: 1/01/22								
38	Isolette Incubator	8/01/91	200			200	5 MO S/L	200	0
	Sold/Scrapped: 1/01/22								
39	Centrifuge - Eppendorf	11/30/91	400			400	5 MO S/L	400	0
	Sold/Scrapped: 1/01/22								
40	Freezer	9/19/93	424			424	5 MO S/L	424	0
	Sold/Scrapped: 1/01/22								
41	Autoclave	12/20/93	3,000			3,000	5 MO S/L	3,000	0
	Sold/Scrapped: 1/01/22								
42	Microscope	11/02/93	5,000			5,000	5 MO S/L	5,000	0
43	Freezer for Rats	6/08/94	458			458	5 MO S/L	458	0
	Sold/Scrapped: 1/01/22								
44	Lead Aprons	6/30/95	300			300	5 MO S/L	300	0
45	25cu ft Refrigerator	6/30/95	800			800	5 MO S/L	800	0
	Sold/Scrapped: 1/01/22								
46	Slide Viewer w/ Carousel	6/30/95	345			345	5 MO S/L	345	0
47	Galvanized Steel Cages	6/30/95	500			500	15 MO S/L	500	0
48	Rat Freezer	11/06/96	399			399	5 MO S/L	399	0
	Sold/Scrapped: 1/01/22								
49	Vet X-Ray Machine	8/27/97	11,375			11,375	10 MO S/L	11,375	0
50	Misc Treatment Equip	6/30/97	700			700	10 MO S/L	700	0
	Sold/Scrapped: 1/01/22								
51	Doppler Electron Equip	4/16/98	561			561	5 MO S/L	561	0
52	6 Dog/Animal Crates	12/28/98	933			933	5 MO S/L	933	0
	Sold/Scrapped: 1/01/22								
53	Refrigerator	6/30/99	500			500	5 MO S/L	500	0
54	Pulse Oximeter	3/02/03	1,075			1,075	5 MO S/L	1,075	0
55	Ophthalmoscope	4/07/03	192			192	5 MO S/L	192	0
56	Ophthalmoscope Handle &	4/07/03	326			326	5 MO S/L	326	0
57	Medi-Spot Floor Light	4/23/03	1,189			1,189	5 MO S/L	1,189	0
58	Medi-Light Wall Mount Light	4/23/03	775			775	5 MO S/L	775	0
	Sold/Scrapped: 1/01/22								
59	AGFA Auto Film Developer	5/07/03	4,268			4,268	5 MO S/L	4,268	0
	Sold/Scrapped: 1/01/22								
60	Surgical Instruments	12/15/03	6,385			6,385	5 MO S/L	6,385	0
61	Tripwire It Upgrades	12/31/03	21,008			21,008	5 MO S/L	21,008	0
	Sold/Scrapped: 1/01/22								
62	Chemistry & Electrolyte	12/31/03	10,000			10,000	5 MO S/L	10,000	0
	Sold/Scrapped: 1/01/22								
63	Metal Storage Shelf	2/21/03	500			500	5 MO S/L	500	0
64	Hitch Cargo Rack	12/31/03	250			250	5 MO S/L	250	0
	Sold/Scrapped: 1/01/22								
65	Penlon Vaporizor	4/14/02	2,900			2,900	5 MO S/L	2,900	0
66	Vaporizor	4/04/02	1,861			1,861	5 MO S/L	1,861	0
67	Gates	7/16/03	2,399			2,399	10 MO S/L	2,399	0
68	Nikon Video Microscope	6/10/04	4,495			4,495	10 MO S/L	4,495	0
69	Chest Freezer	2/26/04	441			441	5 MO S/L	441	0
70	Auto Infusion Syringe Pump	3/17/04	310			310	5 MO S/L	310	0
71	Chain Link Kennels	6/09/04	1,500			1,500	5 MO S/L	1,500	0
	Sold/Scrapped: 1/01/22								
72	Oxygen Nebulizer	1/10/05	2,020			2,020	5 MO S/L	2,020	0
73	Isolette Incubator	4/12/05	1,125			1,125	5 MO S/L	1,125	0
74	Night Vision Goggles	5/24/05	2,000			2,000	5 MO S/L	2,000	0
75	Infusion Pump	5/15/06	1,000			1,000	5 MO S/L	1,000	0
76	ECG Machine	5/15/06	4,000			4,000	5 MO S/L	4,000	0
77	Surgery Cabinets	5/15/06	11,500			11,500	5 MO S/L	11,500	0
78	Securos Vet Equipment	3/16/07	1,158			1,158	5 MO S/L	1,158	0
79	Apexx Vet Equipment	5/01/07	916			916	5 MO S/L	916	0
80	Vet Equipment	5/16/07	999			999	5 MO S/L	999	0
81	Tonovet Ophthalmic Equip	3/01/07	2,300			2,300	5 MO S/L	2,300	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
82	Orthopedic Drill	1/08/07	20,000			20,000	5 MO S/L	20,000	0
83	Fluoroscope	7/10/07	18,000			18,000	5 MO S/L	18,000	0
	Sold/Scrapped: 1/01/22								
84	Oxygen Chamber	4/16/08	1,569			1,569	5 MO S/L	1,569	0
85	Lead Analyzer	5/01/08	2,215			2,215	5 MO S/L	2,215	0
86	Animal Cages	9/16/08	1,387			1,387	5 MO S/L	1,387	0
87	Heating Unit	10/16/08	1,268			1,268	5 MO S/L	1,268	0
	Sold/Scrapped: 1/01/22								
88	Laptops	12/16/08	3,706			3,706	5 MO S/L	3,706	0
	Sold/Scrapped: 1/01/22								
89	Ultrasound	5/01/08	12,000			12,000	5 MO S/L	12,000	0
	Sold/Scrapped: 1/01/22								
90	Ultrasound 2	8/08/08	13,500			13,500	5 MO S/L	13,500	0
91	Microscope	12/31/08	1,497			1,497	5 MO S/L	1,497	0
92	Pulse Oximeter V3304	4/13/09	1,169			1,169	7 MO S/L	1,169	0
93	Pulse Oximeter V340P	4/13/09	1,495			1,495	7 MO S/L	1,495	0
94	Oxygen Tank	9/01/09	1,550			1,550	7 MO S/L	1,550	0
95	Advisor Monitor & Stand	12/31/09	5,655			5,655	7 MO S/L	5,655	0
96	Library	1/01/90	1,974			1,974	10 MO S/L	1,974	0
97	Educ. Equipment	6/30/97	6,393			6,393	10 MO S/L	6,393	0
	Sold/Scrapped: 1/01/22								
98	Educ. Equipment	6/30/95	490			490	10 MO S/L	490	0
	Sold/Scrapped: 1/01/22								
99	Teleconferencing Camera	8/21/03	5,393			5,393	5 MO S/L	5,393	0
	Sold/Scrapped: 1/01/22								
100	Digital Projector	12/31/02	5,000			5,000	5 MO S/L	5,000	0
101	Tandberg Teleconferencing	5/19/04	2,000			2,000	5 MO S/L	2,000	0
	Sold/Scrapped: 1/01/22								
102	Infocus Lumens Projector	10/26/04	1,505			1,505	5 MO S/L	1,505	0
103	Terrarium- Reptile Enclosure	4/01/05	1,200			1,200	5 MO S/L	1,200	0
	Sold/Scrapped: 1/01/22								
104	Kodak Projector	5/01/84	350			350	10 MO S/L	350	0
	Sold/Scrapped: 1/01/22								
105	Projection Screen	3/01/88	350			350	5 MO S/L	350	0
	Sold/Scrapped: 1/01/22								
106	Kodak Slide Viewer	6/01/88	500			500	5 MO S/L	500	0
	Sold/Scrapped: 1/01/22								
107	Computer Carrying Case	8/16/96	150			150	5 MO S/L	150	0
	Sold/Scrapped: 1/01/22								
109	Paradigm Software	9/29/97	2,900			2,900	5 MO S/L	2,900	0
114	Network Equipment	11/30/01	58,803			58,803	5 MO S/L	58,803	0
	Sold/Scrapped: 1/01/22								
115	Website Development	12/31/01	5,000			5,000	3 MO S/L	5,000	0
	Sold/Scrapped: 1/01/22								
116	Dynamics Software	12/01/01	5,795			5,795	3 MO S/L	5,795	0
117	Additonal Network	1/15/02	68,295			68,295	5 MO S/L	68,295	0
	Sold/Scrapped: 1/01/22								
118	Dell Latitude D800 Laptop	6/23/04	4,453			4,453	5 MO S/L	4,453	0
	Sold/Scrapped: 1/01/22								
119	HP Laserjet 1300n	6/30/04	2,440			2,440	5 MO S/L	2,440	0
120	UPS Servers - Minuteman Backup	6/21/04	768			768	5 MO S/L	768	0
	Sold/Scrapped: 1/01/22								
121	LPE Bakup Exec Win V9.1	7/01/04	934			934	3 MO S/L	934	0
	Sold/Scrapped: 1/01/22								
122	Computer Equip	1/06/04	2,637			2,637	5 MO S/L	2,637	0
	Sold/Scrapped: 1/01/22								
123	Microsoft Small Business	12/02/04	1,549			1,549	3 MO S/L	1,549	0
	Sold/Scrapped: 1/01/22								
124	Computer Equip Installation	6/30/04	20,881			20,881	5 MO S/L	20,881	0
	Sold/Scrapped: 1/01/22								
125	Fire Device System	1/02/06	2,210			2,210	5 MO S/L	2,210	0
126	Cisco Phone System	5/15/06	39,416			39,416	5 MO S/L	39,416	0
	Sold/Scrapped: 1/01/22								
127	Hospital Computer	1/18/08	1,306			1,306	5 MO S/L	1,306	0
128	Laptop for Ed	4/16/08	1,451			1,451	5 MO S/L	1,451	0
	Sold/Scrapped: 1/01/22								
129	Computer	6/02/08	1,355			1,355	5 MO S/L	1,355	0
	Sold/Scrapped: 1/01/22								
131	1987 GMC Pickup	10/21/03	4,000			4,000	5 MO S/L	4,000	0
	Sold/Scrapped: 1/01/22								
133	04 Subaru Legacy Wagon	5/21/04	21,210			21,210	5 MO S/L	21,210	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
134	Box Truck	1/30/07	6,500			6,500	5 MO S/L	6,500	0
	Sold/Scrapped: 1/01/22								
135	2000 Chevy Impala	2/04/09	3,600			3,600	5 MO S/L	3,600	0
	Sold/Scrapped: 1/01/22								
136	Library	6/30/95	3,202			3,202	10 MO S/L	3,202	0
137	Research Books	7/19/02	6,123			6,123	5 MO S/L	6,123	0
138	Anesthesia Workstation	2/16/10	6,400			6,400	5 MO S/L	6,400	0
139	Hotdog Controller & Warming Blanket	5/16/10	1,122			1,122	5 MO S/L	1,122	0
140	5 Vostro 430 Minitowers H57	5/16/10	4,680			4,680	5 MO S/L	4,680	0
	Sold/Scrapped: 1/01/22								
141	Fuji FCR XL-2 Digital Xray System	12/31/10	35,790			35,790	5 MO S/L	35,790	0
156	Aviary/Flight Pens	6/01/12	119,534			119,534	15 MO S/L	76,369	7,969
157	Surgical Drill	2/16/12	4,398			4,398	5 MO S/L	4,398	0
158	Laser	3/11/02	10,865			10,865	5 MO S/L	10,865	0
159	Incubator	5/16/12	1,149			1,149	5 MO S/L	1,149	0
	Sold/Scrapped: 1/01/22								
160	Pencil drill	8/16/12	2,977			2,977	5 MO S/L	2,977	0
161	2 incubators	11/16/12	1,460			1,460	5 MO S/L	1,460	0
	Sold/Scrapped: 1/01/22								
162	STAC gun	12/16/12	1,902			1,902	5 MO S/L	1,902	0
163	Incubator	12/31/12	1,350			1,350	5 MO S/L	1,350	0
	Sold/Scrapped: 1/01/22								
164	Webcam Switches	2/01/12	2,931			2,931	5 MO S/L	2,931	0
	Sold/Scrapped: 1/01/22								
165	Firewall	2/16/12	2,800			2,800	5 MO S/L	2,800	0
	Sold/Scrapped: 1/01/22								
166	Web Cam (Big Idea)	3/20/12	1,833			1,833	5 MO S/L	1,833	0
167	Web Cam	4/01/12	2,686			2,686	5 MO S/L	2,686	0
168	Website Design	5/16/12	89,000			89,000	3 MO S/L	89,000	0
	Sold/Scrapped: 1/01/22								
169	Web Cams	6/15/12	13,103			13,103	5 MO S/L	13,103	0
170	Web Cams	9/01/12	3,822			3,822	5 MO S/L	3,822	0
171	Laptop (Dr Dave)	8/16/12	1,046			1,046	5 MO S/L	1,046	0
	Sold/Scrapped: 1/01/22								
172	Printer (Lacy)	3/20/12	353			353	5 MO S/L	353	0
	Sold/Scrapped: 1/01/22								
173	Wild-One Software	9/30/12	208,706			208,706	5 MO Amort	208,706	0
174	5 Optiplex GX250 PC's	11/01/12	1,000			1,000	5 MO S/L	1,000	0
	Sold/Scrapped: 1/01/22								
175	Ultrasound	9/28/12	4,200			4,200	5 MO S/L	4,200	0
176	Idexx Vetest	9/28/12	1,200			1,200	5 MO S/L	1,200	0
177	Driveway Resurfacing	10/16/13	6,769			6,769	15 MO S/L	3,685	452
178	2 Sheds	5/23/13	12,760			12,760	15 MO S/L	7,301	851
179	Deer Run/ Carnivore Pen	7/16/13	45,542			45,542	15 MO S/L	25,554	3,036
180	Acclimation Shed	10/16/13	22,686			22,686	15 MO S/L	12,351	1,512
181	Bear Pen (Complex)	3/26/14	568,131			568,131	15 MO S/L	293,535	37,875
182	Surgical Lamp	4/01/13	7,959			7,959	5 MO S/L	7,959	0
183	Portable Anesthesia Machine	7/16/13	1,945			1,945	5 MO S/L	1,945	0
184	Microscope	12/31/13	6,500			6,500	5 MO S/L	6,500	0
185	Bipolar Cautery	12/31/13	250			250	5 MO S/L	250	0
186	Microsurgical Instruments	12/31/13	1,750			1,750	5 MO S/L	1,750	0
187	Firehoses	12/18/13	14,000			14,000	5 MO S/L	14,000	0
188	Webcams (bear pens)	3/26/14	20,073			20,073	5 MO S/L	20,073	0
189	Waterers (bear pens)	3/26/14	2,868			2,868	5 MO S/L	2,868	0
190	Laptop & computer parts	1/01/13	3,991			3,991	5 MO S/L	3,991	0
	Sold/Scrapped: 1/01/22								
191	44" Color Printer	8/05/13	2,500			2,500	5 MO S/L	2,500	0
192	Polaris Gator	9/01/13	8,370			8,370	5 MO S/L	8,370	0
	Sold/Scrapped: 5/11/22								
193	Wild-One Software (addl costs)	3/01/13	10,313			10,313	5 MO Amort	10,313	0
194	Remodel Raptor Pens	7/16/13	19,848			19,848	15 MO S/L	11,137	1,323
195	Exhaust Fan	4/16/13	665			665	5 MO S/L	665	0
196	Oxygen Lines	12/16/13	759			759	7 MO S/L	759	0
197	Hot Water Heater	3/16/13	1,089			1,089	7 MO S/L	1,089	0
198	Office Lights	4/01/13	523			523	7 MO S/L	523	0
199	Toilet	5/01/13	171			171	7 MO S/L	171	0
200	Toyota Sienna	1/15/14	35,125			35,125	5 MO S/L	35,125	0
202	Laptop	5/16/14	2,188			2,188	5 MO S/L	2,188	0
	Sold/Scrapped: 1/01/22								
203	Website Design	8/18/14	28,294			28,294	3 MO S/L	28,294	0



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## Federal Asset Report

FYE: 12/31/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
204	Dishwasher	9/16/14	520			520	5 MO S/L	520	0
	Sold/Scrapped: 1/01/22								
205	HP Laptop	6/16/15	1,169			1,169	5 MO S/L	1,169	0
206	Laptop	6/16/15	1,530			1,530	5 MO S/L	1,530	0
207	Opossum Pen	9/16/15	13,547			13,547	15 MO S/L	5,645	903
208	4 Axis Camera's with accessories	3/27/15	20,000			20,000	5 MO S/L	20,000	0
209	Brinsea Incubator	11/14/15	550			550	5 MO S/L	550	0
	Sold/Scrapped: 1/01/22								
210	IV Pump	4/16/16	1,340			1,340	5 MO S/L	1,340	0
211	Electric Fence - Bear Pen(Complex)	6/15/16	7,247			7,247	7 MO S/L	5,780	1,036
212	Bat Project Equipment	11/16/16	3,759			3,759	5 MO S/L	3,759	0
213	Owl Enclosure(Edu)	11/29/16	4,500			4,500	15 MO S/L	1,525	300
214	16 Security Cameras	12/01/16	5,116			5,116	5 MO S/L	5,116	0
215	Bat Project	2/24/17	2,000			2,000	5 MO S/L	1,933	67
216	Lights	3/20/17	12,975			12,975	7 MO S/L	8,804	1,854
217	Network Switches & upgrades	3/20/17	3,396			3,396	5 MO S/L	3,226	170
218	Grounding Rods	5/22/17	2,675			2,675	7 MO S/L	1,751	383
219	4 New Computers	9/16/17	3,630			3,630	5 MO S/L	3,085	545
220	Laptop (WCA)	11/01/17	1,973			1,973	5 MO S/L	1,644	329
221	2013 Subaru Outback	10/31/17	20,044			20,044	5 MO S/L	16,703	3,341
222	Possum & Squirrel Enclosures	12/04/17	74,900			74,900	15 MO S/L	20,389	4,994
223	Endoscope & Accessories	12/27/17	6,000			6,000	5 MO S/L	4,800	1,200
224	Flooring	12/29/17	24,021			24,021	7 MO S/L	13,726	3,432
225	Network Switch Adapters	1/01/18	1,691			1,691	5 MO S/L	1,353	338
226	Phone System	1/05/18	5,424			5,424	5 MO S/L	4,339	1,085
227	Mammal Enclosure	1/30/18	10,025			10,025	15 MO S/L	2,618	668
228	Reptile/snake enclosure	2/22/18	6,750			6,750	15 MO S/L	1,725	450
229	Falcon enclosure	4/20/18	2,700			2,700	15 MO S/L	660	180
230	Fluid Warmer	10/16/18	4,181			4,181	5 MO S/L	2,648	836
231	6.221 Acres Land	7/01/06	155,000			155,000	0 -- Land	0	0
232	Vitals Monitor	2/18/19	2,030			2,030	5 MO S/L	1,150	406
233	Toyota Tacoma	4/10/19	12,000			12,000	5 MO S/L	6,600	2,400
234	ED Enclosure	4/01/19	36,178			36,178	15 MO S/L	6,633	2,412
235	Outreach room flooring	11/19/19	6,427			6,427	7 MO S/L	1,913	918
236	Outreach Room Furniture	11/19/19	2,935			2,935	7 MO S/L	874	419
237	Generator	12/01/19	97,543			97,543	7 MO S/L	29,031	13,934
246	Flouroscope- Hologic Insight 2 Mini C-Arr	1/27/21	15,500			15,500	5 MO S/L	2,842	3,100
247	10 Liter Oxygen Concentrator	1/15/21	2,183			2,183	5 MO S/L	437	436
248	Dell Precision 3440 Workstation & 24" Mo	1/14/21	1,090			1,090	5 MO S/L	218	218
249	Microsoft Surface Laptop (Karra)	4/01/21	1,378			1,378	5 MO S/L	207	275
250	Tripplite UPS	4/07/21	557			557	5 MO S/L	84	111
251	Ruby, Athena & Verlon Enclosures	7/02/21	77,203			77,203	15 MO S/L	2,573	5,147
252	Deer Shed	7/02/21	5,435			5,435	15 MO S/L	181	363
253	LG Dishwasher	10/27/21	896			896	5 MO S/L	30	179
254	B Pens	11/02/21	72,593			72,593	15 MO S/L	807	4,839
255	TLC-50 Advance Parrot Brooder (Incubator	12/01/21	9,300			9,300	5 MO S/L	155	1,860
256	3 Microsoft Surface 4 Laptops	12/01/21	4,050			4,050	5 MO S/L	68	809
257	C Pens	4/01/22	76,890			76,890	15 MO S/L	0	3,845
258	Fujifilm FCR-XL X-ray Processor	5/18/21	5,500			5,500	5 MO S/L	642	1,100
259	Fuji CR X-Ray Machine	8/30/21	5,000			5,000	5 MO S/L	333	1,000
260	8x10 Tall condo storage building	12/12/22	4,115			4,115	15 MO S/L	0	23
261	Bair hugger warming unit	4/04/22	1,324			1,324	5 MO S/L	0	199
262	AMMA Capnograph	4/06/22	1,155			1,155	5 MO S/L	0	173
263	Vaporizer & anesthesia machine	5/11/22	3,000			3,000	5 MO S/L	0	400
264	Supera M4000 Anesthesia Machine	8/23/22	3,062			3,062	5 MO S/L	0	204
265	Statspin VT Multipurpose Centrifuge	10/01/22	1,628			1,628	5 MO S/L	0	81
266	MX5 Digital Centrifuge	10/24/22	2,175			2,175	5 MO S/L	0	73
267	V-Top electric surgery table	12/16/22	6,859			6,859	5 MO S/L	0	0
268	i-Stat Alinity Base & analyzer	12/27/22	7,367			7,367	5 MO S/L	0	0
269	Sony A7 IV Mirrorless Camera	7/13/22	3,596			3,596	5 MO S/L	0	360
270	AXIS Q6315-LE Camera - bear encl	10/08/22	2,706			2,706	5 MO S/L	0	135
271	Website redesign	12/16/22	27,260			27,260	3 MO S/L	0	0
272	Microsoft Surface & 6 docking stations	6/06/22	3,147			3,147	5 MO S/L	0	367
273	Microsoft Surface laptop	10/01/22	1,976			1,976	5 MO S/L	0	99
274	7 Surface laptops, 8 docking st, 6 monitors	11/30/22	12,462			12,462	5 MO S/L	0	208
275	Polaris R22M	5/02/22	13,335			13,335	5 MO S/L	0	1,778
	<b>Total Other Depreciation</b>		<u>3,897,793</u>			<u>3,897,793</u>		<u>2,380,448</u>	<u>144,831</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,897,793</u>			<u>3,897,793</u>		<u>2,380,448</u>	<u>144,831</u>

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# Federal Asset Report

FYE: 12/31/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	<b>Grand Totals</b>		4,070,293			4,070,293		2,510,306	153,880
	<b>Less: Dispositions and Transfers</b>		497,672			497,672		497,672	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>3,572,621</u>			<u>3,572,621</u>		<u>2,012,634</u>	<u>153,880</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**THE WILDLIFE CENTER OF VIRGINIA****54-1215402**

		2021	2022	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants	2,793,564	2,353,400	-440,164
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	53,749	50,651	-3,098
	5. Investment income	326	463	137
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-1,298	2,511	3,809
	8. Net income or (loss) from fundraising events	173,517	193,091	19,574
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	5,042	4,418	-624
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>3,024,900</b>	<b>2,604,534</b>	<b>-420,366</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	386,507	455,779	69,272
	16. Salaries, other compensation, and employee benefits	922,347	1,179,746	257,399
	17. Professional fundraising fees			
	18. Other professional fees	36,528	36,296	-232
	19. Occupancy, rent, utilities, and maintenance	189,007	119,282	-69,725
	20. Depreciation and Depletion	138,545	153,880	15,335
	21. Other expenses	542,348	619,979	77,631
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>2,215,282</b>	<b>2,564,962</b>	<b>349,680</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>809,618</b>	<b>39,572</b>	<b>-770,046</b>
<b>O t h e r I n f o r m a t i o n</b>	<b>24. Total exempt revenue</b>	<b>3,024,900</b>	<b>2,604,534</b>	<b>-420,366</b>
	25. Total unrelated revenue			
	26. Total excludable revenue	231,336	251,134	19,798
	27. Total assets	5,036,754	5,088,139	51,385
	28. Total liabilities	653,157	664,970	11,813
	29. Retained earnings	4,383,597	4,423,169	39,572
	30. Number of voting members of governing body	8	11	
	31. Number of independent voting members of governing body	8	11	
32. Number of employees	40	39		
33. Number of volunteers	88	136		