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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public

A	For the	2023 calend	dar year, or tax year begin	ning , 20	23, and end	ling	_		, 20					
В	Check if	applicable:	C Name of organization Char	mpions for Wildlife				D Empl	oyer identification number					
	Address	change	Doing business as					87-4	584220					
	Name ch	nange	Number and street (or P.O.	box if mail is not delivered to street addr	ress)	Room	n/suite		none number					
	Initial ret	:urn	PO Box 128			(561)308-2651								
$\Box$	Final retu	ırn/terminated	City or town, state or provin	ce, country, and ZIP or foreign postal co	ode									
$\overline{\Box}$	Amende		Lynn, NC 28750					<b>G</b> Gross	receipts \$ 320,345.					
$\overline{\Box}$	Applicat	ion pending	F Name and address of princip	pal officer:			H(a) Is this a gro	oup return fo	or subordinates? Yes X No					
				ox 128, Lynn, NC 2875	0		t		es included?  Yes No					
П	Tax-exe	mpt status:	<b>X</b> 501(c)(3)			7	1		st. See instructions.					
J	Website	: champ	ionsforwildlife.	org			H(c) Group ex	kemption	number					
ĸ	Form of o			sociation Other	L Year of for	mation	: 2022	M State	of legal domicile: NC					
Р	art I	Summa		<del></del>	I		<u> </u>							
	1		<del>-</del>	mission or most significant activ	/ities: Our	miss	sion is t	o ins	spire kids to be					
é		Briefly describe the organization's mission or most significant activities: Our mission is to inspire kids to be champions for wildlife using art and education. We believe the more you												
Activities & Governance				e, the more you prote					4.5.5					
ern	2			on discontinued its operations of		of m	ore than 25	% of it	s net assets.					
Š	3		_	governing body (Part VI, line 1a)				3	6					
<u>«</u>	4			nbers of the governing body (Pa				4	6					
ies	5		-	ed in calendar year 2023 (Part \				5	4					
Ĭ	6			te if necessary)				6	19					
Act	7a			om Part VIII, column (C), line 12				7a	0.					
	b			ome from Form 990-T, Part I, lir				7b	0.					
					Prior Year		Current Year							
•	8	Contributio	ons and grants (Part VIII,	158,	548.	231,684.								
Revenue	9		ervice revenue (Part VIII,		5 1 5 1	456.								
эvе	10	_	t income (Part VIII, colum		612.	7,994.								
æ	11		nue (Part VIII, column (A)		31.	234.	72,211.							
	12		ue—add lines 8 through			394.	312,345.							
_	13	_		art IX, column (A), lines 1–3).		_	± 2 0 ,	371.	312,313.					
	14		aid to or for members (Pa											
w	4.5			yee benefits (Part IX, column (A),			11	950.	101,810.					
Expenses	16a			IX, column (A), line 11e)			<u> </u>	750.	101,010.					
pen	b		aising expenses (Part IX		11,117.									
Ä	17						3.4	107.	40,376.					
	18			nust equal Part IX, column (A), li				057.	142,186.					
	19	-	· · · · · · · · · · · · · · · · · · ·	ne 18 from line 12		337.	170,159.							
- Se	3	11070110010	oc oxponeder dubitade ii				jinning of Curr		End of Year					
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)					799.	320,645.					
Ass Ba	21		ties (Part X, line 26)					462.	6,149.					
Ret	22		or fund balances. Subtra				144,	337.	314,496.					
	art II		re Block				·		•					
_				this return, including accompanying sci	hedules and s	tateme	ents, and to the	best of	my knowledge and belief, it is					
tru	ie, correc	t, and complete	e. Declaration of preparer (other	than officer) is based on all information	of which prep	arer ha	as any knowled	ge.						
							0.8	/05/2	2024					
Sig	gn	Signature of	officer				Date	, 00, 2	.021					
He	ere	Lot	i Woods, Executiv	ve Director										
			name and title											
_		Print/Type	preparer's name	Preparer's signature		Date		Check	if PTIN					
Pa		Todd	ldenburg	Todd Oldenburg			08/2024	self-emp	<b>└</b> "					
	epare	Firm's non				_ 507	Firm's		20-2571677					
Us	se Onl	Firm's add		'E ST SUITE #1, ASHEVI	TITE NO	288			28)236-0206					
Ma	v the IF			arer shown above? See instructi		(	701   1 HOHE	( 0	. X Yes No					

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Our mission is to inspire kids to be
	champions for wildlife using art and education. We believe the more you
	learn, the more you love, the more you protect.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
	(O
4a	(Code: ) (Expenses \$ 116,535. including grants of \$ 0.) (Revenue \$ 456.)
	Champions for Wildlife partners with local schools to provide Wild for Art programs on North Carolina
	native wildlife. All programs incorporate an art activity. Each activity runs 45-60 minutes, with 15-20
	minutes of a standards-aligned science and wildlife lesson. Students take the art home and share what
	they learned with family and friends. Each of these programs is provided to teachers free of charge
	thanks to the support from donors and grantors. In 2023, Champions for Wildlife taught in-class
	programming - primarily in Henderson and Polk Counties, but also expanded into Buncombe, Tyrrell,
	and Spartanburg Counties for a few programs - for a total of 108 classes and 2,147 students reached.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	In addition to the in-class programming, Champions for Wildlife partnered with the Polk County School
	District to lead 49 after-school programs also on native North Carolina wildlife with a focus on creating
	art to demonstrate appreciation of that wildlife. This programming reached a total of 1,325 students
	over the course of 2023 and was re-established for the 2024 fiscal year.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Champions for Wildlife spearheaded the Red Wolf Mural Project to create a public art masterpiece on
	the Red Wolf Center in Columbia, NC where the only population of wild Red Wolves live. Matt Willey
	painted the mural along with local artists, high school students and members of the community. The
	mural brought the community together and has greatly increased awareness of Red Wolves and other
	wildlife living in the Eastern NC Wildlife Refuges. Twenty-one volunteers donated over 1200 hours to
	the project.
	<u></u>
4 :	Other and area in a Checking and Checking Co.
4d	Other program services (Describe on Schedule O.)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses 116,535.

	W Charletist of Doggived Caladylas			raye •
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	×	140
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	×	
4	candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i>	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b 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	20b 21		×

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

Form **990** (2023)

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 4								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×						
3a									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×					
b	If "Yes," enter the name of the foreign country								
E0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	50		×					
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		×					
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5с 6а		×					
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or								
-	gifts were not tax deductible?	6b							
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		×					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l _		١.,					
اء		7c		×					
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		×					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×					
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8									
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12								
a b	Initiation fees and capital contributions included on Part VIII, line 12								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a		12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		×					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×					
17	If "Yes," complete Form 4720, Schedule O. <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities								
17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.								

Form 990 (2023) Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 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. Enter the number of voting members included on line 1a, above, who are independent . 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 × Did the organization have a written document retention and destruction policy? 14 × 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . 15a × 15b × 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 arrangement 16a × b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed See Part VI, Line 17 stmt 17
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - X Upon request Other (explain on Schedule O) Own website Another's website
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Tashi Brewster, 29 Pine Ridge Trail, Arden, NC 28704 (828)551-0247

# 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.
- 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.

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

		(C)								
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
Name and title	hours					is both or/trust		compensation	compensation	of other
	per week			_	_			from the	from related	compensation
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	mpl	Former	organization (W-2/ 1099-MISC/	organizations (W-2/	from the organization and
	related	idua ect	utio	욕	dwe	est o	व्	1099-NEC)	1099-NEC)	related organizations
	organizations	악함	nal		loy	moc				_
	below dotted line)	uste	trus		e e	pen				
	dottod iirio)	Φ	tee			Highest compensated employee				
(1) Loti Woods	65.00					<u> </u>				
Co-Founder Executive Director	03.00	×		×				0.	0.	0.
(2) Dala Wailar	30.00								3.	<u> </u>
Co-Founder President		×		×				0.	0.	0.
(3) Diana Twining	2.00									
Treasurer		×		×				0.	0.	0.
(4) Deb Vasilopoulos	2.00									
Secretary		×		×				0.	0.	0.
(5) Rebecca Barnes	1.00									
Member		×						0.	0.	0.
(6) Cassia Rivera	3.00									
Member		×						0.	0.	0.
(7)										
(8)	<u> </u>									
(9)										
(10)										
		1								
(11)										
(12)										
(13)						-				
(10)										
(14)										
	†	1								

Part	(A) Name and title		Position (do not check more than or box, unless person is both officer and a director/truster			one n an	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W- 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations		
(15)							8				
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b c	Subtotal								0.	0	. 0.
d	Total (add lines 1b and 1c)	·							0.	0	
2	Total number of individuals (including but reportable compensation from the organi		to tr	1056	e list	ed i	above	e) w	no received mor	e tnan \$100,00	JU OT
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete S</i> For any individual listed on line 1a, is the organization and related organizations	Schedule J sum of rep	<i>for รเ</i> portal	<i>uch</i> ble	<i>indi</i> com	i <i>vidu</i> nper	<i>ual</i> nsatio	n a	nd other compe		ne 3 ×
5	individual			nsat		froi	_		•	tion or individu	
Secti 1	on B. Independent Contractors  Complete this table for your five high compensation from the organization. Report										
	(A) Name and business add	ress							(B) Description of serv	vices	(C) Compensation
2	Total number of independent contractor received more than \$100,000 of compens						ed to	th	ose listed abov	e) who	

### Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ar	ny line in this Pa	art VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d	Federated campaig Membership dues Fundraising events Related organization Government grants	  ns .		1a 1b 1c 1d 1e					
ntributions, nd Other Sin	f g	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a–1f				231,684. \$ 8,000.				
Co	h	Total. Add lines 1a-	-1f .				231,684.			
						Business Code				
Program Service Revenue	2a b c	Education Pro				813312	456.	456.	0.	0.
III.	d									
gra Re	e									
ro	_	All other program se								
Д.	f						456			
	<u>g</u>	Total. Add lines 2a- Investment income					456.			
	4	other similar amoun	nts) .				7,994.	0.	0.	7,994.
	5	Royalties								
		•		(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses								
	C	Rental income or (loss)								
		, ,		2)						
	_d	Net rental income o	r (ios:	ı'		(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securit	ies	(ii) Other				
Revenue	b	Less: cost or other basis and sales expenses .	7b							
ev	С	Gain or (loss)	7c							
	d	Net gain or (loss)								
Other	8a	Gross income from events (not including of contributions rep 1c). See Part IV, line	\$ porte		8a					
	b	Less: direct expens	es .		8b					
		Net income or (loss)			g eve	ents				
		Gross income f activities. See Part I	from	gaming	9a					
	b	Less: direct expense	es .		9b					
			t income or (loss) from gaming activitiences sales of inventory, less		tivitie 10a					
	h	Less: cost of goods			10a					
	C	Net income or (loss)				1	71,666.	71 666	0.	0
	C	iver income or (ioss)	, 11011	i sales UI II	ivelic	Business Code	/1,006.	71,666.	0.	0.
Miscellaneous Revenue	11a	Sales Tax rec	ovei	СУ		999999	545.	0.	0.	545.
lla ver	b									
Sce	C	All other revenue								
ž –	d	All other revenue					545.			
	e	Total. Add lines 11a						70 100		0 530
	12	Total revenue. See	ınstr	uctions			312,345.	72,122.	0.	8,539.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (B) Program service Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 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) . . . Other salaries and wages 93,734. 78,027. 7,091. 8,616. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . 9 10 Payroll taxes . . . . . . . . . . . . . . . 8,076. 5,346. 1,960. 770. Fees for services (nonemployees): 11 0. Legal . . . . . . . . . . . . . . . . 600. 600 0. Accounting . . . . . . . . . . . . 2,235. 0. 2,235. 0. Lobbying . . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 5,162. 1,006. 1,000. 7,168. 12 Advertising and promotion . . . . . . 583. 583. 0. 0. 13 2,283. 1,896. 387. 0. Office expenses . . . . . . . . 14 Information technology . . . . . . 11,240. 11,165. 75. 0. 15 Royalties . . . . . . . . . . . . 16 3,746. 3,746. 17 0. 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates . . . . . . . 22 Depreciation, depletion, and amortization . 23 1,688. 150. 1,538. 0. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Program Supplies 0. 8,237. 8,237. 0. Volunteer Expense 971. 971. 0. 0. 731. Licenses 731. 0. 0. Professional Development 674. 445. 229. 0. e All other expenses 220. 207. 13. 0. 142,186. 25 **Total functional expenses.** Add lines 1 through 24e 116,535. 14,534. 11,117. 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)

Part X Balance Sheet
Check if Schedule O contain

	art X	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	64,187.	1	22,735.
	2	Savings and temporary cash investments	80,612.	2	295,830.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	1,632.
	5	Loans and other receivables from any current or former officer, directo			
		trustee, key employee, creator or founder, substantial contributor, or 35%	%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define	ed		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges		9	448.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	144,799.	16	320,645.
	17	Accounts payable and accrued expenses	462.	17	6,149.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to any current or former officer, directo			
≣		trustee, key employee, creator or founder, substantial contributor, or 359	%		
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related thir parties, and other liabilities not included on lines 17–24). Complete Part			
		of Schedule D	^		
	00		4.50	25	- 1 1 O
	26	Total liabilities. Add lines 17 through 25	462.	26	6,149.
Ses		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	144 227	27	214 406
Bal	28	Net assets with donor restrictions	144,337.	28	314,496.
ρι	20	Organizations that do not follow FASB ASC 958, check here		20	
Fu		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
)ts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds.		31	
t A	32	Total net assets or fund balances	144,337.	32	314,496.
Se	33	Total liabilities and net assets/fund balances	144,799.	33	320,645.
		. Classical and flot accord, faring ballations 1 1 1 1 1 1 1 1 1 1 1			5.20,015.

Form 990 (2023) Page **12** 

					9					
Part	Reconciliation of Net Assets  Check if Schedule O centains a response or note to any line in this Port VI									
	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		312,3						
2	Total expenses (must equal Part IX, column (A), line 25)	2		142,1						
3	Revenue less expenses. Subtract line 2 from line 1	3		170,1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		144,3	<u>337.</u>					
5	Net unrealized gains (losses) on investments									
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								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line									
	32, column (B))	10		314,4	196.					
Part	XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?									
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both.									
	•									
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		. 2b		×					
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	iea o	na							
	separate basis, consolidated basis, or both.									
	Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over									
the audit, review, or compilation of its financial statements and selection of an independent accountant? .										
	If the organization changed either its oversight process or selection process during the tax year, explain o Schedule O.									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for		I							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		· За		×					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a									
				- 000	<del>'                                    </del>					

REV 05/09/24 PRO Form **990** (2023)

Champions for Wildlife 87-4584220 1

## Additional Information From Form 990: Return of Organization Exempt from Income Tax

# Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

**Continuation Statement** 

	States Where Copy of Return is Required	
NC		
VA		
FL		

# SCHEDULE A (Form 990)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		s for Wildlife					87-4584220				
Par		Reason for Public						ons.			
_	_	ation is not a private fo		,		-	•				
1		hurch, convention of c					'0(b)(1)(A)(i).				
2		chool described in <b>sec</b>		·							
3		ospital or a cooperativ						(:::\			
4	_	nedical research organ spital's name, city, and	•	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	(III). En	ter the		
E		•		college or university			ad by a gayaranaant	ali+	dagaribad in		
5		organization operated ction 170(b)(1)(A)(iv). (		college of university	owned C	or operate	ed by a government	ai uiiii	described in		
6 7	☐ An	ederal, state, or local g organization that norn scribed in section 170(	nally receives a subs	tantial part of its sup				n the g	eneral public		
8		ommunity trust describ		•	Part II.)						
9											
10	An organization that normally receives (1) more than 33½% 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 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11	☐ An	organization organized	and operated exclu	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).				
12											
	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.										
а	<b>Type I.</b> 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. <b>You must complete Part IV, Sections A and B.</b>										
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported										
		organization(s). You m	nust complete Part	IV, Sections A and C	-	•					
С		Type III functionally i its supported organiza	tion(s) (see instruction	ons). You must comp	lete Part	IV, Secti	ions A, D, and E.				
d		Type III non-function that is not functionally requirement (see instru	integrated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		. ,		
е		Check this box if the c functionally integrated						e II, Typ	oe III		
f	Enter	the number of suppor	ted organizations .								
g	Provi	de the following inform	nation about the supp	ported organization(s).	•						
	(i) Name	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)		
					Yes	No	_				
(A)											
(B)											
(C)											
(D)											
(E)											
Total	<u> </u>										

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . % 14 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 

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

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

Secti	on A. Public Support			•	·	•	
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")				158,548.	223,684.	382,232.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose				31,234.	80,122.	111,356.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				189,782.	303,806.	493,588.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				105,350.	59,333.	164,683.
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				105,350.	59,333.	164,683.
8	Public support. (Subtract line 7c from				103,330.	37,333.	101,005.
	line 6.)						328,905.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6				189,782.	303,806.	493,588.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				612.	7,994.	8,606.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						· · · · · · · · · · · · · · · · · · ·
С	Add lines 10a and 10b				612.	7,994.	8,606.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					,	<u>,                                      </u>
12	Other income. Do not include gain or						
12	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				190,394.	311,800.	502,194.
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	J	•		or fifth tax ye	ar as a sectio	. , , ,
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2023 (line 8		•			15	%
16	Public support percentage from 2022 Sch					16	%
	on D. Computation of Investment Inc			u 46 :	(6)	14=1	
17	Investment income percentage for 2023 (			-		17	<u>%</u>
18	Investment income percentage from 2022 331/3% support tests—2023. If the organi					18 ore than 331/20	% and line
19a	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	331/3% support tests—2022. If the organiz		_	-		=	_
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di	_	_				

### 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

ecu	on A. All Supporting Organizations		Yes	No	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		res	NO	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b			
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or				
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b			
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c			
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a			
b	<b>b</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.)

Part	Supporting Organizations (continued)			ı			
			Yes	No			
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and						
a	11c below, the governing body of a supported organization?	11a					
b	A family member of a person described on line 11a above?	11b					
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110					
	provide detail in <b>Part VI</b> .	11c					
Secti	on B. Type I Supporting Organizations						
			Yes	No			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.						
Secti	on 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 trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1					
Secti	on D. All Type III Supporting Organizations						
			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2					
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3					
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).			
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity</li> </ul>	(see ir	nstruci	tions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a					
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b					
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> .  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI</i> .	3a					
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b					

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	$\Box$ Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 ( <i>explai</i>	n in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Section	ns 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	integrated Type III supporti	ng organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 . . . . . From 2019 **c** From 2020 **d** From 2021 . . . . . From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Excess from 2023 . . .

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE O (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Champions for Wildlife	87-4584220
Pt VI, Line 2: Dale Weiler, President and Loti Woods, Executive Dir	_
co-founders and spouses.	
Pt VI, Line 11b: The 990 is prepared by a CPA firm, reviewed by man	agement,
presented to the board for review, proposed revisions and final app	roval.
Pt VI, Line 12c: The policy is enforced as necessary. Any Board Mem	ber with
a conflict of interest on any specific issue informs the Board and	abstains from
voting on the issue.	
Pt VI, Section C, Line 17:	
State: VA	
State: FL	

## Additional Information For Tax Return

Champions for Wildlife	87-4	<u> 584</u>	<u>220</u>
Form 990 p 7-8: Column A Name-1		_	_
Loti Woods and Dale Weiler are spouses			

Form **8879-TE** 

### **IRS E-file Signature Authorization** for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury

For calendar year 2023, or fiscal year beginning , 2023, and ending Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer Champions for Wildlife 87-4584220 Name and title of officer or person subject to tax Loti Woods, Executive Director

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	. 🗙	b	<b>Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	1b	312,345.
2a	Form 990-EZ check here .	. 🗆	b	<b>Total revenue</b> , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here .	. 🔲	b	<b>Total tax</b> (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here .	. 🔲	b	Tax based on investment income (Form 990-PF, Part V, line 5) .	4b _	
5a	Form 8868 check here	. 🔲	b	<b>Balance due</b> (Form 8868, line 3c)	5b _	
6a	Form 990-T check here .	. 🔲	b	<b>Total tax</b> (Form 990-T, Part III, line 4)	6b _	
7a	Form 4720 check here	. 🔲	b	<b>Total tax</b> (Form 4720, Part III, line 1)	7b _	
8a	Form 5227 check here	. 🔲	b	FMV of assets at end of tax year (Form 5227, Item D)	8b _	
9a	Form 5330 check here	. 🗆	b	<b>Tax due</b> (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here .	. 🔲	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part	II Declaration and S	ignatu	re	Authorization of Officer or Person Subject to Tax		

Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

			_	_
PIN:	check	one	hox	only

a. Check one b	ox only							
X I authorize	CORLISS & SOLOMON, PLLC	to enter my PIN	6	4	8	7	6	as my signature
	ERO firm name		Ente				-,	
			do n	ot ei	nter a	ali ze	eros	

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

loti	Woods

08/05/2024

#### **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	6	1	9	1	3	8	1	6	9	1
Do not outer all names										

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date 08/05/2024 ERO's signature

#### ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So