EXTENDED TO NOVEMBER 15, 2023

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change SOUTH FLORIDA WILDLIFE CENTER, Name change 23-7086391 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 3200 SW 4TH AVE (954)524-43023,004,241. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 33315 FT. LAUDERDALE, FL H(a) Is this a group return Applica-tion pending F Name and address of principal officer: THOMAS BARTELMO for subordinates? ..... Yes X No 3200 SW 4TH AVE, FORT LAUDERDALE, FL 33315 \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.SOUTHFLORIDAWILDLIFECENTER.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Year of formation: 1969 M State of legal domicile: FL Association Part I Summary Briefly describe the organization's mission or most significant activities: RESCUE, REHABILITATE, Activities & Governance RELEASE OF INJURED OR ORPHANED WILDLIFE, (CONTINUED ON SCHEDULE O) if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 34 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 1,904,644. 1,853,691. Contributions and grants (Part VIII, line 1h) 8 185,536. 169,444. Program service revenue (Part VIII, line 2g) 292,787. -14,275.Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -4,581. -9,658. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,378,386. .999.202. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,380,800. 1,636,161. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 707,269. 840,600. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,476,761. 2,088,069. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 290,317. -477,559. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 6,497,708. 5,257,444. Total assets (Part X, line 16) 122,106. 171,908. 21 Total liabilities (Part X, line 26) 三年 375,602. 5,085,536 Net assets or fund balances. Subtract line 21 from line 20 ..... 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. Signature of officer Date Sign THOMAS BARTELMO, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 08/16/23 self-employed P00645645 MICHELLE B. SHULMAN, CPA MICHELLE B. SHULMAN, Paid

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

BOCA RATON, FL 33431-6632

COHNREZNICK LLP

Firm's address 2401 NW BOCA RATON BLVD

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Preparer

Use Only

Form 990 (2022)

No

Firm's EIN 22-1478099

Phone no. 561-367-1040

X Yes

		3-7086391	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission:		
	THE SOUTH FLORIDA WILDLIFE CENTER'S MISSION IS PROTECTING W		
	·	E SFWC HAS	
	BEEN THE TRUSTED RESOURCE FOR WILDLIFE IN THE TRI-COUNTY RE		
	MIAMI-DADE, BROWARD, AND PALM BEACH, 365 DAYS A YEAR SINCE	1969.	
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	A NO
2	If "Yes," describe these new services on Schedule O.	Vac	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.	Yes	_∆_ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	urad by avpaneae	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	* *	nd
	revenue, if any, for each program service reported.	s total expenses, al	iu
 4а	(Code:) (Expenses \$2,007,193. including grants of \$) (Revenue \$)	169.	444.)
	IN 2022, SOUTH FLORIDA WILDLIFE CENTER PROVIDED DIRECT CARE		,
	THAN 8,952 BIRDS, MAMMALS AND REPTILES, MAINTAINING OUR STA		E
	HIGHEST-VOLUME WILDLIFE TRAUMA HOSPITALS AND REHABILITATION		
	FLORIDA. SFWC'S STAFF OF MORE THAN 34 PROFESSIONALS INCLUDE		
	LICENSED VETERINARIANS, TWO LICENSED WILDLIFE REHABILITATOR	RS, AND A	
	CORPS OF CLINICAL STAFF AND ANIMAL CARE AND RESCUE SPECIALI	STS. ALL	ARE
	DEDICATED TO PROVIDING LIFESAVING VETERINARY AND REHABILITA	TIVE	
	SERVICES AND TO CARRYING OUT SFWC'S MISSION TO RESCUE, REHA	BILITATE,	
	RELEASE AND EDUCATE.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
	·		
4c	(Code) \(\frac{1}{2}\tag{2}\ta		1
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		,
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 2,007,193.		
		Form 9	90 (2022)

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	1	_X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u> </u>
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		$\vdash$
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	$\vdash$
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	'''		
ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	<u> </u>		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	12-13-22	Form	990	(2022)

Form	990 (2022) SOUTH FLORIDA WILDLIFE CENTER, INC. 23-7086	5391	Р	Page 4
	t IV Checklist of Required Schedules (continued)			age
	- (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Ь—
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Ь—
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			l
	Schedule L, Part I	25b		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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			1,7
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			\ <sub>V</sub>
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<del>  ^</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1 00		x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<del>  ^</del>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		122
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del> </del>
J-T		34		x
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<del> </del>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a Enter -0, if not applicable			

	Check if Concadic C contains a response of note to any line in this fait v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c		
2004	12-13-22			Form	<b>990</b> (	2022)

232004 12-13-22

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		Х
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:	1 I			
а	Gross income from members or shareholders	11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	٠		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
_	organization is licensed to issue qualified health plans	13c	1		
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	•	140		х
		- 0	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		140		
15			15		Х
	excess parachute payment(s) during the year?		15		-27
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	IIICOITIC!	10		-23
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	ivities			
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		17		
	n roo, complete i onii occo.				

232005 12-13-22

SOUTH FLORIDA WILDLIFE CENTER, INC.

23-7086391

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						X
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			.	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?			. L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or				
	persons other than the governing body?			. L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:				
а	The governing body?			L	8a	X	
b	Each committee with authority to act on behalf of the governing body?			. L	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear	ched a	t the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	t <b>ion B. Policies (This Section B requests information about policies not required by the Internal Re</b>	venue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			.	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	L	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $H = 1$	res," d	escribe				
	on Schedule O how this was done			.  -	12c	<u>X</u>	
13	Did the organization have a written whistleblower policy?			.  -	13	X	
14	Did the organization have a written document retention and destruction policy?			.	14		X
15	Did the process for determining compensation of the following persons include a review and approva		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a		<u>X</u>
b	Other officers or key employees of the organization			.	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a				
	taxable entity during the year?			- 1	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's				
0	exempt status with respect to such arrangements?			.	16b		
	tion C. Disclosure	TD 14	2 MAT ATTT AT	<u> </u>	3.T3.Z	00	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filedCA, FL, GA, IL, M						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	na 990	-ı (section 501(c)(	3)s (	only) a	avaılal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	_	:				
40	X Own website Another's website X Upon request Other (explain		,		c		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (	of interest policy, a	and 1	rınanc	iai	
00	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 both ALESSANDRA MEDRI, EXECUTIVE DIRECTOR $-(954)524-430$		a recoras				
	3200 SW 4TH AVE, FT LAUDERDALE, FL 33315	<i>,</i> 4					
020000	DE COUEDINA O DO TUTI I TOO OF CHAMBO				Form	990	(2022)
232006	12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES				1 01111		(2022)

#### SOUTH FLORIDA WILDLIFE CENTER, INC.

23-7086391

<u> Page</u> **7** 

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

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

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

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

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

- 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.

(A)	(B)	Jigu		((	C)		our	(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle	heck ss pe	rson i	than of the state	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ALESSANDRA MEDRI	40.00	-						105 520		1 100
EXECUTIVE DIRECTOR	10 00					X		105,539.	0.	1,129.
(2) JEFFREY J ARCINIACO PRESIDENT & CHAIR	10.00	Х		х				0.	0.	0.
(3) THOMAS J SABATINO JR	1.60	Λ		^		$\vdash$		0.	0.	· ·
VICE CHAIRMAN & SECRETARY	1.00	Х		х				0.	0.	0.
(4) THOMAS BARTELMO	2.00	Λ		^		┢		· ·	0.	•
TREASURER	2.00	х		Х				0.	0.	0.
(5) ADARTH ROSENGARDEN	1.00	25				$\vdash$		· ·	•	•
DIRECTOR		х						0.	0.	0.
(6) DOUG KOGER	1.00							•		
DIRECTOR		Х						0.	0.	0.
(7) ERIC BERNTHAL	2.00									
DIRECTOR		Х						0.	0.	0.
						_				
						$\vdash$				
		1								
						_				
		-								
		-				-				

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events ..... 4,442. 1c d Related organizations 1d 5,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1,844,249 1f g Noncash contributions included in lines 1a-1f 1,853,691 h Total. Add lines 1a-1f **Business Code** 2 a CONTRACT REVENUE 561499 103,602. 103,602, Program Service Revenue 561499 52,856 WILDLIFE RESOURCE CENTER 52,856 VOLUNTEER TRAINING FEES 561499 12,986. 12,986. d f All other program service revenue ..... 169,444, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 87,364 87,364 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... 6c c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 892,744. assets other than inventory 7a b Less: cost or other basis 994,383. and sales expenses 7b Other Revenue 7с -101,639. c Gain or (loss) -101,639. -101,639. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 998 10,656. **b** Less: direct expenses -9,658 -9,658. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 1,999,202. 169,444 -23,933. Total revenue. See instructions 12

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nolete column (A)	
00011	Check if Schedule O contains a respons			iproto corarrii (r y.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		скропосо	general expenses	ολροποσο
•	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				
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	1,423,609.	1,194,878.	82,624.	146,107.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	96,270.	85,393.	3,944.	6,933. 11,934.
10	Payroll taxes	116,282.	97,599.	6,749.	11,934.
11	Fees for services (nonemployees):				
а	Management	40,434.	19,882.	11,630.	8,922.
b	Legal				
С	Accounting	20,700.	10,178.	5,954.	4,568.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	45,611.	16,252.	14,784.	14,575.
g	Other. (If line 11g amount exceeds 10% of line 25,	25 252	0.5 400		- 4-4
	column (A), amount, list line 11g expenses on Sch O.)	37,250.	26,400.	5,376.	5,474.
12	Advertising and promotion	12 506	0 005	2 210	1 100
13	Office expenses	13,786.	9,287.	3,310.	1,189. 1,301.
14	Information technology	23,096.	15,091.	6,704.	1,301.
15	Royalties	177 067	116 207	E1 (E6	10 004
16	Occupancy	177,967.	116,287.	51,656.	10,024. 13,201.
17	Travel	16,174.		2,973.	13,201.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	895.	319.	290.	286.
20 21	Interest Payments to affiliates	093•	J ± 9 •	290.	200•
22	Depreciation, depletion, and amortization	69,310.	69,310.		
23	΄.	79,064.	76,576.	866.	1,622.
23 24	Other expenses. Itemize expenses not covered	. 5 , 00 ± •	,	333.	1,022.
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES AND FIELD EXPE	242,662.	242,662.	0.	0.
b	POSTAGE AND SHIPPING	29,052.	1,084.	635.	27,333.
c	EDUCATIONAL MATERIAL	22,188.	16,860.	593.	4,735.
d	TELEPHONE EXPENSES	14,447.	6,297.	6,295.	1,855.
	All other expenses	7,964.	2,838.	2,581.	2,545.
25	Total functional expenses. Add lines 1 through 24e	2,476,761.	2,007,193.	206,964.	262,604.
26	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,598,734.	1	1,199,033.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			11,875.	4	6,603.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ns		5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	64 700
⋖	9	_			56,090.	9	61,722.
	10a	Land, buildings, and equipment: cost or other		1 050 400			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,859,488.	000 001		207 010
			278,971.	10c	327,212. 3,662,874.		
	11	Investments - publicly traded securities			4,552,038.	11	3,002,8/4.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		I	6,497,708.	15	5,257,444.
	16 17	Total assets. Add lines 1 through 15 (must equa			122,106.	16 17	166,908.
	18	Accounts payable and accrued expenses		I	122,100.	18	100,500:
	19	Grants payable Deferred revenue				19	5,000.
	20	Tax-exempt bond liabilities				20	3,0001
	21	Escrow or custodial account liability. Complete P	art IV o	f Schedule D		21	
"	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa					
ig		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			122,106.	26	171,908.
		Organizations that follow FASB ASC 958, chec	k here	X			
Š		and complete lines 27, 28, 32, and 33.					4 405 640
<u>la</u>	27				5,292,176.	27	4,125,610.
Ba	28	Net assets with donor restrictions			1,083,426.	28	959,926.
S E		Organizations that do not follow FASB ASC 95	8, che	ck here			
F.		and complete lines 29 through 33.					
ş	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			6,375,602.	31	5 005 52 <i>6</i>
ž	32	Total lightilities and not assets fined belonges			6,375,602.	32 33	5,085,536. 5,257,444.
	33	Total liabilities and net assets/fund balances			0,491,100.	<b>ರ</b> ರ	Form <b>990</b> (2022)

	n 990 (2022) SOUTH FLORIDA WILDLIFE CENTER, INC.	23-70	86391	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,999		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,476		
3	Revenue less expenses. Subtract line 2 from line 1	3	-477		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,375		
5	Net unrealized gains (losses) on investments	5	-812	2,50	<u> </u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,085	5,5	<u> 36.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	an analita annulaire man an Caleadh la Canad dasanile ann atana taluar ta madanna an ale andita		Ols.	- 1	

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

**Employer identification number** Name of the organization SOUTH FLORIDA WILDLIFE CENTER 23-7086391 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 SOUTH FLORIDA WILDLIFE CENTER, INC. 23-7086391 Page 2

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4) 2010	(10) 1010	(0) 2020	(u) 2021	(0) 2022	(1) 10141
	Gross income from interest,						
·	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
40	* *						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
11 12		etc (see instruction	nne)			12	
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax			
10	organization, check this box and stop	•		•	•		
Sec	ction C. Computation of Publi		_				
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021		•	* * * * * * * * * * * * * * * * * * * *		15	%
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies	· ·		•		•	
b	33 1/3% support test - 2021. If the		•				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·	• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	•		viriow the organiz	
h	10% -facts-and-circumstances test	-	-	*			
	more, and if the organization meets the	ū				,	. 5,0 0.
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization		-		• • •		
		5.100K W		,,	,		(Form 990) 2022

232022 12-09-22

23-7086391 Page 3

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

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

C	qualify under the tests listed by		•				
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5916070.	4881203.	7638819.	1904644.	1853691.	22194427.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	68,583.	46,855.	50,191.	185,536.	169,444.	520,609.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						_
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	5984653.	4928058.	7689010.	2090180.	2023135.	22715036.
7a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						22715036.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2018 5984653.	(b) 2019 4928058.	(c) 2020 7689010.	(d) 2021 2090180.	(e) 2022 2023135.	(f) Total 22715036.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					2023135.	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	5984653.	4928058.	7689010.	2090180.	2023135.	22715036.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	111.	4928058.	7689010. 8,339.	71,350.	87,364.	211,609.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	5984653.	4928058.	7689010.	2090180.	2023135.	22715036.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	111.	4928058.	7689010. 8,339.	71,350.	87,364.	211,609.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	111. 111. 318,339.	44,445.	8,339. 8,339.	71,350.	87,364. 87,364.	211,609. 211,609. 318,581.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain	111.	4928058.	7689010. 8,339.	71,350.	87,364. 87,364.	211,609.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	111. 111. 318,339. 6303103.	4928058. 44,445. 44,445. 242. 4972745.	7689010. 8,339. 8,339. 7697349.	71,350. 71,350. 2161530.	87,364. 87,364. 2110499.	211,609. 211,609. 211,609. 318,581. 23245226.
9 10a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	111.  111.  318,339. 6303103.  te organization's fire	4928058.  44,445.  44,445.  242.  4972745.  st, second, third, the second in the secon	7689010. 8,339. 8,339. 7697349.	71,350.  71,350.  2161530.  rear as a section 5	87,364. 87,364. 2110499.	211,609. 211,609. 211,609. 318,581. 23245226.
9 10a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the	111.  111.  318,339. 6303103.  te organization's fire	4928058.  44,445.  44,445.  242.  4972745.  st, second, third, the second in the secon	7689010.  8,339.  8,339.  7697349.  ourth, or fifth tax y	71,350.  71,350.  2161530.  rear as a section 5	87,364. 87,364. 2110499.	211,609.  211,609.  318,581. 23245226.  on,
9 10a b 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	111.  111.  318,339. 6303103.  ne organization's fire c Support Per	4928058.  44,445.  44,445.  242. 4972745. est, second, third, the centage	7689010.  8,339.  8,339.  7697349.  ourth, or fifth tax y	71,350.  71,350.  2161530.  rear as a section 5	87,364. 87,364. 2110499.	211,609.  211,609.  211,609.  318,581.  23245226.  pn,  97.72 %
9 10a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Extion C. Computation of Public Public support percentage from 2021	111.  111.  318,339. 6303103.  e organization's fir  c Support Per ine 8, column (f), d Schedule A, Part	4928058.  44,445.  44,445.  44,445.  242. 4972745.  rst, second, third, the centage ivided by line 13, coll, line 15	7689010.  8,339.  8,339.  7697349.  ourth, or fifth tax y	71,350. 71,350. 2161530. rear as a section 5	2023135. 87,364. 87,364. 2110499. 01(c)(3) organization	211,609.  211,609.  318,581. 23245226.  Don,
9 10a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	111.  111.  318,339. 6303103.  e organization's fir  c Support Per ine 8, column (f), d Schedule A, Part	4928058.  44,445.  44,445.  44,445.  242. 4972745.  rst, second, third, the centage ivided by line 13, coll, line 15	7689010.  8,339.  8,339.  7697349.  ourth, or fifth tax y	71,350. 71,350. 2161530. rear as a section 5	2023135.  87,364.  87,364.  2110499.  O1(c)(3) organization	211,609.  211,609.  211,609.  318,581.  23245226.  on,  97.72 %  98.12 %
9 10a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Extion C. Computation of Public Public support percentage from 2021	111.  111.  318,339. 6303103.  de organization's firme 8, column (f), do Schedule A, Part ettment Income	4928058.  44,445.  44,445.  242. 4972745. rst, second, third, for the centage ivided by line 13, centage ivided by line 15. Percentage	7689010.  8,339.  8,339.  7697349.  ourth, or fifth tax y	71,350. 71,350. 2161530. rear as a section 5	2023135.  87,364.  87,364.  2110499.  O1(c)(3) organization	211,609.  211,609.  211,609.  318,581.  23245226.  pn,  97.72 %  98.12 %  991 %
9 10a b 11 12 13 14 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Extion C. Computation of Public support percentage for 2022 (In Public support percentage from 2021 Investment income Inves	111.  111.  318,339.  6303103.  The organization's firming 8, column (f), dischedule A, Part of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c, column 2021 Schedule A, processor of the street income 1022 (line 10c,	44,445.  44,445.  44,445.  44,445.  4972745.  st, second, third, 1  centage ivided by line 13, colli, line 15 percentage in (f), divided by line 17	7689010.  8,339.  8,339.  7697349.  Fourth, or fifth tax y	71,350.  71,350.  2161530.  ear as a section 5	2023135. 87,364. 87,364. 2110499. O1(c)(3) organization	211,609.  211,609.  211,609.  318,581.  23245226.  on,  97.72 %  98.12 %  .91 % .50 %
9 10a b 11 12 13 14 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Public support percentage from 2021  Total D. Computation of Investinent income percentage from 2011  Investment income percentage from 2021  Investment income percentage Investment 2021  Investment Income 2021	111.  111.  318,339.  6303103.  The organization's firm the street of th	44,445.  44,445.  44,445.  44,445.  4972745.  est, second, third, the centage ivided by line 13, colling line 15.  Percentage inn (f), divided by line 17 ot check the box of ch	7689010.  8,339.  8,339.  7697349.  Ourth, or fifth tax y  Column (f))  ne 13, column (f))  on line 14, and line	2161530.  2161530.  rear as a section 5	2023135.  87,364.  87,364.  2110499.  01(c)(3) organization  15 16  17 18 31/3%, and line 1	211,609.  211,609.  211,609.  318,581.  23245226.  on,  97.72 % 98.12 %  .50 % 7 is not
9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Extion C. Computation of Public support percentage for 2022 (In Public support percentage from 2021 Investment income Inves	111.  111.  318,339. 6303103.  Be organization's fire c Support Per ine 8, column (f), d Schedule A, Part of the 10c, column (2021 Schedule A, organization did not stop here. The	44,445.  44,445.  44,445.  44,445.  4972745.  est, second, third, the centage in included by line 13, colling line 15.  Percentage in (f), divided by line 17 ot check the box coorganization quality.	7689010.  8,339.  8,339.  7697349.  ourth, or fifth tax y  column (f))  ne 13, column (f))  on line 14, and line lies as a publicly si	2161530.  2161530.  ear as a section 56  15 is more than 33  upported organizar	2023135.  87,364.  87,364.  2110499.  01(c)(3) organization  15 16  17 18 31/3%, and line 1 ition	211,609.  211,609.  211,609.  318,581.  23245226.  on,  97.72 % 98.12 %  .91 % .50 % 7 is not  X
9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Extion C. Computation of Public support percentage from 2021 (Public support percentage from 2021 Investment income percentage from 23 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar	318,339.  318,339. 6303103. The organization's firmer income second inco	44,445.  44,445.  44,445.  44,445.  4972745.  st, second, third, the centage invided by line 13, colling line 15.  Percentage in (f), divided by line 17 ot check the box coorganization quality of check a box on the contage in the coorganization of check and the coorganization of check	7689010.  8,339.  8,339.  7697349.  Fourth, or fifth tax y column (f))  The 13, column (f))  The 14, and line lies as a publicly so line 14 or line 19a	2161530.  2161530.  rear as a section 56.  15 is more than 33.  upported organizate, and line 16 is mo	2023135.  87,364.  87,364.  2110499.  01(c)(3) organization  15 16  17 18 3 1/3%, and line 1 in the street of the	211,609.  211,609.  211,609.  318,581.  23245226.  on,  97.72 % 98.12 %  .91 % .50 % 7 is not  X

Schedule A (Form 990) 2022

## Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
- Ga		
3b		
3с		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		055-
ule A (Forr	n 990)	2022

232024 12-09-22

Sched

Sche	dule A	(Form 990) 2022 SOUTH FLORIDA WILDLIFE CENTER, INC. 23-70	8639	1 Pa	age <b>5</b>
Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11		he organization accepted a gift or contribution from any of the following persons?			
а	•	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
		nily member of a person described on line 11a above?	11b		
С		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec		<i>in</i> Part Ⅵ. 3. Type I Supporting Organizations	11c		
		5. Typo i oupporting organizations		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	NO
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported	-		
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	_		
2		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how to	he organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	บท เเรา	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	<b>วม</b>		

	dule A (Form 990) 2022 SOUTH FLORIDA WILDLIFE			23-7086391 Page 6
Pa	-3/			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( <i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	ganization (see

Schedule A (Form 990) 2022

instructions).

SOUTH FLORIDA WILDLIFE CENTER, INC. 23-7086391 Page 7 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 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 7 Total annual distributions. Add lines 1 through 6. 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 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total 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 Excess distributions carryover to 2023. Add lines 3i 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

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	SOUTH	FLORIDA	WILDLIFE	CENTER,	INC.	23-7086391 Page 8
Part VI	Supplemental Inform	nation. P	rovide the expla	nations required b	y Part II, line 10;	Part II, line 17a or	17b; Part III, line 12;
	Part IV, Section A, lines 1,	2, 3b, 3c, 4	b, 4c, 5a, 6, 9a,	9b, 9c, 11a, 11b, a	and 11c; Part IV	, Section B, lines 1	and 2; Part IV, Section C,
	Section D, lines 5, 6, and 8	ines 2 and 3	3; Part IV, Section	on E, lines 1c, 2a, 2	b, 3a, and 3b; P	art V, line 1; Part V,	Section B, line 1e; Part V,
	(See instructions.)	b, and rait	v, dection E, line	53 2, 3, and 0. Also	complete triis p	art for arry addition	ai illioimation.
	,						
-							
-							

### Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

**Employer identification number** 

SOUTH FLORIDA WILDLIFE CENTER 23-7086391 INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Concedic B (Form coo) (ECLE)		i ago
Name of organization		Employer identification number
SOUTH FLORIDA WILDLIFE CENTER,	INC.	23-7086391

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE KISLAK FAMILY FOUNDATION INC.  7900 MIAMI LAKES DRIVE WEST, 3RD FLOOR MIAMI, FL 33139	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE BATCHELOR FOUNDATION  1680 MICHIGAN AVE, PH1  MIAMI, FL 33139	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PAULA JONES-DAUZICKAS  3829 NE 25 AVE.  LIGHTHOUSE POINT, FL 33064	\$110,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MS. ARDATH B. ROSENGARDEN  1400 S OCEAN BLVD, #501  BOCA RATON, FL 33432	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	EDWARD & GALE MCBRIDE FOUNDATION  PO BOX 880  FORT MYERS, FL 33902	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	KNOPF FAMILY FOUNDATION  6680 SE HARBOR CIR  STUART FL 34996	\$\$	Person X Payroll

223452 11-15-22

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Scriedule B (FORTH 990) (2022)	raye
Name of organization	Employer identification number
SOUTH FLORIDA WILDLIFE CENTER, INC.	23-7086391

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ALAN BOWMAN  2021 NE 55TH CT  FORT LAUDERDALE, FL 33308-3109	\$161,700.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page

Name of organization

Employer identification number

SOUTH FLORIDA WILDLIFE CENTER, INC.

23-7086391

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

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** 23-7086391 SOUTH FLORIDA WILDLIFE CENTER, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **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

Inspection

Name of the organization SOUTH FLORIDA WILDLIFE CENTER, INC. **Employer identification number** 23-7086391

Par	t I Organizations Maintaining Donor Advised Funds or O	ther Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
	(a) Dono	or advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the a	ssets held in donor advise	ed funds
	are the organization's property, subject to the organization's exclusive legal or	ontrol?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing	that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor or donor advisor,	or for any other purpose c	onferring
_	impermissible private benefit?		
Par	TII Conservation Easements. Complete if the organization answe	ered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that	apply).	
	Preservation of land for public use (for example, recreation or education	n) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic structure included in	. ,	2c
d	Number of conservation easements included in (c) acquired after July 25,2006		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguish	ned, 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,	•	□ v □ N.
_		tions and enforcing cons	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of viola	tions, and emorcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations	and enforcing conservati	on essements during the year
'	Amount of expenses incurred in monitoring, inspecting, nariding of violations	, and emorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requ	irements of section 170/h	\\(4\\(B\\(i\)
Ŭ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in		
	balance sheet, and include, if applicable, the text of the footnote to the organ	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of Art, Historic	al Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in	n its revenue statement an	nd balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, ed	lucation, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its financial statements	that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958, to report in its	revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other		
	the following amounts required to be reported under FASB ASC 958 relating to	to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2022

232051 09-01-22

		LORIDA WIL								. Page <b>2</b>
Par	t III   Organizations Maintaining C	collections of Ar	t, Histo	rical Tre	asures, o	Other S	Similar	Assets	(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sigr	nificant u	ise of its		
	collection items (check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	€	, [(	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII.	
5	During the year, did the organization solicit of		,		,			_	7	
D	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	·								
1a	Is the organization an agent, trustee, custodi		•						7	
	on Form 990, Part X?							L	<b>」Yes</b>	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:					A	
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
f	Ending balance						1f		7.,	
	Did the organization include an amount on F		•			•	?		Yes	No
Par	If "Yes," explain the arrangement in Part XIII.									
ı aı	t V Endowment Funds. Complete	(a) Current year		rior year	(c) Two year			ears back	(a) Four	years back
	Designation of consultations	(a) Current year	(5) -	iloi yeai	(C) TWO year	S Dack (C	<b>1)</b> 111166 y	Cai S Dack	(e) i oui	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
_	End of year balance			!··· (-)	\					
2	Provide the estimated percentage of the curr			, column (a)	) neid as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		_%								
0-	The percentages on lines 2a, 2b, and 2c sho	· ·	.1:	-	. al . a al.a. : a : a t a					
за	Are there endowment funds not in the posse	ession of the organiza	ation that	are neid an	ia aaminister	ed for the			Г	Yes No
	organization by:									163 140
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations	ations listed as requir		hadula D0					3a(ii)	
									3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		willelit it	irius.						
	Complete if the organization answere		) Part IV	line 11a S	ee Form 990	Part X lin	ne 10			
	· · · · · · · · · · · · · · · · · · ·		i i	·				-d	(al) Dool	. valua
	Description of property	(a) Cost or o			or other (other)	` '	cumulate eciation	u	(d) Book	value
	Land	<del>'</del>		2000	(521101)	асрі	Solution			
	Land			1 21	0,219.	1 00	96,66	5.8	113	3,551.
	Buildings				8,375.	±, 0.	6,97			.,397.
	Leasehold improvements				8,244.	1 9	80,95			7,292.
	Equipment Other				2,650.		47,67			1,972.
			V och ::==							7,212.
· otal	. , .a.a iii loo Ta ii ii oagit To. [Colullili [q] Must e	quai roiiii <del>99</del> 0, Part	ual Form 990, Part X, column (B), line 10c.)						·	, •

Schedule D (Form 990) 2022

(Form 990) 2022			A WILDLIFE	CENTER,	INC.	23-7086391 Page
tion of security or categ	Ory (including name	of security)	(b) Book value	(c) Me	thod of valuation	: Cost or end-of-year market value
al derivatives						
held equity interests						
o) must equal Form 990	, Part X, col. (B)	ine 12.)				
J	_					
		ered "Yes" or				
(a) Description of	investment		(b) Book value	(c) Me	tnod of valuation	: Cost or end-of-year market value
b) must equal Form 990	, Part X, col. (B)	line 13.)				
		1 115 / 11	5 000 B 1 11/1		000 5 11/1	
Complete if the orga	anization answe			ine 11a. See Fo	orm 990, Part X, I	
		(a) De	escription			(b) Book value
mn (b) must equal Fo	<u>rm 990, Part X,</u> <b>c</b>	col. (B) line 1	5.)			
		arad "Vaa" an	Form 000 Bort IV	ling 11g or 11f	Soo Form 000 D	art V line 25
· · ·			i i oiiii 330, Mart IV, I	mie i ie of TIT.	oee roiiii 990, P	(b) Book value
	socription of ital	Jilley				(b) book value
erai income taxes						
mn (b) must equal Fo						
	Investments - Complete if the orgation of security or categoral derivatives held equity interests held equity	Investments - Other Secur Complete if the organization answer tion of security or category (including name all derivatives held equity interests  b) must equal Form 990, Part X, col. (B) Investments - Program Re Complete if the organization answer (a) Description of investment  c) must equal Form 990, Part X, col. (B) Other Assets. Complete if the organization answer Complete if the organization answer  c) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answer (a) Description of liab	Investments - Other Securities.  Complete if the organization answered "Yes" or tion of security or category (including name of security) al derivatives held equity interests  b) must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.  Complete if the organization answered "Yes" or  (a) Description of investment  b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" or  (a) De  (a) De  (b) must equal Form 990, Part X, col. (B) line 13.)  Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability	Investments - Other Securities.  Complete if the organization answered "Yes" on Form 990, Part IV, ition of security or category (including name of security)  all derivatives held equity interests held equity interests held equity interests  Di must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, (a) Description of investment (b) Book value  Di must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, (a) Description  (a) Description of liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, (a) Description of liabilities.	Investments - Other Securities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Fotion of security or category (including name of security)  all derivatives seed and derivatives sheld equity interests  by must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Fotial Description of investment  (b) Book value  (c) Methods (	Investments - Other Securities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, I line 11c.

232053 09-01-22

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 SOUTH FLORIDA WILDLIFE CENT				7086391	Page 4	
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With	Revenue per Re	turn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				1 400	F7.4	
1	Total revenue, gains, and other support per audited financial statements			1	1,409,	5/4.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-812 508				
a b	Net unrealized gains (losses) on investments		-812,508. 212,224.				
C	Donated services and use of facilities  Recoveries of prior year grants		212,224.	-			
d	Other (Describe in Part XIII.)	1 1	10,656.				
e	Add lines 2a through 2d			2e	-589,	628.	
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,999,	202.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b			4c		0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII   Reconciliation of Expenses per Audited Financial Stateme			5	1,999,	202.	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returr	) <b>.</b>		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	2,699,	641.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	242 224				
а	Donated services and use of facilities		212,224.				
b	Prior year adjustments	2b					
С	Other losses	2c	10 (5)	-			
d	Other (Describe in Part XIII.)		10,656.		222	000	
e	Add lines 2a through 2d			2e	2,476,	880.	
3	Subtract line 2e from line 1			3	4,470,	701.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45					
a b	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)			-			
				4c		0.	
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,476,	761.	
	rt XIII Supplemental Information.					, 0 = 0	
L Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V. lines 1b	and 2b: Part V. line 4	: Part X	. line 2: Part X	l.	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	•				,	
	, , , , , , , , , , , , , , , , , , , ,						
PAI	RT X, LINE 2:						
THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION							
501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), EXCEPT FOR INCOME FROM							
AC'	TIVITIES NOT RELATED TO ITS TAX-EXEMPT PURP	OSE, V	NHICH PRIMA	КТГ.	INCLUL	ES	
ים ח	IMAL INCOME NO PROVICTION FOR INCOME MAYER	ים מגיי	TOODDED DIED	TNO	miin 3253 3	ъ	
KEI	NTAL INCOME. NO PROVISION FOR INCOME TAXES	WAS RI	CORDED DOR	ING	THE YEA	ık.	
וזאים	DED DECEMBER 31, 2022 SINCE THE ORGANIZATION	מגם זא	NO CTONTET	<i>C</i> ⊼ NT⊓	1		
171/1	DECEMBER 31, 2022 SINCE THE ORGANIZATION	מאזו או	NO SIGNIFI	CAN	-		
TINT	RELATED BUSINESS INCOME. THE ORGANIZATION I	с мот	Δ ΡΡΤΜΔΨΕ	EOII	ποτπασι		
0141	CHAILD DODINGDO INCOME: IND ORGANIZATION I	<u>D NOI</u>	AIRIVAIL	1 001	IDATION		
PIJI	RSUANT TO SECTION 509(A)(1) OF THE IRC.						
	to the section sostification and the section and the section s						
IN ACCORDANCE WITH U.S. GAAP ON ACCOUNTING FOR UNCERTAINTY IN INCOME							
TA2	KES, THE ORGANIZATION RECOGNIZES TAX LIABIL	ITIES	FOR UNCERT	AIN	TAX		
POS	SITIONS WHEN IT IS MORE LIKELY THAN NOT THA	T A T	AX POSITION	WII	L NOT E	BE	
00005	4 00 01 22			Sched	ula D (Form 9	au) 2023	

Schedule D (Form 990) 2022 SOUTH FLORIDA WILDLIFE CENTER, INC. 23-7086391 Page 5							
Part XIII Supplemental Information (continued)							
SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES.							
LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE							
LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING							
REALIZED UPON SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN							
INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND							
PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. THE							
ORGANIZATION'S TAX YEARS SUBJECT TO EXAMINATION BY TAX AUTHORITIES							
GENERALLY REMAIN OPEN FOR THREE (3) YEARS FROM THE DATE OF FILING.							
PART XI, LINE 2D - OTHER ADJUSTMENTS:							
SPECIAL EVENT EXPENSES							
PART XII, LINE 2D - OTHER ADJUSTMENTS:							
SPECIAL EVENT EXPENSES							

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

SOUTH FLORIDA WILDLIFE CENTER, INC.

Employer identification number 23-7086391

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND EDUCATE THE PUBLIC ABOUT SOUTH FLORIDA ECOSYSTEM AND HOW TO

FACILITATE PEACEFUL CO-HABITATION WITH OUR WILD NEIGHBORS; AND PROVIDE

PROFESSIONAL EDUCATION IN WILDLIFE REHABILITATION, VETERINARY MEDICINE,

AND NATURAL SCIENCES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SOUTH FLORIDA WILDLIFE CENTER'S MISSION CONTINUES WITH BEST PRACTICES

IN VETERINARY AND REHABILITATIVE CARE FOR THE SURVIVAL, RECOVERY, FULL

REHABILITATION, AND RELEASE BACK TO NATURE OF THOUSANDS OF ANIMALS

INTEGRAL TO OUR ECOSYSTEM.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER SFWC'S INDEPENDENT TAX PREPARERS DRAFT FORM 990, THE DRAFT IS

SUBMITTED TO SFWC'S EXECUTIVE DIRECTOR FOR THEIR REVIEW AND REVISION, AS

MAY BE APPROPRIATE. THE REVISED DRAFT IS THEN GIVEN TO SFWC'S TREASURER AND

CHAIRMAN FOR FURTHER REVIEW. ONCE ALL STAFF AND PROFESSIONAL

REVIEWS/REVISIONS ARE DONE, THE TREASURER SENDS THE PROPOSED FINAL FORM 990

TO THE SFWC BOARD. ONCE THE BOARD HAS HAD AN OPPORTUNITY TO REVIEW AND

COMMENT, THE FINALIZED VERSION IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

SOUTH FLORIDA WILDLIFE CENTER HAS A CONFLICT OF INTEREST POLICY. ALL

POTENTIAL CONFLICTS MUST BE DISCLOSED AS THEY ARISE TO THE BOARD OR

COMMITTEE WHICH AUTHORIZES, APPROVES OR RATIFIES THE CONTRACT OR

TRANSACTION.

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$ 

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization SOUTH FLORIDA WILDLIFE CENTER, INC.	Employer identification number 23-7086391
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
CA, FL, GA, IL, MD, MA, MN, NH, NJ, NY, SC, CT, ME, OH, WA	
FORM 990, PART VI, SECTION C, LINE 19:	
SFWC MAKES ITS ARTICLES OF INCORPORATION AND BYLAWS AVAILA	BLE TO DONORS
FREE OF CHARGE UPON REQUEST. FORMAL AUDITED FINANCIAL STAT	EMENTS ARE FILED
WITH STATE CHARITABLE SOLICITION REGISTRATIONS AND ARE MAD	E AVAILABLE TO
MAJOR DONORS AND, WHERE REQUIRED BY STATE LAW, TO THE GENE	RAL PUBLIC BY
MAIL UPON REQUEST. SFWC MAKES COPIES OF THE THREE MOST REC	ENTLY-FILED FORMS
990 AVAILABLE TO THE PUBLIC UPON REQUEST BOTH BY MAIL AND	IN PERSON AT ITS
OFFICE IN FT. LAUDERDALE, FL, AS SET FORTH IN IRS CODE SEC	TION 6104(0). THE
THREE MOST RECENTLY FILED FORMS 990 AND MOST RECENT AUDITE	D FINANCIAL
STATEMENTS ARE ALSO AVAILABLE TO THE GENERAL PUBLIC FREE C	F CHARGE ON THE
SFWC WEBSITE. THE CONFLICT OF INTEREST POLICY HAS NOT BEEN	MADE AVAILABLE
TO THE GENERAL PUBLIC.	
FORM 990, PART XII, LINE 2C:	
NO CHANGES FROM THE PRIOR YEAR.	
	_

Form **8868** 

(Rev. January 2022)

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

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 23-7086391 SOUTH FLORIDA WILDLIFE CENTER, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 3200 SW 4TH AVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. FT. LAUDERDALE, FL 33315 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) ALESSANDRA MEDRI, EXECUTIVE DIRECTOR • The books are in the care of ▶ 3200 SW 4TH AVE - FT LAUDERDALE, FL 33315 Telephone No.  $\blacktriangleright$  (954)524-4302 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)