** PUBLIC DISCLOSURE COPY **

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

2021	
Open to Public Inspection	

Α	For the	e 2021 calendar year, or tax year beginning and	ending	-						
В	Check if applicabl									
	Addre]						
	Name chang	Doing business as		23-70863	91					
	Initial return Final return		Room/suite	E Telephone number (954)524						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,181,990.					
	Amen	FI. DAUDERDADE, FD 33313		H(a) Is this a group re						
	Application pendi	F Name and address of principal officer: THOMAS DAKTEDMO	22245	for subordinates						
		3200 SW 4TH AVE, FORT LAUDERDALE, FL .	33315	H(b) Are all subordinates in						
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	list. See instructions					
		te: WWW.SOUTHFLORIDAWILDLIFECENTER.ORG	I Veer	H(c) Group exemption						
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1909 N	1 State of legal domicile: FL					
		Briefly describe the organization's mission or most significant activities: RESCU	IE RE	HARTLTTATE	AND					
Governance	'	RELEASE OF INJURED OR ORPHANED WILDLIFE,	(CONT	INUED ON SC	HEDULE O)					
nai		Check this box if the organization discontinued its operations or dispose								
S e	1	-		3	6					
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			6					
9S &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		·····	28					
Ϋ́		Total number of volunteers (estimate if necessary)			419					
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.					
				Prior Year	Current Year					
ě	8	Contributions and grants (Part VIII, line 1h)		7,638,819.	1,904,644.					
Revenue	1	Program service revenue (Part VIII, line 2g)		50,191.	185,536.					
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,932.	292,787.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,824.	-4,581.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,691,118.	2,378,386.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)		1,586,704.	1,380,800.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,300,704.	0.					
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 230,09	98.	•	0.					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		646,243.	707,269.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,232,947.	2,088,069.					
		Revenue less expenses. Subtract line 18 from line 12		5,458,171.	290,317.					
or or	3	Tovolido loso experiodo. Cabillade inte 10 non inte 12	Be	ginning of Current Year	End of Year					
t Assets or	20	Total assets (Part X, line 16)		5,981,121.	6,497,708.					
ASS	21	Total liabilities (Part X, line 26)		49,637.	122,106.					
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		5,931,484.	6,375,602.					
P	art II	Signature Block								
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is					
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.						
		Cianature of officer		Doto						
Sig	ın	Signature of officer		Date						
He	re	THOMAS BARTELMO, TREASURER Type or print name and title								
		<u> </u>		Date Check	PTIN					
Pai	ч	Print/Type preparer's name MICHELLE B. SHULMAN, CPA MICHELLE B. SHUI	I .	Ollook						
	u parer	Firm's name DASZKAL BOLTON LLP	יייייייייייייייייייייייייייייייייייייי	Firm's EIN	65-0406502					
	Only	Firm's address 2401 NW BOCA RATON BLVD		I IIIII S EIIV	0.5 0.400.502					
530	, only	BOCA RATON, FL 33431-6639		Phone no. (5	61) 367-1040					
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		Li none no. (5	X Yes No					
ivia	y tile li	to discuss this retain with the property shown above: Oee manuchons			103 110					

The Stelly describe the organization's mission: THE SOUTH FLORIDA WILDLIFE CENTER'S MISSION IS PROTECTING WILDLIFE THROUGH RESCUE, REHABILITATION, RELEASE, AND EDUCATION. THE SPWC HAS BEEN THE TRUSTED RESOURCE FOR WILDLIFE IN THE TRI-COUNTY REGION OF MIAMI-DADE, BROWARD, AND PALM BEACH, 365 DAYS A YEAR SINCE 1969. 2 Dot the organization undertake any significant program services during the year which were not listed on the prior form 390 or 990 €27. 3 Dot the organization undertake any significant program services during the year which were not listed on the prior form 390 or 990 €27. 40 Tyes, "describe these changes on Schedule O. 3 Dot the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by exponses. Section 501c(s)s and 501c(s)d organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by exponses. Section 501c(s)s and 501c(s)d organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service report de- 40 (costs:	Pa	Statement of Program Service Accomplishments	X
THE SOUTH FLORIDA WILDLIFE CENTER'S MISSION IS PROTECTING WILDLIFE THROUGH RESCUE, REHABILITATION, RELEASE, AND EDUCATION. THE SPAC HAS BEEN THE TRUSTED RESOURCE FOR WILDLIFE IN THE TRI-COUNTY REGION OF 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 prior form 900 or 980-27?	_		_
THROUGH RESCUE, REHABILITATION, RELEASE, AND EDUCATION. THE SPWC HAS BEEN THE TRUSTED RESOURCE FOR WILDLIFE IN THE TRI-COUNTY REGION OF 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 prior form 90 or 990 to 790 cm². 3 If "Yes," describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501c(S) and 501c(A) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(S) and 501c(A) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service sported. 4a [cose	'		FE
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MIAMT 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 prior form 950 or 990-E2? 3 If Yes, 'describe these new services on Schedule 0. 4 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 4 Describe these changes on Schedule 0. 4 Describe the organizations program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(e)(3) and 501(e)(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 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service organizations are required to report the amount of grants and allocations to others, the total expenses. 4 Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. 4 Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. 4 Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. 4 Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. 4 Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to total expenses. 5 Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to the total expenses. 6 Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of gran			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990-E27 If Yes, "describe these new services on Schedule O. If Yes, "describe these new services on Schedule O. If Yes, "describe these charges on Schedule O. If Yes, "describe these charges on Schedule O. Pyes X No If Yes, "describe these charges on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services. A was a measured by expenses. Section 501 (60) and 501 (6			
prior Form 990 or 990-EZ?	2		
If "Ves," describe these new services on Schedule 0. If "Yes," describe the conducting, or make significant changes in how it conducts, any program services?	_		Yes X No
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?			
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4a (code:		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	nses, and
THAN 9,098 BIRDS, MAMMALS AND REPTILES, MAINTAINING OUR STATUS AS ONE OF THE HIGHEST-VOLUME WILDLIFE TRAUMA HOSPITALS AND REHABILITATION CENTERS IN THE NATION. SPWC'S STAFF OF MORE THAN 33 PROFESSIONALS INCLUDED ONE LICENSED VETEINARIAN, TWO LICENSED WILDLIFE REHABILITATORS, AND A CORPS OF CLINICAL STAFF AND ANIMAL CARE AND RESCUE SPECIALISTS. ALL ARE DEDICATED TO PROVIDING LIFESAVING VETERINARY AND REHABILITATIVE SERVICES AND TO CARRYING OUT SFWC'S MISSION TO RESCUE, REHABILITATE, RELEASE AND EDUCATE. 4b (Code:)(Expenses \$		revenue, if any, for each program service reported.	
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4e Total program service expenses ► 1,691,062.	40		
	46	4 604 060	
			orm 990 (2021)

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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? 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	_		x
•	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			x
7	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	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			
	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		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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	Х	
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
	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		X

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Form 990 (2021) SOUTH FLORIDA WILD
Part IV Checklist of Required Schedules (continued)

	The state of the dame of the state of the st		<u> </u>	٠
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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	240		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	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%	26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		- 25
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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			l
	"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		Х
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
٥.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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?	ن		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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			\sqcup
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Port -0- if not applicable 1c United the number of Port -0- if not applicable 1c United the number of Port -0- if not applicable 1c United the number of Port -0- if not applicable 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c		
				-

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Form **990** (2021)

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

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		20			
	filed for the calendar year ending with or within the year covered by this return	2a	28		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	X	
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			0-		Х
				3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other			30		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x
h	If "Yes," enter the name of the foreign country	accour	10:	T a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r 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 \ sense \ for \ goods \ go$	vices p	rovided 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	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		Х
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are printed by a decrease of the decrease of t			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0		
а	Did the agree with a constitution and a great state of the distributions and a continue 40000			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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	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.			12-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	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	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	$\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in the trust of the trust of$	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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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			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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 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	Х	
b	1 , ,,			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	, , , , , , , , , , , , , , , , , , , ,	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			77
	The organization's CEO, Executive Director, or top management official	15a		X
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 arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	1,17	мт	J/LJ/.
17	List the states with which a copy of this Form 990 is required to be filed CA, FL, GA, AL, HI, IL, KS, KY, MD			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avaıla	apie
	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 on Schedule O)	-1 ¢:		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
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 books and records ALESSANDRA MEDRI, EXECUTIVE DIRECTOR - (954)524-4302			
	3200 SW 4TH AVE, FT LAUDERDALE, FL 33315			
	SEE SCHEDILE O FOR FILL LIST OF STATES	Form	990	(2024

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, 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.

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

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

Nours per week (list any hours for related organizations below line) 10.0	ed
(1) ALESSANDRA MEDRI 40.00 EXECUTIVE DIRECTOR X 100,147. 0. (2) JEFFREY J ARCINIACO 20.00 X X 0. 0. PRESIDENT & CHAIR X X 0. 0. 0. (3) THOMAS J SABATINO JR 1.60 X X 0. 0. VICE CHAIRMAN & SECRETARY X X 0. 0. (4) THOMAS BARTELMO 2.00 X 0. 0. TREASURER X X 0. 0. (5) ADARTH ROSENGARDEN 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (6) DOUG KOGER 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (7) ERIC BERNTHAL 2.00 0. 0. 0.	
X 100,147. 0.	e tion ted
C2 JEFFREY J ARCINIACO 20.00 X X X X X X X X X	0.
Name	<u> </u>
VICE CHAIRMAN & SECRETARY X X X 0. 0. (4) THOMAS BARTELMO 2.00 X X 0. 0. TREASURER X X 0. 0. (5) ADARTH ROSENGARDEN 1.00 0. 0. DIRECTOR X 0. 0. (6) DOUG KOGER 1.00 0. 0. DIRECTOR X 0. 0. (7) ERIC BERNTHAL 2.00 0. 0.	0.
(4) THOMAS BARTELMO 2.00 X X 0. 0. TREASURER X X X 0. 0. (5) ADARTH ROSENGARDEN 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (6) DOUG KOGER 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (7) ERIC BERNTHAL 2.00 0. 0. 0.	
TREASURER	0.
DIRECTOR X DIRECTOR X O. O.	
DIRECTOR X 0. 0.	0.
(6) DOUG KOGER DIRECTOR X 0. (7) ERIC BERNTHAL 2.00	_
DIRECTOR X 0. 0. (7) ERIC BERNTHAL 2.00	0.
(7) ERIC BERNTHAL 2.00	_
	0.
DIRECTOR X U. O. O.	^
	0.

Form 990 (2021)

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do		Pos heck ss pe	c) sition more erson	1 than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensatio	on	an	(F) stimate nount o other	-
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	ns SC/	com fr org and	pensa rom the anizati d relate anizatio	e ion ed
	Cultivated								100,147.		0.			0.
С	Subtotal Total from continuation sheets to Part V	II, Section A							100,147.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization									l				1
_		director twict		leon (lovo		, bio	wheat componented amo	alayaa an			Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edul	e J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				,	•		ed organization or indiv	idual for services		5		Х
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	conti	racto	ors t	that received more than	\$100,000 of con	npens	ation 1	from	
	the organization. Report compensation for (A)					with	or w	rithir 	(B)			(0		
	Name and business	address	NO	INC	<u> </u>				Description of s	services	C	ompe	nsatio	<u> </u>
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li 0	stec	d above) who received n	nore than				

Form **990** (2021)

23-7086391 SOUTH FLORIDA WILDLIFE CENTER, INC. Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 15,245 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,889,399 1f 10,778 g Noncash contributions included in lines 1a-1f 1g |\$ 1,904,644 h Total. Add lines 1a-1f **Business Code** 2 a CONTRACT REVENUE Program Service Revenue 561499 125,163. 125,163 b WILDLIFE RESOURCE CENTER 561499 52,997 52,997 VOLUNTEER TRAINING FEES 561499 7,376 7,376 All other program service revenue 185,536. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 71,350 71,350. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1,014,077 assets other than inventory 7a **b** Less: cost or other basis Other Revenue 792,640 7b and sales expenses c Gain or (loss) 221,437. 221,437. 221,437. d Net gain or (loss) 8 a Gross income from fundraising events (not 15,245. of including \$ contributions reported on line 1c). See Part IV, line 18 6,383 **b** Less: direct expenses 10,964 c Net income or (loss) from fundraising events -4,581 4,581, 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 and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a

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Form 990 (2021)

288,206.

2,378,386.

d All other revenue

e Total. Add lines 11a-11d ...

Total revenue. See instructions

185,536

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 respon-	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	1,211,452.	975,120.	87,640.	148,692
7 Other salaries and wages	-,, ·	J / J / 120 •	01,040	140,000
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	74,713.	62,909.	4,265.	7,539
10 Payroll taxes	94,635.	76,174.	6,846.	11,615
11 Fees for services (nonemployees):		•		·
a Management	38,890.	14,532.	13,991.	10,367
b Legal	5,111.	1,910.	1,839.	1,362
c Accounting	19,499.	7,286.	7,015.	5,198
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	49,649.	18,552.	17,862.	13,235
g Other. (If line 11g amount exceeds 10% of line 25,	40.004			
column (A), amount, list line 11g expenses on Sch 0.)	19,901.	16,019.	1,439.	2,443
12 Advertising and promotion	12 (11	1 000	70	11 710
13 Office expenses	13,611.	1,820.	72. 675.	11,719 513
14 Information technology	14,256.	13,068.	0/3.	213
15 Royalties	153,209.	140,445.	7,251.	5,513
16 Occupancy	133,209.	140,445.	1,231.	3,313
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,286.	205.	279.	802
21 Payments to affiliates	,			
22 Depreciation, depletion, and amortization	60,595.	60,595.		
23 Insurance	68,114.	57,809.	10,305.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a SUPPLIES AND FIELD EXPE	186,723.	186,723.		
b EDUCATIONAL MATERIAL	30,152.	26,887.	1,069.	2,196
c TELEPHONE EXPENSES	13,252.	10,136.	2,537.	579
d POSTAGE AND SHIPPING	12,782.	8,886.	1,393.	2,503
e All other expenses	20,239.	11,986. 1,691,062.	2,431. 166,909.	5,822 230,098
Total functional expenses. Add lines 1 through 24e	4,000,009.	1,031,004.	100,303.	430,038
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)				
32010 12-09-21				Form 990 (202

Form 990 (2021)
Part X	Balance Sheet

Part A	^_	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,239,188.	1	1,598,734
:	2	Savings and temporary cash investments		2			
:	3	Pledges and grants receivable, net				3	
,	4	Accounts receivable, net			39,175.	4	11,875
!	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
(6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	ction 4958(c)(3)(B)		6	
. ا ي	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
[₹] 9	9	Prepaid expenses and deferred charges			34,966.	9	56,090
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,741,940.			
	b	Less: accumulated depreciation		1,462,969.	292,113.	10c	278,971
1	1	Investments - publicly traded securities			2,375,679.	11	4,552,038
1:	2	Investments - other securities. See Part IV, line				12	
1:	3	Investments - program-related. See Part IV, line				13	
14	4	Intangible assets				14	
1	5	Other assets. See Part IV, line 11	F 001 101	15	C 407 700		
10		Total assets. Add lines 1 through 15 (must equal to 15)	5,981,121.	16	6,497,708		
1		Accounts payable and accrued expenses	49,637.	17	122,106		
18		Grants payable		18			
19		Deferred revenue		19			
20		Tax-exempt bond liabilities		20			
. 2		Escrow or custodial account liability. Complete				21	
	2	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub-					
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	2	controlled entity or family member of any of the	-			22	
2:		Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate				24	
2		Other liabilities (including federal income tax, p					
-	3	parties, and other liabilities not included on line					
		of Schedule D	. Complete Fait X		25		
20	6	Total liabilities. Add lines 17 through 25	49,637.	26	122,106		
		Organizations that follow FASB ASC 958, ch					•
Net Assets of Fund Balances		and complete lines 27, 28, 32, and 33.		ŕ			
Ē 2	7	Net assets without donor restrictions			5,033,558.	27	5,292,176
2	8	Net assets with donor restrictions			897,926.	28	1,083,426
]		Organizations that do not follow FASB ASC					
-		and complete lines 29 through 33.					
29	9	Capital stock or trust principal, or current funds	3			29	
ğ 30	0	Paid-in or capital surplus, or land, building, or e				30	
g 3	1	Retained earnings, endowment, accumulated i	ncome,	or other funds		31	
S 3	2	Total net assets or fund balances			5,931,484.	32	6,375,602
3	3	Total liabilities and net assets/fund balances			5,981,121.	33	6,497,708

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			3,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2 ,		3,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			0,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5 ,		1,4	
5	Net unrealized gains (losses) on investments	5		15	3,8	01.
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	6	, 37	5,6	02.
Pa	rt 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 X Accrual Other		П			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e 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	e audit	, [
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
		_				

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization SOUTH FLORIDA WILDLIFE CENTER, 23-7086391 TNC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 8 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 university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	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.						
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(,	(-7 =	(-,	(-,	(=,===	(-)
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
13	First 5 years. If the Form 990 is for the	e organization's fi				501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2021 (li					14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies a						
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstand	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, che	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu			•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>s</u>

Schedule A (Form 990) 2021

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.)

	qualify under the tests listed b	elow, please comp	olete Part II.)				
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,658,519.	5,916,070.	4,881,203.	7,638,819.	1,904,644.	23,999,255.
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	75,603.	68,583.	46,855.	50,191.	185,536.	426,768.
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	3,734,122.	5,984,653.	4,928,058.	7,689,010.	2,090,180.	24,426,023.
	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	24,856.					24,856.
c	Add lines 7a and 7b	24,856.					24,856.
	Public support. (Subtract line 7c from line 6.)						24,401,167.
Sec	tion B. Total Support		·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	3,734,122.	5,984,653.	4,928,058.	7,689,010.	2,090,180.	24,426,023.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		111.	44,445.	8,339.	71,350.	124,245.
b	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		111.	44,445.	8,339.	71,350.	124,245.
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)		318,339.	242.			318,581.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,734,122.	6,303,103.	4,972,745.	7,697,349.	2,161,530.	24,868,849.
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3) organizati	on,
	check this box and stop here			•			
Sec	tion C. Computation of Publ	ic Support Pe					•
	Public support percentage for 2021 (I			column (f))		15	98.12 %
	Public support percentage from 2020					16	98.37 %
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13 column (fl)		17	.50 %
	Investment income percentage from 2					18	·20 %
18	33 1/3% support tests - 2021. If the						,,,
ıya							► 🔽
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che		-	· ·		-	
~~	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	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		
b		ly member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect		B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	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)			
		vely 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			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported	-		
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
		D. All Type III Supporting Organizations			
		J1 11 0 0		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		zation'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			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	_	ison of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2		ies Test. Answer lines 2a and 2b below.	01.401.0	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization's involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization evergise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations_	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ing trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E.	
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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-function	ally integrate	ed Type III supporting ora	anization (see
	instructions).	, 0		,

Schedule A (Form 990) 2021

ection D - Distributions	tion D - Distributions				
1 Amounts paid to supported organizations to accomp	plish exempt purposes	1			
2 Amounts paid to perform activity that directly further	rs exempt purposes of supported				
organizations, in excess of income from activity		2			
3 Administrative expenses paid to accomplish exempt	t purposes of supported organization	ons 3			
4 Amounts paid to acquire exempt-use assets		4			
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)					
6 Other distributions (describe in Part VI). See instructions.					
7 Total annual distributions. Add lines 1 through 6.	Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to	which the organization is responsi	ive			
(provide details in Part VI). See instructions.	8				
9 Distributable amount for 2021 from Section C, line 6	ı	9			
Line 8 amount divided by line 9 amount		10			
	(i)	(ii)	(iii)		

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
<u>i</u> _	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
<u> </u>	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B (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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule B (Form 990) (2021)

Employer identification number

S	SOUTH FLORIDA WILDLIFE CENTER, INC.	23-7086391
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	ial Rule. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to ny one contributor. Complete Parts I and II. See instructions for determining a contrib	
Special Rules		
sections 509(a)(1 contributor, durin	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 ang the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of EZ, line 1. Complete Parts I and II.	6b, and that received from any one
contributor, durir literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ng the year, total contributions of more than \$1,000 exclusively for religious, charitab titional purposes, or for the prevention of cruelty to children or animals. Complete Par (b) instead of the contributor name and address), II, and III.	ole, scientific,
year, contributior is checked, enter purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ns exclusively for religious, charitable, etc., purposes, but no such contributions total r here the total contributions that were received during the year for an exclusively relicomplete any of the parts unless the General Rule applies to this organization becauble, etc., contributions totaling \$5,000 or more during the year	led more than \$1,000. If this box igious, charitable, etc., use it received nonexclusively
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedulene 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 99 ing requirements of Schedule B (Form 990).	· ·

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

Schedule B (Form 990) (2021)

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	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$115,500 .	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No4	Name, address, and ZIP + 4	\$ 106,010.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 42,125.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(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.)

Name of organization Employer identification number

SOUTH FLORIDA WILDLIFE CENTER, INC.

23-7086391

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if 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
		 \$	
23453 11-11	1-21		Schedule B (Form 990) (202

Employer identification number

Name of organization

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. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and 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 (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

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	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Deliei da lieca la liec	(2)
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	L	ad funde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pul		•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, 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 tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Sche	dule D (Form 990) 2021 SOUTH F	LORIDA WILDL	IFE CENT	TER, IN	c.	23-5	7086391	- Pa	age 2
	rt III Organizations Maintaining C								J
3	Using the organization's acquisition, accessi	on, and other records, o	heck any of the	following the	at make sig	nificant use of	its		
	collection items (check all that apply):	_							
а	Public exhibition	d L	Loan or exc	change progr	am				
b	Scholarly research	e L	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain ho	w they further	the organizat	ion's exemp	ot purpose in I	Part XIII.		
5	During the year, did the organization solicit o	r receive donations of a	t, historical trea	asures, or oth	ner similar a	ssets			_
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arran		f the organization	on answered	"Yes" on Fo	orm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi								7
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ing table:						
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line 21,	for escrow or c	custodial acco	ount liability	?	Yes		No
_	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete i								
		(a) Current year	b) Prior year	(c) Two yea	irs back (d) Three years ba	ick (e) Four	years	back
1a									
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance (li	ne 1g, column ((a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organization	n that are held a	and administe	ered for the	organization	Г	. 1	
	by:							Yes	No
	(i) Unrelated organizations								
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as required	on Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the		ent funds.						
Pai	Land, Buildings, and Equipm Complete if the organization answere		art IV line 11a	See Form 99	∩ Part X lir	ne 10			
		(a) Cost or other	<u> </u>	t or other	· ·		(d) Pool	vol	
	Description of property	basis (investmen	1 ' '	(other)		umulated eciation	(d) Book	valu	-
	Land	Sacio (il vocilion	., 54313	(50101)	аорго	23.44011			

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land									
b Buildings		1,210,219.	1,056,522.	153,697.					
c Leasehold improvements		37,657.	2,231.	35,426.					
d Equipment		230,220.	161,126.	69,094.					
e Other		263,844.	243,090.	20,754.					
	atal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SOUTH FLORI	DA WILDLIFE C	CENTER, INC.	23-7086391 _{Page}
Part VII Investments - Other Securities.		•	i age
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	F 000 Dt IV lin-	11d Coo Forms 000 Part V line	15
Complete if the organization answered "Yes"	Description	Tita. See Form 990, Part X, line	(b) Book value
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	, , , , , , , , , , , , , , , , , , , ,		

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2021

								_			
Part XI	Recond	ciliation	of Revenue	per	Audited	Financial	Statements	With	Revenue	per l	Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,689,229.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	153,801.		
b	Donated services and use of facilities	2b	195,727.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	10,964.		
е	Add lines 2a through 2d			2e	360,492.
3	Subtract line 2e from line 1			3	2,328,737.
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	49,649.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	49,649.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,378,386.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts W	ith Expenses per	Retu	rn.

	The second and the second seco				
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	2,245,111.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	195,727.		
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	10,964.		
е	Add lines 2a through 2d			2e	206,691.
3	Subtract line 2e from line 1			3	2,038,420.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	49,649.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	49,649.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,088,069.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART 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

ACTIVITIES NOT RELATED TO ITS TAX-EXEMPT PURPOSE, WHICH PRIMARILY INCLUDES

RENTAL INCOME. NO PROVISION FOR INCOME TAXES WAS RECORDED DURING THE YEAR

ENDED DECEMBER 31, 2020 SINCE THE ORGANIZATION HAD NO SIGNIFICANT

UNRELATED BUSINESS INCOME. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION

PURSUANT TO SECTION 509(A)(1) OF THE IRC.

IN ACCORDANCE WITH U.S. GAAP ON ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES, THE ORGANIZATION RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX

POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE

SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES.

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection **Employer identification number**

SOUTH F	LORIDA WILDLIFE	CENTE	R,	INC.	23-7086	391		
Part I Fundraising Activities required to complete this par	• Complete if the organization at.	answered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not		
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
Total			•					
3 List all states in which the organization or licensing.	on is registered or licensed to s	solicit contrib	utions	s or has been notified	d it is exempt from re	egistration		

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gr	oss income on Form 990	0-EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.
			(a) Event #1 SPECIAL EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			(event type)	(GVGIII 1) po)	(total frames)	
Revenue	1	Gross receipts	21,628.			21,628.
	2	Less: Contributions	15,245.			15,245.
	3	Gross income (line 1 minus line 2)	6,383.			6,383.
	4	Cash prizes				
S	5	Noncash prizes				
kpense	6	Rent/facility costs	1,364.			1,364.
Direct Expenses	7	Food and beverages 7,079.				7,079.
	8	Entertainment				
	9	Other direct expenses				2,521.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		>	10,964.
_	11					-4,581.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Tatal manaina (a dal
ıne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						(-)
R	1	Gross revenue				
SS	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Jirect E	4	Rent/facility costs				
	5	Other direct expenses				
		1	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
		Not gaming in come summany Culatract line 7	from line 1 column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		<u>P</u>	
9	Ent	ter the state(s) in which the organization cond	icts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				••
		ere any of the organization's gaming licenses re			year?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 SOUTH FLORIDA WILDLIFE CENTER, INC. 23-7	086391	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
12			
	to administer charitable gaming?	└── Yes	└── No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
• •			
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
	of gaming revenue retained by the third party ▶\$		
_			
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	•		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, ,
	· · · · · · · · · · · · · · · · · · ·		

Schedule G	i (Form 990)	SOUTH	FLORIDA	WILDLIFE	CENTER,	INC.	23-7086391	Page 4
Part IV	(Form 990) Supplemental Info	rmation (co	ntinued)					
		,	,					
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-FZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

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.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 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,AL,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,	PA,RI,SC,TN,UT,VA
AR, WI, WV, AK, CO, CT, ME, NV, ND, OH, OK, WA	
FORM 990, PART VI, SECTION C, LINE 19:	
SFWC MAKES ITS ARTICLES OF INCORPORATION AND BYLAWS AVAIL	ABLE TO DONORS
FREE OF CHARGE UPON REQUEST. FORMAL AUDITED FINANCIAL STATEMENTS ARE FILED	
WITH STATE CHARITABLE SOLICITION REGISTRATIONS AND ARE MADE AVAILABLE TO	
MAJOR DONORS AND, WHERE REQUIRED BY STATE LAW, TO THE GENERAL PUBLIC BY	
MAIL UPON REQUEST. SFWC MAKES COPIES OF THE THREE MOST RE	CENTLY-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 SE	CTION 6104(0). THE
THREE MOST RECENTLY FILED FORMS 990 AND MOST RECENT AUDIT	ED FINANCIAL
STATEMENTS ARE ALSO AVAILABLE TO THE GENERAL PUBLIC FREE	OF CHARGE ON THE
SFWC WEBSITE. THE CONFLICT OF INTEREST POLICY HAS NOT BEE	N MADE AVAILABLE
TO THE GENERAL PUBLIC.	