Form 990	
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c) 527, or 4047(c)(1) of the Internal Revenue Code (except private foundations)
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury												
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information							n. Inspection , 20					
_		r the 2023 calendar year, or tax year beginning , 2023, and ending										
B			pplicable:	Name of organization SOUTH FLORIDA WILDLIFE CENTE	R INC			D Empl		ation number		
			hange	Doing business as		D ()			23-7086391			
	Name		-	Number and street (or P.O. box if mail is not delivered to street address)		Room/sui	te	E Telep		one number		
	Initial			3200 SW 4TH AVE				0 0		524-4302	—	
			n/terminated	City or town, state or province, country, and ZIP or foreign postal code					s receipts	2 202 2	75	
			return	FT LAUDERDALE, FL 33315				\$		3,392,2 ? Yes X		
	Аррію	cation	n pending	Name and address of principal officer: THOMAS BARTELMO					for subordinates			
_	Tax a		pt status: X	Same as C above 1(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5	527				es included?		No	
ן ו	Webs			1(c)(3) 501(c) () (insert no.) 4947(a)(1) or 500000000000000000000000000000000000	527				st. See instruc	uons		
					L Year of formati	an: 106	H(c) Group		jal domicile:	FL		
	art I		Summar			UII. 190	9 IVI	State of leg	jai uumicile.	<u>- F Li</u>		
10	-			the organization's mission or most significant activities: THE	SOUTH FL		WTLDLT		NTEDIC	MIGGION	те	
			-	WILDLIFE THROUGH RESCUE, REHABILITATION,								
e				D RESOURCE FOR WILDLIFE IN THE TRI-COUNTY								
Governance				DAYS A YEAR SINCE 1969.	REGION	OF MI		E, BR	OWARD,		1	
/eri				if the organization discontinued its operations or disposed of	more than 25	% of its	net assets					
ğ		23		ing members of the governing body (Part VI, line 1a)				. 3			6	
		4		pendent voting members of the governing body (Part VI, line 1a)				4			6	
ties		5		f individuals employed in calendar year 2023 (Part V, line 2a)				5		4		
Activities &		6		f volunteers (estimate if necessary)				6		384		
Ac				business revenue from Part VIII, column (C), line 12				7a			0	
				business taxable income from Form 990-T, Part I, line 11				7b			0	
		~			••••	· · · ·	Prior Year		Cu	rrent Year	<u> </u>	
		8	Contributions	nd grants (Part VIII, line 1h)			1,853		00	2,350,7	13	
Ð		9		e revenue (Part VIII, line 2g)				9,444		145,1		
enu	1	0	-	me (Part VIII, column (A), lines 3, 4, and 7d)				4,275)		49,2		
Revenue	1	1		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				9,658)			0	
-		2		add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,999			2,545,1	12	
		3		ilar amounts paid (Part IX, column (A), lines 1-3)			_,				0	
	1	4		or for members (Part IX, column (A), line 4)							0	
	1	5		compensation, employee benefits (Part IX, column (A), lines 5-10)			1,636	5,161		1,737,3	95	
ses	1	6a		ndraising fees (Part IX, column (A), line 11e)						<u> </u>	0	
penses				g expenses (Part IX, column (D), line 25)	272,736							
Ř				(Part IX, column (A), lines 11a-11d, 11f-24e)	-		840	0,600		1,171,1	54	
	1	8		Add lines 13-17 (must equal Part IX, column (A), line 25)			2,476			2,908,5		
	1	9	Revenue les	xpenses. Subtract line 18 from line 12				7,559)		(363,4		
Ļ	s			·		Begir	ning of Curr		En	d of Year		
ets o	2 auc	0	Total assets	art X, line 16)			5,257	7,444		5,411,8	73	
Asse	21 Total liabilities (Part X, line 26)									164,9		
Net	Beginning of Current Year Stress Beginning of Current Year Stress 5,257,444 Stress 171,908 Stress 22 Net assets or fund balances. Subtract line 21 from line 20 5,085,536									5,246,9		
	art I	_	Signatu							<u> </u>		
Unc	ler pei	naltie	es of perjury, I de	e that I have examined this return, including accompanying schedules and statements		of my know	ledge and be	lief, it is				
true	, corre	ect, a	ana complete. De	ation of preparer (other than officer) is based on all information of which preparer has	any knowledge.			1				
			THOM	BARTELMO								
Sig	ŋn		Signature of offic					Da	te			

Here	THOMAS BART	ELMO, TREA	SURER									
	Type or print name and title											
	Print/Type preparer's name		Preparer's signature		Date		Check if	PTIN				
Paid	Justin Riccian	Justin Ricciardella	08-02-2024 self-employed			P02386764						
Preparer	Firm's name	Ricciard	lella CPA, PLLC			Firm's EIN						
Use Only	Firm's address	3801 PG#	A Blvd Suite 600			Phone no.						
Palm Beach Gardens FL 33410 561-388												
May the IRS discuss this return with the preparer shown above? See instructions												

Form	n 990 (2023) SOUTH FLORIDA WILDLIFE CENTER INC	23-7086391	Page 2
Pa	Int III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	THE SOUTH FLORIDA WILDLIFE CENTER'S MISSION IS PROTECTING WILDLIFE THE	ROUGH RESCUE,	
	REHABILITATION, RELEASE, AND EDUCATION. THE SFWC HAS BEEN THE TRUSTED	RESOURCE FOR WILDLI	FE IN
	THE TRI-COUNTY REGION OF MIAMI-DADE, BROWARD, AND PALM BEACH, 365 DAYS	5 A YEAR SINCE 1969.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes 🛛	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes 🛛	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	is measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ations to others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,473,039 including grants of \$) (I	Revenue \$ 145,	119)
	IN 2023, SOUTH FLORIDA WILDLIFE CENTER PROVIDED DIRECT CARE TO MORE TH	HAN 7,199 BIRDS, MAM	MALS AND
	REPTILES FROM 263 DIFFERENT SPECIES, MAINTAINING OUR STATUS AS THE HIG		
	HOSPITALS AND REHABILITATION CENTER IN FLORIDA. IN 2023, SFWC'S STAFF		
	100,000 CALLS FOR HELP. SFWC WILDLIFE REHABILITATORS, CLINICAL STAFF,		
	SPECIALISTS ARE DEDICATED TO PROVIDING LIFESAVING VETERINARY AND REHAM		
	CARRYING OUT SFWC'S MISSION TO RESCUE, REHABILITATE, RELEASE AND EDUCA		
	,,,		
4b	(Code:) (Expenses \$ including grants of \$) (I	Revenue \$	<u> </u>
40)
4c	(Code:) (Expenses \$ including grants of \$) (I	Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,473,039	/	
=FA		Form	990 (2023)

Form 990 (2023)

	990 (2023) SOUTH FLORIDA WILDLIFE CENTER INC 23-7086	391	F	age 3
Pa	rt 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	
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 public office? If "Yes," complete Schedule C, Part L	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 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		
7	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		v
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		x
8	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		x
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		-
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X, as applicable.			
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X.	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV.	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part JI</i>	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		x
13	If "Yes," complete Schedule G, Part III	19		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		x x
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
				- 22

Form	990 (2023) SOUTH FLORIDA WILDLIFE CENTER INC 23-70	86391	F	Page 4
Pa	t IV Checklist of Required Schedules (continued)			1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	. 22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
0 4-	employees? If "Yes," complete Schedule J.	. 23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		
h	through 24d and complete Schedule K. If "No," go to line 25a			x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	244		
لم	to defease any tax-exempt bonds?			
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	054		
26	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		
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II.	. 26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		
20	persons? If "Yes," complete Schedule L, Part III	. 27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		v
h	"Yes," complete Schedule L, Part IV.	. 28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	. 28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	. 28c		v
29	"Yes," complete Schedule L, Part IV		x	x
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 29		
30	conservation contributions? If "Yes," complete Schedule M	. 30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J			x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	. 51		x
52	complete Schedule N, Part II	. 32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. 52		~
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	. 33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			-
•	or IV, and Part V, line 1	. 34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	. 000		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	. 37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O	. 38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	. 1c		
		-		(0.0.0.0)

Form	990 (2023) SOUTH FLORIDA WILDLIFE CENTER INC 23-70863	91	P	age 5					
Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this returm								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
~	and services provided to the payor?	7a		x					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		- 11					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
Ŭ	required to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year	10							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x					
f	Did the organization during the year, pay premiums, directly or indirectly, no a personal benefit contract?	76 7f		 X					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
g h		79 7h							
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	70							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
•	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	0-							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.								

Forr	n 990 (2023) SOUTH FLORIDA WILDLIFE CENTER INC 23-708			age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	w, and f	or a "l	Vo″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	O. See	instruc	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		х
Se	ction 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	6		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	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?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	. 6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		
L	one or more members of the governing body?	. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		
0	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:			
2		. 8a	v	
a b	The governing body? Each committee with authority to act on behalf of the governing body?		x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	. 00		
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	. 9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code			
000		·/	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a	100	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	. 100		<u> </u>
~	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?			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
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?		x	
14	Did the organization have a written document retention and destruction policy?		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?			
а	The organization's CEO, Executive Director, or top management official	. 15a		x
b	Other officers or key employees of the organization	. 15b		х
	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 taxable entity during the year?	. 16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	. 16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Statement #17			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Image: Second state Image: Second state<			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

Form 990 (202	3) SOUTH FLORIDA WILDLIFE CENTER INC	23-7086391	Page 7						
Part VII	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 En	nployees							
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with c	or within the							
organization's t	ax year.								
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardles	ss of amount of							
compensation.	compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.								

· List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.

· List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	related organizati		препа	ale	u an	y cun	ent	onicer, director, or	llusiee.	
		(C)				(C)				
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours		er and a					compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	<u> 9</u> -	5	d	x	Ωн	Т	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	diri.	stitu	Officer	ey e	nplo	Former	1099-MISC/ 1099-NEC)	1099-NEC)	related organizations
	related	dual	tion		mplo	st co	¥	,		· · · · · · · · · · · · · · · · · · ·
	organizations below	Individual trustee or director	Institutional trust		Key employee	Highest compensated employee				
	dotted line)	tee	Istee			ensa				
	dottod iirio)		w.			ated				
(1)ALESSANDRA MEDRI	40.00									
EXECUTIVE DIRECTOR				x				106,064	0	4,196
(2) DOUG_KOGER	2.00									
DIRECTOR		x						0	0	0
(3)ERIC BERNTHAL	2.00									
DIRECTOR		x						0	0	0
(4) ADARTH ROSENGARDEN	2.00									
DIRECTOR		x						0	0	0
(5) THOMAS BARTELMO	2.00									
TREASURER		х		x				0	0	0
(6) JEFFREY J ARCINIACO	2.00									
PRESIDENT & CHAIR		х		x				0	0	0
(7) THOMAS J SABATINO	2.00									
VICE PRESIDENT & SECRETARY		х		x				0	0	0
_(8)										
_(9)										
(10)										
					_					
(11)										
<u>(12)</u>				1						
<u>(13)</u>				+						
				_						
(14)										
	I									F 600 (0000)

Form 990											8-70863			age 8
Part V	II Section A. Officers, Directors, 1	Frustees,	Key I	Emp	oloy	/ee	s, ar	hd H	Highest Comp	ensated	Emplo	yees	(cont	inued
	(A) Name and title		box offic	, unles cer and	Pos eck m ss per d a dir	son is ector	nan one s both ai /trustee))	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	ble ation ted is (W-2/	cor fi	(F) ated am of other npensati rom the nization	ion
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1099-NE			l organiz	
<u>(15)</u>			-											
(16)			-											
<u>(17)</u>			-											
<u>(18)</u>			-											
<u>(19)</u>			_											
(20)			_											
<u>(21)</u>			-											
(22)			_											
(23)			_											
(24)			_											
(25)			_											
-	Subtotal	••••	••••	•••	•••		• • •	•						
	otal from continuation sheets to Part VII, Sec		• • •	•••	•••	•••		•	100.004		0		4 -	100
2 T	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organization from the organizatio	not limited							106,064 received more th	nan \$100,	0 000 of		4,-	196
	· · · ·												Yes	No
	Did the organization list any former officer, direct mployee on line 1a? If "Yes," complete Schedu						-					3		x
4 F	or any individual listed on line 1a, is the sum of r	eportable co	ompens	ation	and	oth	er con	nper	nsation from the					
	rganization and related organizations greater th											4		x
	Did any person listed on line 1a receive or accrue			-			-							
	or services rendered to the organization? If "Ye B. Independent Contractors	s," complete	e Schec	lule .	J for	SUC	h pers	ion				5		х
1 C	Complete this table for your five highest co		-										tax v	ear.
	(A)								(B)			(C)	,	
	Name and business addre	SS							Description of service	es		Compens	ation	
2 T	otal number of independent contractors (i	ncludina b	ut not	limit	ed to	n th	ose li	ster	d above) who					

received	more than	\$100.000) of com	pensation	from the	organization

art \	0 (20	23) SOUTH Statement of Rev			LDL1	FE CENTER IN	IC		23-70863	8 91 Pag
ait	V III	Check if Schedule O			ons	e or note to any li	ine in this Part V	(11)		
					0113		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b	Membership dues		-	1b					
nts		Fundraising events			10					
		d Related organizations								
ΓĂ		e Government grants (contributions) 1e				5,000				
nila v		All other contributions, gif		-						
and Other Similar Amounts		and similar amounts not in	ncluc	led above	1f	2,345,713				
the	g	Noncash contributions inc	lude	d in						
		lines 1a-1f			1g	\$ 257,253				
שני	h	Total. Add lines 1a-1f	• •		••		2,350,713			
						Business Code				
	2a	CONTRACT REVENUE				561499	76,418	76,418		
a)	b	WILDLIFE CENTER				561499	43,682	43,682		
Revenue	C	VOLUNTEER TRAININ	GF	EES		561499	25,019	25,019		
Seve	d									
Ľ.	e	<u></u>								
		All other program service I					145 110			
		Total. Add lines 2a-2f .					145,119			
	3	Investment income (includi other similar amounts) .					105,182			105,1
	4	Income from investment of				t i i i i i i i i i i i i i i i i i i i	105,182			105,1
	5	Royalties		•		1				
			 _	(i) Real	•••	(ii) Personal				
	6a	Gross rents	6a	()						
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss)								
	7a	Gross amount from		(i) Securities	6	(ii) Other				
		sales of assets								
		other than inventory	7a	791,	261					
	b	Less: cost or other basis								
Jue		and sales expenses	-	-						
Other Revenue		Gain or (loss)					(55,000)			(55.0
ř		Net gain or (loss) Gross income from fundrai			••		(55,902)			(55,9
Jthe	oa	events (not including \$	Sing							
0		of contributions reported o	n line	2						
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
		Net income or (loss) from f								
	9a	Gross income from gaming	9							
		activities. See Part IV, line	19		9a					
	b	Less: direct expenses .	••		9b					
	c	Net income or (loss) from g	gami	ng activities	· ·					
	10a	Gross sales of inventory, le								
		returns and allowances .			10a					
		Less: cost of goods sold			10b	-				
	C	Net income or (loss) from s	sales	s of inventory	••					
	11-					Business Code				
ē	11a b									
rent	u c									
Revenue		All other revenue								
_		Total. Add lines 11a-11d								

	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to domestic organizations			31.11.1. oxponood	
•	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,				
5	trustees, and key employees	106,064	90,029	4,759	11,27
6	Compensation not included above to disqualified	100,004	90,029	4,759	11,21
0	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	1 200 455	1 100 105	CO. 001	140 50
7 0	Other salaries and wages	1,397,455	1,186,185	62,701	148,56
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	115 245	100.000	4 101	10.24
9	Other employee benefits	115,347	100,809	4,191	10,34
0	Payroll taxes	118,529	100,610	5,318	12,60
1	Fees for services (nonemployees):				
а					
b					
C		15,899	13,496	713	1,69
d					
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees	44,261	12,041	19,242	12,97
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A), amount, list line 11g expenses on Schedule O.)	73,558	58,174	7,289	8,09
2	Advertising and promotion				
3	Office expenses	49,645	10,762	18,614	20,26
4	Information technology				
5	Royalties				
6		218,153	202,544	15,581	2
7					
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20		1,347		1,347	
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	90,685	84,661	6,024	
3		82,021	77,548	2,712	1,76
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES AND FIELD	244,344	244,344		
b	ANIMAL FOOD AND SUPPLIES	257,253	257,253		
с	EDUCATION MATERIALS	58,497	19,766	34	38,69
d	TELEPHONE	16,951	9,297	5,456	2,19
е	All other expenses	18,540	5,520	8,793	4,22
5	Total functional expenses. Add lines 1 through 24e	2,908,549	2,473,039	162,774	272,73
6	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				
	following SOP 98-2 (ASC 958-720)				

	990 (20	,	CENTE	ER INC	2	3-708	86391 Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to ar	ny line in this Part X		•••	
					(A)		(B)
	1				Beginning of year		End of year
	1	Cash - non-interest-bearing			1,199,033	1	584,217
	2	Savings and temporary cash investments			2	599,596	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		6,603	4	8,413	
	5	Loans and other receivables from any current or former					
		trustee, key employee, creator or founder, substantial co		or, or 35%			
		controlled entity or family member of any of these perso		•••••		5	
	6	Loans and other receivables from other disqualified pers					
		under section 4958(f)(1)), and persons described in sec	tion 49	58(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges	•••	•••••	61,722	9	49,632
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	-		327,212	10c	357,265
	11	Investments - publicly traded securities	3,662,874	11	3,809,626		
	12	Investments - other securities. See Part IV, line 11 .		12			
	13	Investments - program-related. See Part IV, line 11 .		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15	3,124		
	16	Total assets. Add lines 1 through 15 (must equal line :			5,257,444	16	5,411,873
	17	Accounts payable and accrued expenses	166,908	17	164,937		
	18	Grants payable				18	
	19				5,000	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV o				21	
ies	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
Lia	22	controlled entity or family member of any of these perso		••••		22 23	
	23	Secured mortgages and notes payable to unrelated thin				23 24	
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables parties, and other liabilities not included on lines 17-24).					
						25	
	26	of Schedule D			171 009	25	164 027
	20	Organizations that follow FASB ASC 958, check here	_		171,908	20	164,937
		and complete lines 27, 28, 32, and 33.	-				
ses	27				4,125,610	27	4,319,010
lanc	28				959,926	28	927,926
Ba		Organizations that do not follow FASB ASC 958, che			5557520		5277520
pun		and complete lines 29 through 33.					
гIJ	29	Capital stock or trust principal, or current funds				29	
its c	30	Paid-in or capital surplus, or land, building, or equipmen				30	
sse	31	Retained earnings, endowment, accumulated income, o		funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,085,536	32	5,246,936
ž	33	Total liabilities and net assets/fund balances			5,257,444	33	5,411,873
							Earm 990 (2023)

EEA

Form **990** (2023)

Form	990 (2023) SOUTH FLORIDA WILDLIFE CENTER INC	23-7086393	L	Pa	age 12
Par	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	2,	545,	,112
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	908,	549
3	Revenue less expenses. Subtract line 2 from line 1	3	(363,	,437)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	085,	,536
5	Net unrealized gains (losses) on investments	5		524,	,837
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	5,	246,	936
Par	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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 n	(2023)

SCHEDULE	Α
(Form 990)	

Public Charity Status and Public Support

OMB No. 1545-0047

(For	m 990)	Complete if the or	ganization is a section	501(c)(3) organization or a se	ction 4947(a)	(1) nonexemp	ot charitable trust.	2023
Depar	tment of the Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Public
Interna	al Revenue Service	Go to	www.irs.gov/For	m990 for instructions a	and the lat	test inforn	nation.	Inspection
Name	of the organization						Employer identificati	on number
SOUT		LDLIFE CENTER					23-70863	
Par				l organizations mus			art.) See instruct	tions.
				nes 1 through 12, check o				
1				hurches described in se		(b)(1)(A)(i)	•	
2	_			h Schedule E (Form 990		(•) (:::)		
3 4	= '		0	ion described in section tion with a hospital desc	,	,	b)(1)(A)(iii) Entor th	•
4		e, city, and state:	perated in conjunct	lion with a hospital desci	nded in Se	ction 170(D)(T)(A)(III). Enter th	е
5			nefit of a college o	r university owned or op	erated by a	aovernme	ental unit described in	
Ū)(1)(A)(iv). (Complete	-			govonin		
6	`		,	l unit described in sectio	on 170(b)([,]	1)(A)(v).		
7	=	•	•	art of its support from a g			rom the general public	C
	described in s	ection 170(b)(1)(A)(vi). (Complete Par	t II.)			- .	
8	A community t	rust described in se	ction 170(b)(1)(A)	(vi). (Complete Part II.)				
9	An agricultural	research organizati	on described in se	ction 170(b)(1)(A)(ix) o	perated in	conjunctio	n with a land-grant co	ollege
	or university or	a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	
	university:							
10	receipts from a support from g	ctivities related to its ross investment inco	exempt functions, me and unrelated b	33 1/3% of its support fro subject to certain excep pusiness taxable income	tions; and (less secti	(2) no mor ion 511 tax	e than 33 1/3% of its	SS
11		•		e section 509(a)(2). (Co			n.	
12	=	•		o test for public safety. S or the benefit of, to perform			•	ses of
12		•	•	ed in section 509(a)(1)			• • •	
				be of supporting organization				
а		-	• •	rvised, or controlled by i			•	
	the suppor	ted organization(s) t	he power to regula	rly appoint or elect a ma	jority of the	e directors	or trustees of the	
	supporting	organization. You r	nust complete Pa	rt IV, Sections A and B	8.			
b	Type II. A	supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by hav	ing
	control or	management of the s	upporting organiza	tion vested in the same	persons that	at control o	r manage the suppor	ted
	organizatio	on(s). You must cor	nplete Part IV, Se	ctions A and C.				
С				rganization operated in c ou must complete Par				d with,
d	I 🗌 Type III ne	on-functionally inte	grated. A supporti	ng organization operate	d in conne	ction with i	its supported organiz	ation(s)
	that is not	functionally integrate	d. The organizatior	n generally must satisfy a	distributio	n requirem	ent and an attentivene	ess
			-	ete Part IV, Sections A				
е		0		en determination from the			I, Type II, Type III	
			-	integrated supporting o	-).		
f		r of supported organ		\cdots		• • • • •		••••
g	(i) Name of supporte	ving information abo	(ii) EIN	(iii) Type of organization	(iv) Is the o	rappization	(v) Amount of monetary	(vi) Amount of
	() Name of supporte	d organization	(II) EIN	(described on lines 1-10 above (see instructions))		Ir governing	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(A)								
(B)								
(C)								
(D)								
(E)								

Total

	e A (Form 990) 2023 SOUTH FLOR:					23-7086393	
Part							
	(Complete only if you checked the						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support		•			•	
-	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
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 instructio	ns)			12	
13	First 5 years. If the Form 990 is for the o					· · · · · · · · · · · · · · · · · · ·	:)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2023 (line 6			1, column (f))		14	%
15	Public support percentage from 2022 Sch	nedule A, Part I	I, line 14			15	%
16a	33 1/3% support test - 2023. If the organ	nization did not	check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization.			🗌
b	33 1/3% support test - 2022. If the organ	nization did not	check a box o	n line 13 or 16	a, and line 15 i	s 33 1/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppor	rted organizatio	on		🗌
17a	10%-facts-and-circumstances test - 20	23. If the orgar	nization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization mee	ets the facts-an	d-circumstance	es test, check t	his box and st	op here. Expla	in in
	Part VI how the organization meets the fa	cts-and-circum	nstances test	The organizatio	on qualifies as	a publicly supp	orted
	organization			-	=		_
b	10%-facts-and-circumstances test - 20	22. If the organ	nization did not	check a box o	n line 13, 16a,	16b, or 17a, ar	nd line
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	
	organization			-	-		_
18	Private foundation. If the organization di						
	instructions						

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

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

 If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(1) 2020	(0) 2021	(4) 2022	(0) 2020	(i) rotai
•	received. (Do not include any "unusual grants.")	4,881,203	7.638.819	1,904,644	1.853.691	2.350.713	18,629,070
2	Gross receipts from admissions, merchandise		.,				
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	46,855	50,191	185,536	169,444	145,119	597,145
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	4,928,058	7,689,010	2,090,180	2,023,135	2,495,832	19,226,215
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons					135,010	135,010
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						
	Add lines 7a and 7b					135,010	135,010
8	Public support. (Subtract line 7c from						10 001 005
Sect	line 6.)						19,091,205
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	4,928,058	7,689,010	2,090,180	2,023,135	2,495,832	19,226,215
10a	Gross income from interest, dividends,	1/520/030	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	270307200	270237233	2,195,002	1371207213
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	44,445	8,339	71,350	87,364	105,182	316,680
b	Unrelated business taxable income (less	-				-	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	44,445	8,339	71,350	87,364	105,182	316,680
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	242					242
13	Total support. (Add lines 9, 10c, 11,						
							19,543,137
14	First 5 years. If the Form 990 is for the o	•			•		
Sect	organization, check this box and stop here ion C. Computation of Public Suppo			• • • • • • • • •	• • • • • • • • •		•••••
15	Public support percentage for 2023 (line 8			13 column (f))		15	97.69 %
16	Public support percentage from 2022 Sch		•			16	97.72 %
-	ion D. Computation of Investment In			· · · · · · · · ·			21.12.0
17	Investment income percentage for 2023 (ov line 13. colu	mn (f))	17	2.00 %
18	Investment income percentage from 2022			-		18	1.00 %
19a	33 1/3% support tests - 2023. If the orga					-	
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2022. If the organizat		-				
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization di	id not check a	box on line 14,	19a, or 19b, c	heck this box	and see instruc	tions

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

SOUTH FLORIDA WILDLIFE CENTER INC Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization gualified 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. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 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. Did the organization support any foreign supported organization that does not have an IRS determination С 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). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 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 disgualified 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. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 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.)

10b Schedule A (Form 990) 2023

D	IEA (FOIII 990) 2023 SOUTH FLORIDA WILDLIFE CENTER INC 23-7086391			aye
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Ũ	provide detail in Part VI.	11c		
octi	on B. Type I Supporting Organizations	110		
con	on B. Type Toupporting Organizations		Yes	No
			res	INC
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
octi	on D. All Type III Supporting Organizations	•		
CCU				
			Voc	Nic
4			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Yes	N
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	N
1 2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	Yes	N
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI</i>		Yes	N
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI</i>		Yes	No
2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).		Yes	No
2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i> . By reason of the relationship described in line 2, above, did the organization's supported organizations have		Yes	No
2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i> . By reason of the relationship described in line 2, above, did the organization's supported organization's supported organization's investment policies and in directing the use of the organization's		Yes	N

- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. *Complete line 3 below.*

- С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
- 2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990) 2023

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- а Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

2a

2b

3a

3b

Yes

No

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V Type III Non-Eunctionally Integrated 500(a)(2) Supporting Or	<u>a a n</u>	izations	Page o
			oin in Part VII) Saa
			,
	12011	(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
	3		
•	4		
	5		
	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ on A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-e	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 on B - Minimum Asset Amount 4 Average monthly value of securities 1a Average monthly value of securities 1a Average monthly value of other non-exempt-use assets 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors 2 (explain in detail in Part VI): 4 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 <td>V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explinations must complete Sections A - Adjusted Net Income (A) Prior Year On A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 orn B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly cash balances 1b Pair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explaim indel in Part VI): 3 Acequisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line</td>	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explinations must complete Sections A - Adjusted Net Income (A) Prior Year On A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 orn B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly cash balances 1b Pair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explaim indel in Part VI): 3 Acequisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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	e A (Form 990) 2023 SOUTH FLORIDA WILDLIFE CE			70863	3 91 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organ	zations (continue	ed)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	 provide details in Part 	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		(::)	10	(!!!)
Secti	ection E - Distribution Allocations (see instructions) (i) Underdistribution Excess Distributions Pre-2023			าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$ Applied to underdistributions of prior years				
<u>a</u> b	Applied to underdistributions of phor years				
 C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
v	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				
				-	abadula A (Farm 000) 202

EEA

Schedule A (Form 990) 2023

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

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or Form 990-PF.

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

2023

Name of the organization	Employer identification number
SOUTH FLORIDA WILDLIFE CENTER INC	23-7086391
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$200,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$115,500	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$75,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000	PersonImage: Complete Part II for noncash contributions.)

Name of organization

EEA

Schedule B (Form 990) (2023)

OUTH FL	ORIDA WILDLIFE CENTER INC		23-7086391
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$155,000	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$118,600	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$50,000	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$33,628	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$40,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

EEA

Employer	identification	number
~ ~ ~		

	\$ <u>19,486</u>	
(b) Name, address, and ZIP + 4	(c) Total contributions	
	\$15,000	

Schedule B (Form 990) (2023)		

Name of organization

Part I

SOUTH FLORIDA WILDLIFE CENTER INC

Employer identification number 23-7086391

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$30,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14		\$25,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 16 </u>		\$20,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_17		\$19,486	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_18		\$15,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
EEA			Schedule B (Form 990) (202

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b) Name, address, and ZIP + 4	Total co	(c) ntributions
	\$	10,000

Sche	dule B (F	Form 990) (2	2023)

Name of organization

Part I

EEA

SOUTH FLORIDA WILDLIFE CENTER INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number 23-7086391

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$15,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_20		\$14,000	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_21		\$14,000	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_22		\$12,500	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>23</u>		\$10,010	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4		
_24 _	Name, address, and ZIP + 4	\$10,000	Person Image: Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$9,623	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$17,400	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
A I			Schedule B (Form 990) (2

\$

\$

\$

\$

(c)

(c)

(c)

Total contributions

Total contributions

Total contributions

20,000

10,000

10,000

10,000

Page 2

x

х

х

x

23-7086391

Person

Payroll

Person

Payroll

Person

Payroll

Person

Pavroll

Noncash

(Complete Part II for noncash contributions.)

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Noncash (Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(b) Name, address, and ZIP + 4	(c) Total contributions	Туре

(b)

(b)

(b)

Name, address, and ZIP + 4

Name, address, and ZIP + 4

Name, address, and ZIP + 4

SOUTH FLORIDA WILDLIFE CENTER INC

Part I

(a)

No.

25

(a)

No.

26

(a)

No.

27

(a)

No.

28

EEA

RIDA WILDLIFE CENTER INC		23-7086391
Contributors (see instructions). Use duplicate co	pies of Part I if additional space is n	eeded.
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$6,622	Person x Payroll Noncash (Complete Part II for
		noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,010	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash

Name of organization

Schedule B (Form 990) (2023)

Part I

(a)

No.

31

(a)

No.

32

(a)

No.

33

(a)

No.

34

(a)

No.

(a)

No.

SOUTH FLOR

Employer identification number

(Complete Part II for noncash contributions.)

EEA

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Go to www.irs.gov/Form	990 for instructions and the latest information.	

Open to Public Inspection

Employer identification number

Name of the organization
Internal Revenue Service
Department of the Treasury

SOUTH	FLORIDA WILDLIFE CENTER INC	23-7086391
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	No
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		ically important land area
	Protection of natural habitat	ed historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	servation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c, acquired after July 25, 2006, and not	
	on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	zation during the
	tax year	5
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)((i)
	and section 170(h)(4)(B)(ii)?	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	ent and balance
	sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes	s the
	organization's accounting for conservation easements	
Part		r Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	\$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedu	le D (Form 990) 2023 SOUTH FLORIDA							23-708			Page 2
Par	t III Organizations Maintainin	g Colle	ections of	Art, Hist	torical T	reasures	, or Ot	her Similar A	ssets (d	contir	nued)
3	Using the organization's acquisition, acces	ssion, an	d other record	ls, check a	ny of the fo	blowing that	make się	pnificant use of its			
	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	Scholarly research			е	Other						
С	Preservation for future generations										
4	Provide a description of the organization's	collectio	ons and explai	n how they	further the	e organizatio	n's exen	npt purpose in Par	t		
	XIII.										
5	During the year, did the organization solici	t or rece	ive donations	of art, histo	rical treas	ures, or othe	r similar				
	assets to be sold to raise funds rather that	n to be r	naintained as	part of the	organizati	on's collectio	n?		. 🗌 Ye	es	No
Par	t IV Escrow and Custodial Ar										
	Complete if the organizatio			' on Forn	n 990. P	art IV. line	9. or i	reported an an	nount or	ו For	m
	990, Part X, line 21.				,	, .	-, -			-	
1a	Is the organization an agent, trustee, custo	dian or o	other intermed	iarv for cor	tributions	or other asse	ets not				
									. 🗆 Ye	es	No
b	If "Yes," explain the arrangement in Part >								• 🗆 •	~~ L	
				nowing tac				Δn	nount		
с	Beginning balance						. 10		nount		
	Additions during the year										
d	0,										
e	Distributions during the year										
f	Ending balance									Г	
2a	Did the organization include an amount or							•			No
b	If "Yes," explain the arrangement in Part >	(III. Che	ck here if the e	explanation	has been	provided on	Part XIII	• • • • • • • •		• [
Par					- 000 D	ant IV / Line	10				
	Complete if the organizatio										
			Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	3	,878,426								
b	Contributions										
С	Net investment earnings, gains, and										
	losses		574,118								
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs		518,407								
f	Administrative expenses		44,264								
g	End of year balance	3	,889,873								
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:										
а	Board designated or quasi-endowment	100	.00 %								
b											
с	Term endowment %										
	The percentages on lines 2a, 2b, and 2c s	hould ea	ual 100%.								
3a	Are there endowment funds not in the pos			ation that a	are held ar	nd administer	ed for th	9			
	organization by:							-		Yes	No
	(i) Unrelated organizations?								. 3a(i		x
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related orga										x
									. 30		
4 Dor	Describe in Part XIII the intended uses of tVI Land, Buildings, and Equ				nus.						
rai	Complete if the organizatio	•		on Forn	000 D	art IV/ line	110	Soo Form 000	Dort V	lino	10
	· · · · ·	11 answ									
	Description of property		(a) Cost or oth (investme			r other basis other)		Accumulated epreciation	(d) Bo	ok value	Э
			(investme	5111/	("						
1a	Land										
b	Buildings	1			1,:	210,219		1,136,815		73,	,404
C	Leasehold improvements	•••				96,240		13,389		82,	,851
d	Equipment	•••				313,851		207,422		106,	,429
e	Other					359,917		265,336		94,	, 581
Total.	Add lines 1a through 1e. (Column (d) mus	st equal	Form 990, Pai	rt X, line 10	Dc, column	(В)				357,	,265
EEA								Sch	nedule D (F	orm 9	90) 2023

Schedule D (Form 990) 2023

Part VII Investments - Other Securities		
Complete if the organization answered "Yes" on For	n 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))		

Part VIII **Investments - Program Related**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990 Part X line 13 col. (B))		

Part IX **Other Assets**

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) peposits	3,124
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B)).	3,124

Other Liabilities Part X

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 ir	ncome taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (k	b) must equal Form 990, Part X, line 25 col. (B))

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

23-7086391

Page 3

Reconciliation of Revenue per Audited Financial Statements With Revenue per 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 3,069,949 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 524,837 2 Net unrealized gain (losses) on investments. 2a 524,837 2 C 2c 2 4 Other (Describe in Part XIII) 2d 2c 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 2, 545,112 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,). 5 2, 545,112 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 5 2, 908,549 4 Amounts included on line 1 2a 2a 2a 2a 5 Other (Describe in Part XIII) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2, 908,549 4 Amounts included on line 1 3 2,	Schedul	e D (Form 990) 2023 SOUTH FLORIDA WILDLIFE CENTER INC	23-7086391	Page 4	
1 Total revenue, gains, and other support per audited financial statements 1 3,069,949 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 524,837 2 Recoveries of prior year grants 2d 2d 2 Add lines 2a through 2d 2a 524,837 3 Subtract line 2e from line 1 2a 2a 4 Add lines 2a through 2d 2a 2a 5 Subtract line 2e from 190, Part VIII, line 12, but not on line 1: 3 2,545,112 4 Amounts included on Form 990, Part VIII, line 7b 4a 4b 6 Other (Describe in Part XIII.) 4c 5 2,545,112 9 Other (Describe in Part XIII.) 4c 5 2,545,112 9 Other (Describe in Part XIII.) 4c 5 2,545,112 9 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 5 2,545,112 9 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 2a 2b 2b 2b 2c 2c 2c 2c 2c 2c 2c <td>Part</td> <td>XI Reconciliation of Revenue per Audited Financial Statements With Revenue p</td> <td>er Return</td> <td></td>	Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 524,837 3 Donated services and use of facilities . 2b 2c 4 Other (Describe in Part XIII.) 2c 2d 4 Add lines 2a through 2d 3 2,545,112 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 2,545,112 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a 5 Other (Describe in Part XIII.) 4a 4c 6 Other (Describe in Part XIII.) 5 2,545,112 4 Add lines 4a and 4b 5 2,545,112 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12). 5 2,545,112 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IX, line 12. 1 Total expenses and loses per audited financial statements 1 2,908,549 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2a 2a 2a 2a		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
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SFWC HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A	2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			
	<u>01. E</u>	Endowment funds intended uses (Part V, line 4)			
PREDICTABLE STREAM OF INCOME TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE	SFWC	HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT	ATTEMPT TO F	ROVIDE A	
	דחששם	CTABLE STREAM OF INCOME TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SE	EKING TO MAT	NTAIN ТНЕ	

PURCHASING POWER OF THE ENDOWMENT ASSETS ON AN INFLATION ADJUSTED BASIS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

SOUTH FLORIDA WILDLIFE CENTER INC

2	3.	-7	70	8	6	3	9	1

Pan	T Types of Property	1			1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (ANIMAL FOOD)	x	365	189,850	FMV			
26	Other ()	x	42	67,403	FMV			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the	organization	during the tax year for contribut	tions for				
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29			
							Yes	No
30a	During the year, did the organization reco	-		-				
	28, that it must hold for at least 3 years f			•				
	used for exempt purposes for the entire	• •	d?			30a		x
b	If "Yes," describe the arrangement in Pa							
31	Does the organization have a gift accept							
• -						31		x
32a	Does the organization hire or use third p		•					
		••••				32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount	nt in column	(c) for a type of property for whi	ch column (a) is checked,				
	describe in Part II.							

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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



Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTH FLORIDA WILDLIFE CENTER INC

Employer identification number 23-7086391

01. Form 990 governing body review (Part VI, line 11)

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.

02. Conflict of interest policy compliance (Part VI, 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.

03. Governing documents, etc, available to public (Part VI, line 19)

SFWC MAKES ITS ARTICLES OF INCORPORATION AND BYLAWS AVAILABLE 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 THEIR THREE MOST RECENTLY-FILED FORM 990'S AVAILABLE TO THE PUBLIC UPON REQUEST BOTH BY MAIL AND IN PERSON AT ITS OFFICE IN FT. LAUDERDALE, FL. THE THREE MOST RECENTLY FILED FORM 990'S AND MOST RECENT AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE GENERAL PUBLIC FREE OF CHARGE ON THE SFWC WEBSITE. THE CONFLICT OF INTEREST POLICY HAS NOT BEEN MADE AVAILABLE TO THE GENERAL PUBLIC.

Federal Supporting Statements	2023 PG01
Federal Supporting Statements Name(s) as shown on return	Tax ID Number
SOUTH FLORIDA WILDLIFE CENTER INC	23-7086391
SOOTH I DOKEDN WEDDEFE CENTER INC	
Form 990, Part VI, Section C, line 17	Statement #017
States where a copy of this Form 990	
is required to be filed:	
California	
Connecticut	
Florida	
Georgia	
Illinois	
Massachusetts	
Maryland	
Minnesota	
New Hampshire	
New Jersey	
New York	
South Carolina	