

Form **990**

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , **and ending**

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

C Name of organization **FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) **4560 NORTH US HIGHWAY 1** Room/suite

City or town, state or province, country, and ZIP or foreign postal code **MELBOURNE FL 32935-7502**

D Employer identification number **23-7292826**

E Telephone number **321-254-8843**

G Gross receipts \$ **517,433**

F Name and address of principal officer:
EILEEN OLEJARSKI
4560 NORTH US HIGHWAY 1
MELBOURNE FL 32935

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

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

J Website: **WWW.FLORIDAWILDLIFEHOSPITAL.ORG**

H(c) Group exemption number ▶

L Year of formation: **1973** **M** State of legal domicile: **FL**

K Form of organization: Corporation Trust Association Other ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO AID SICK, INJURED AND ORPHANED NATIVE FLORIDA WILDLIFE AND MIGRATORY BIRDS, AND TO RETURN THEM TO THE ECOSYSTEM.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	8	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	12	
	6	Total number of volunteers (estimate if necessary)	100	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 301,689	Current Year: 472,328
	9	Program service revenue (Part VIII, line 2g)	1,696	19,776
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24	269
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,339	17,897
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	322,748	510,270
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	205,811	215,021
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,129		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	112,747	161,023
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	318,558	376,044
	19	Revenue less expenses. Subtract line 18 from line 12	4,190	134,226
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 486,584	End of Year: 621,506
	21	Total liabilities (Part X, line 26)	4,546	2,326
	22	Net assets or fund balances. Subtract line 21 from line 20	482,038	619,180

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	EILEEN OLEJARSKI Type or print name and title		PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	HEATHER K. MCDONOUGH, CPA	HEATHER K. MCDONOUGH, CPA	05/16/18	P00618987
	Firm's name ▶ MCDONOUGH CPA SOLUTIONS, P.A.	Firm's EIN ▶ 47-1601171	Firm's address ▶ 445 W MERRITT AVE MERRITT ISLAND, FL 32953-4760	
		Phone no.	321-453-6256	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FLORIDA WILDLIFE HOSPITAL & SANTUARY, INC IS A NON-PROFIT ORGANIZATION DEDICATED TO HELPING FLORIDA WILDLIFE AND MIGRATORY BIRDS WITH THE MISSION OF RETURNING THEM TO THEIR PLACE IN THE ENVIRONMENT.

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

Yes No

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

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

Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 343,659 including grants of \$) (Revenue \$ 19,776)

RESCUE AND REHABILITATION OF WILDLIFE. THE FACILITIES ARE OPEN 365 DAYS PER YEAR. DURING 2017, APPROXIMATELY 5,000 BIRDS, MAMMALS, REPTILES AND AMPHIBIANS WERE ADMITTED. THE ORGANIZATION PROVIDES EDUCATIONAL PROGRAMS TO SCHOOLS, ORGANIZATIONS AND THE GENERAL PUBLIC. A HOTLINE IS PROVIDED TO ANSWER THE PUBLIC'S QUESTIONS RELATING TO WILDLIFE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 343,659

Part IV Checklist of Required Schedules

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

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS filing requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in 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: ►

MEGHAN FLORES
MELBOURNE

4560 NORTH US HIGHWAY 1

FL 32935

321-254-8843

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY BOWMAN	10.00									
DIRECTOR	0.00	X					5,556	0	0	
(2) LINDA ARCHER	10.00									
DIRECTOR	0.00	X					0	0	0	
(3) JO FADEN	10.00									
DIRECTOR	0.00	X					0	0	0	
(4) BILL BJORK	10.00									
DIRECTOR	0.00	X					0	0	0	
(5) TRACY FRAMPTON	40.00									
EXECUTIVE DIRECTOR	0.00			X			33,198	0	0	
(6) EILEEN OLEJARSKI	10.00									
PRESIDENT	0.00			X			0	0	0	
(7) MARGIE MITCHELL	10.00									
VICE-PRESIDENT	0.00			X			0	0	0	
(8) HEATHER MALZONE	FRESA									
SECRETARY	10.00			X			0	0	0	
(9) PAT HIGGS	10.00									
TREASURER	0.00			X			0	0	0	
(10)										
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues	60,936				
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	411,392				
	g	Noncash contributions included in lines 1a-1f: \$	33,562				
	h	Total. Add lines 1a-1f	472,328				
	Program Service Revenue	2a	MEMORIALS	13,634	13,634		
b		ADOPTIONS	3,637	3,637			
c		OTHER	2,505	2,505			
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	19,776				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)	269			269
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
		Gross rents					
	b	Less: rental exps.					
	c	Rental inc. or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis & sales exps.					
	c	Gain or (loss)					
	d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	25,060				
b	Less: direct expenses	b	7,163				
c	Net income or (loss) from fundraising events		17,897			17,897	
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		510,270	19,776	0	18,166

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	38,754	36,041	1,163	1,550
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	157,325	146,312	4,720	6,293
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	18,942	17,616	568	758
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,441		6,441	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,642			1,642
13 Office expenses	5,970	3,318	766	1,886
14 Information technology				
15 Royalties				
16 Occupancy	16,952	11,527	5,425	
17 Travel	61	61		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,298	1,298		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,638	32,638		
23 Insurance	3,665	2,492	1,173	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	38,458	38,458		
b EQUIPMENT & MAINTENANCE	23,567	23,567		
c ANIMAL FEED & SEED	13,823	13,823		
d MEDICAL SUPPLIES	7,536	7,536		
e All other expenses	8,972	8,972		
25 Total functional expenses. Add lines 1 through 24e	376,044	343,659	20,256	12,129
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	48,039	1	17,449	
	2 Savings and temporary cash investments	24,486	2	202,255	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 730,237			
	b Less: accumulated depreciation	10b 328,435	414,059	10c 401,802	
	11 Investments—publicly traded securities		11		
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		486,584	16	621,506	
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		4,546	25	2,326
	26 Total liabilities. Add lines 17 through 25		4,546	26	2,326
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		482,038	27	619,180
	28 Temporarily restricted net assets			28	
	29 Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		482,038	33	619,180	
34 Total liabilities and net assets/fund balances		486,584	34	621,506	

Part 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	510,270
2	Total expenses (must equal Part IX, column (A), line 25)	2	376,044
3	Revenue less expenses. Subtract line 2 from line 1	3	134,226
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	482,038
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	2,916
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	619,180

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?		
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 in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

**FLORIDA WILDLIFE HOSPITAL &
SANCTUARY, INC**

Employer identification number
23-7292826

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 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 instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test—2017; 16b 33 1/3% support test—2016; 17a 10%-facts-and-circumstances test—2017; 17b 10%-facts-and-circumstances test—2016; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	228,767	244,716	242,321	301,689	472,328	1,489,821
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				1,696	19,776	21,472
3 Gross receipts from activities that are not an unrelated trade or business under section 513			18,601	20,589	25,060	64,250
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	228,767	244,716	260,922	323,974	517,164	1,575,543
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,575,543

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	228,767	244,716	260,922	323,974	517,164	1,575,543
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,177	86	73	24	269	6,629
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,177	86	73	24	269	6,629
11 Net income from unrelated business activities not included in 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	234,944	244,802	260,995	323,998	517,433	1,582,172

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.58 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.31 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a [] The organization satisfied the Activities Test. Complete line 2 below. b [] The organization is the parent of each of its supported organizations. Complete line 3 below. c [] The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

Table with 3 columns: Question, Yes, No. Row a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? Row b: Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Row a: 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? Row b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC	Employer identification number 23-7292826
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Organization type (check one):

- Filers of:** Form 990 or 990-EZ **Section:** 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

- 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization FLORIDA WILDLIFE HOSPITAL &	Employer identification number 23-7292826
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRANK J AND MERRILIECE M ROHAN TRUST 500 DELAWARE AVE, STE 900 WILMINGTON DE 19801	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COMMUNITY FOUNDATION OF BREVARD 1361 BEDFORD DR #102 MELBOURNE FL 32940	\$ 5,227	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LINDA ARCHER 778 THRASHER DR ROCKLEDGE FL 32955	\$ 9,796	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BRADLEE SHATTUCK REVOCABLE TRUST 350 HAMMOCK SHORE DR MERRITT ISLAND FL 32951	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SUE BASSET FOUNDATION 1795 WEST NASA BLVD MELBOURNE FL 32901	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HANS P BRUCKNER ESTATE 1980 N ATLANTIC AVE STE 801 COCOA BEACH FL 32931	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FLORIDA WILDLIFE HOSPITAL &	Employer identification number 23-7292826
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GERI ZUCKERMAN, WEINROTH TRUST 1447 CALLE ALTURA LA JOLLA CA 92037	\$ 26,520	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BREVARD ZOO 8225 N WICKHAM RD MELBOURNE FL 32940	\$ 20,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	HELEN & FRANK CROWLEY 694 CARIBBEAN DR SATELLITE BEACH FL 32937	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JIM BATEMAN 14271 SHEARWATER COURT CLEARWATER FL 33762	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HYTA MEDERER 131 MIMOSA PL DECATUR GA 30030	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MARGARET HEINS FOUNDATION 440 S BABCOCK ST MELBOURNE FL 32901	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FLORIDA WILDLIFE HOSPITAL &

Employer identification number

23-7292826

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	LYNN GLATFELTER 662 BROCKTON WAY MELBOURNE FL 32904	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	RICHARD CULP 310 NORWOOD AVE SATELLITE BEACH FL 32937	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	JAMES M COX FOUNDATION 6205-A PEACHTREE DUNWOODY RD ATLANTA GA 30328	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC

Employer identification number

23-7292826

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		102,000		102,000
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		628,237	328,435	299,802
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				401,802

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CREDIT CARDS PAYABLE	1,794	
(3) DEPOSIT	500	
(4) PAYROLL LIABILITIES	32	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,326	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

**FLORIDA WILDLIFE HOSPITAL &
SANCTUARY, INC**

Employer identification number

23-7292826

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>WILD ABOUT WILD</u> (event type)	<u>HHOT IN THE PAR</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	17,090	5,262	22,352
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	17,090	5,262	22,352
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	5,800	972	6,772
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				15,580

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

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

b If "Yes," explain:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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 the latest information.

Name of the organization

**FLORIDA WILDLIFE HOSPITAL &
SANCTUARY, INC**

Employer identification number

23-7292826

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	X	1	33,562	
26				
27				
28				

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

29

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

**FLORIDA WILDLIFE HOSPITAL &
SANCTUARY, INC**

Employer identification number

23-7292826

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF THE FORM 990 IS PRESENTED TO ALL BOARD MEMBERS PRIOR TO FILING

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
VIEWING OR COPIES OF GOVERNING DOCUMENTS ARE AVAILABLE BY WRITTEN REQUEST

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment
Sequence No. **179**

Name(s) shown on return **FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC**

Identifying number
23-7292826

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	10,191
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	20,767
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		7,800	5.0	HY	200DB	1,560
c 7-year property						
d 10-year property						
e 15-year property		2,390	15.0	HY	150DB	120
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	32,638
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

FLOR901 FLORIDA WILDLIFE HOSPITAL &

23-7292826

FYE: 12/31/2017

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:										
40	Golf cart	1/14/17	5,278			X	2,639	5 HY 200DB	0	3,167
41	Golf cart #2	1/14/17	5,278			X	2,639	5 HY 200DB	0	3,167
43	Quinn's Enclosure	2/21/17	5,045			X	2,522	5 HY 200DB	0	3,027
			<u>15,601</u>				<u>7,800</u>		<u>0</u>	<u>9,361</u>
15-year GDS Property:										
42	Rear Fence	1/17/17	4,780			X	2,390	15 HY 150DB	0	2,510
			<u>4,780</u>				<u>2,390</u>		<u>0</u>	<u>2,510</u>
Prior MACRS:										
1	AIR CONDITIONER REPLACE	1/12/12	3,599			X	1,799	5 HY 200DB	3,495	104
2	A/C MOTOR HOUSE	3/07/12	839			X	419	5 HY 200DB	815	24
3	DELL COMPUTER - SUE'S DESK	8/26/13	508			X	254	5 HY 200DB	420	58
4	DELL P4 COMPUTER	5/20/09	169			X	84	5 HY 200DB	169	0
5	LAPTOP COMPUTER	9/21/09	305			X	152	5 HY 200DB	305	0
6	DELL LCD	2/08/06	2,019				2,019	5 HY 200DB	2,019	0
7	ICU FOR ANIMALS	8/31/06	918				918	5 HY 200DB	918	0
8	X-RAY PROCESSOR	12/05/06	1,380				1,380	5 HY 200DB	1,380	0
9	LARGE STAINLESS CAGE	9/13/07	325				325	5 HY 200DB	325	0
10	KONA & ELEANOR CAGES	4/30/07	1,078				1,078	5 HY 200DB	1,078	0
11	BUILDING	6/01/98	126,929				126,929	39 MMS/L	60,346	3,254
13	WOOD CAGES	3/01/07	818				818	5 HY 200DB	818	0
15	X-RAY MACHINE - AMBER DIAG	5/31/13	6,700			X	3,350	5 HY 200DB	5,542	772
16	COREY - BELLA CAGE	8/06/12	1,953			X	976	5 HY 200DB	1,841	112
17	DEEP WELL	5/31/11	2,441			X	1,369	15 HY 150DB	1,072	144
18	A/C UNIT HOUSE	4/16/09	5,960			X	2,980	5 HY 200DB	5,960	0
19	STOVE	1/10/08	473			X	236	5 HY 200DB	473	0
20	FENCE	5/22/07	2,895				2,895	15 HY 150DB	1,955	171
21	FAWN PEN	4/25/11	2,685			X	0	5 HY 200DB	2,685	0
22	PELICAN CAGES	12/05/11	2,182			X	0	5 HY 200DB	2,182	0
23	FLIGHT CAGE 100 FT	12/22/08	77,950			X	38,975	5 HY 200DB	77,950	0
24	BUILDING 2	1/27/05	298,731				298,731	39 MMS/L	91,598	7,660
25	OTTER CAGE	6/30/13	7,064			X	3,532	5 HY 200DB	5,843	814
26	ICU UNIT - HOTSPOT FOR BIRDS	8/21/13	1,116			X	558	5 HY 200DB	923	129
27	SCREECH OWL CAGE	7/01/14	2,623			X	1,312	5 HY 200DB	1,867	303
28	NEW SHED	2/20/15	1,475				1,475	39 MMS/L	71	38
29	FRONT SIGNS	7/28/15	865				865	15 MQ150DB	116	75
30	NEW AC - BLDG 2 NORTH SIDE	8/12/15	5,497				5,497	39 MMS/L	194	141
31	SONGBIRD CAGE	11/17/15	7,286			X	5,018	7 MQ200DB	2,268	1,433
32	AVIARY CAGE	12/10/15	2,791			X	1,922	7 MQ200DB	869	549
33	3 FAUCETS COMMISSARY	10/22/15	795			X	548	7 MQ200DB	247	157
34	Seabird Tubs	11/14/16	9,988			X	4,994	5 MQ200DB	5,243	1,898
35	Fence-Rear	3/09/16	4,076			X	2,038	15 MQ150DB	2,216	186
36	PONDS-PRE-RELEASE ENC	10/25/16	5,644			X	2,822	15 MQ150DB	2,857	279
37	FENCE-SIDE/FRONT	8/30/16	5,203			X	2,601	15 MQ150DB	2,699	251
38	MOUSE HOUSE	5/31/16	4,348			X	2,174	5 MQ200DB	2,718	652
39	SEA BIRD FLIGHT CAGE	11/15/16	8,228			X	4,114	5 MQ200DB	4,320	1,563
			<u>607,856</u>				<u>525,157</u>		<u>295,797</u>	<u>20,767</u>
Other Depreciation:										
12	LAND	6/01/98	68,000				68,000	0 -- Land	0	0
14	LOT	12/05/07	34,000				34,000	0 -- Land	0	0
	Total Other Depreciation		<u>102,000</u>				<u>102,000</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>102,000</u>				<u>102,000</u>		<u>0</u>	<u>0</u>

Federal Asset Report

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date</u> <u>In Service</u>	<u>Cost</u>	<u>Bus</u> <u>%</u>	<u>Sec</u> <u>179</u>	<u>Bonus</u>	<u>Basis</u> <u>for Depr</u>	<u>Per</u> <u>Conv</u>	<u>Meth</u>	<u>Prior</u>	<u>Current</u>
	Grand Totals		730,237				637,347			295,797	32,638
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>730,237</u>				<u>637,347</u>			<u>295,797</u>	<u>32,638</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:										
40	Golf cart	1/14/17	5,278			X	2,639	5 HY 200DB	0	3,167
41	Golf cart #2	1/14/17	5,278			X	2,639	5 HY 200DB	0	3,167
43	Quinn's Enclosure	2/21/17	5,045			X	2,522	5 HY 200DB	0	3,027
			<u>15,601</u>				<u>7,800</u>		<u>0</u>	<u>9,361</u>
15-year GDS Property:										
42	Rear Fence	1/17/17	4,780			X	2,390	15 HY 150DB	0	2,510
			<u>4,780</u>				<u>2,390</u>		<u>0</u>	<u>2,510</u>
Prior MACRS:										
1	AIR CONDITIONER REPLACE	1/12/12	3,599			X	1,799	5 HY 200DB	3,495	104
2	A/C MOTOR HOUSE	3/07/12	839			X	419	5 HY 200DB	815	24
3	DELL COMPUTER - SUE'S DESK	8/26/13	508			X	254	5 HY 200DB	464	29
4	DELL P4 COMPUTER	5/20/09	169			X	84	5 HY 200DB	169	0
5	LAPTOP COMPUTER	9/21/09	305			X	152	5 HY 200DB	305	0
6	DELL LCD	2/08/06	2,019				2,019	5 HY 150DB	2,019	0
7	ICU FOR ANIMALS	8/31/06	918				918	5 HY 150DB	918	0
8	X-RAY PROCESSOR	12/05/06	1,380				1,380	5 HY 150DB	1,380	0
9	LARGE STAINLESS CAGE	9/13/07	325				325	5 HY 150DB	325	0
10	KONA & ELEANOR CAGES	4/30/07	1,078				1,078	5 HY 150DB	1,078	0
11	BUILDING	6/01/98	126,929				126,929	40 MMS/L	58,837	3,173
13	WOOD CAGES	3/01/07	818				818	5 HY 150DB	818	0
15	X-RAY MACHINE - AMBER DIAG	5/31/13	6,700			X	3,350	5 HY 200DB	6,121	386
16	COREY - BELLA CAGE	8/06/12	1,953			X	976	5 HY 200DB	1,897	56
17	DEEP WELL	5/31/11	2,441			X	0	15 HY 150DB	2,441	0
18	A/C UNIT HOUSE	4/16/09	5,960			X	2,980	5 HY 200DB	5,960	0
19	STOVE	1/10/08	473			X	236	5 HY 200DB	473	0
20	FENCE	5/22/07	2,895				2,895	15 HY 150DB	1,955	171
21	FAWN PEN	4/25/11	2,685			X	0	5 HY 200DB	2,685	0
22	PELICAN CAGES	12/05/11	2,182			X	0	5 HY 200DB	2,182	0
23	FLIGHT CAGE 100 FT	12/22/08	77,950			X	38,975	5 HY 200DB	77,950	0
24	BUILDING 2	1/27/05	298,731				298,731	39 MMS/L	91,598	7,660
25	OTTER CAGE	6/30/13	7,064			X	3,532	5 HY 200DB	6,454	406
26	ICU UNIT - HOTSPOT FOR BIRDS	8/21/13	1,116			X	558	5 HY 200DB	1,020	64
27	SCREECH OWL CAGE	7/01/14	2,623			X	1,312	5 HY 200DB	2,245	151
28	NEW SHED	2/20/15	1,475				1,475	39 MMS/L	71	38
29	FRONT SIGNS	7/28/15	865				865	15 MQ150DB	116	75
30	NEW AC - BLDG 2 NORTH SIDE	8/12/15	5,497				5,497	39 MMS/L	194	141
31	SONGBIRD CAGE	11/17/15	7,286			X	3,643	7 MQ200DB	4,777	717
32	AVIARY CAGE	12/10/15	2,791			X	1,396	7 MQ200DB	1,830	274
33	3 FAUCETS COMMISSARY	10/22/15	795			X	397	7 MQ200DB	521	78
34	Seabird Tubs	11/14/16	9,988			X	4,994	5 MQ200DB	5,243	1,898
35	Fence-Rear	3/09/16	4,076			X	2,038	15 MQ150DB	2,216	186
36	PONDS-PRE-RELEASE ENC	10/25/16	5,644			X	2,822	15 MQ150DB	2,857	279
37	FENCE-SIDE/FRONT	8/30/16	5,203			X	2,601	15 MQ150DB	2,699	251
38	MOUSE HOUSE	5/31/16	4,348			X	2,174	5 MQ200DB	2,718	652
39	SEA BIRD FLIGHT CAGE	11/15/16	8,228			X	4,114	5 MQ200DB	4,320	1,563
			<u>607,856</u>				<u>521,736</u>		<u>301,166</u>	<u>18,376</u>
Other Depreciation:										
12	LAND	6/01/98	68,000				68,000	0 -- Land	0	0
14	LOT	12/05/07	34,000				34,000	0 -- Land	0	0
	Total Other Depreciation		<u>102,000</u>				<u>102,000</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>102,000</u>				<u>102,000</u>		<u>0</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		730,237			633,926		301,166	30,247
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>730,237</u>			<u>633,926</u>		<u>301,166</u>	<u>30,247</u>

FLOR901 FLORIDA WILDLIFE HOSPITAL &

23-7292826

Bonus Depreciation Report

FYE: 12/31/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
1	AIR CONDITIONER REPLACE	1/12/12	3,599		0	0	1,800	1,799
2	A/C MOTOR HOUSE	3/07/12	839		0	0	420	419
3	DELL COMPUTER - SUE'S DESK	8/26/13	508		0	0	254	254
4	DELL P4 COMPUTER	5/20/09	169		0	0	85	84
5	LAPTOP COMPUTER	9/21/09	305		0	0	153	152
15	X-RAY MACHINE - AMBER DIAG	5/31/13	6,700		0	0	3,350	3,350
16	COREY - BELLA CAGE	8/06/12	1,953		0	0	977	976
17	DEEP WELL	5/31/11	2,441		0	0	1,072	1,369
18	A/C UNIT HOUSE	4/16/09	5,960		0	0	2,980	2,980
19	STOVE	1/10/08	473		0	0	237	236
21	FAWN PEN	4/25/11	2,685		0	0	2,685	0
22	PELICAN CAGES	12/05/11	2,182		0	0	2,182	0
23	FLIGHT CAGE 100 FT	12/22/08	77,950		0	0	38,975	38,975
25	OTTER CAGE	6/30/13	7,064		0	0	3,532	3,532
26	ICU UNIT - HOTSPOT FOR BIRDS	8/21/13	1,116		0	0	558	558
27	SCREECH OWL CAGE	7/01/14	2,623		0	0	1,311	1,312
31	SONGBIRD CAGE	11/17/15	7,286		0	0	2,268	5,018
32	AVIARY CAGE	12/10/15	2,791		0	0	869	1,922
33	3 FAUCETS COMMISSARY	10/22/15	795		0	0	247	548
34	Seabird Tubs	11/14/16	9,988		0	0	4,994	4,994
35	Fence-Rear	3/09/16	4,076		0	0	2,038	2,038
36	PONDS-PRE-RELEASE ENC	10/25/16	5,644		0	0	2,822	2,822
37	FENCE-SIDE/FRONT	8/30/16	5,203		0	0	2,602	2,601
38	MOUSE HOUSE	5/31/16	4,348		0	0	2,174	2,174
39	SEA BIRD FLIGHT CAGE	11/15/16	8,228		0	0	4,114	4,114
40	Golf cart	1/14/17	5,278		0	2,639	0	2,639
41	Golf cart #2	1/14/17	5,278		0	2,639	0	2,639
42	Rear Fence	1/17/17	4,780		0	2,390	0	2,390
43	Quinn's Enclosure	2/21/17	5,045		0	2,523	0	2,522
Form 990, Page 1			<u>185,307</u>		<u>0</u>	<u>10,191</u>	<u>82,699</u>	<u>92,417</u>
Grand Total			<u>185,307</u>		<u>0</u>	<u>10,191</u>	<u>82,699</u>	<u>92,417</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	AIR CONDITIONER REPLACE	104	104	0
Page 1	1	2	A/C MOTOR HOUSE	24	24	0
Page 1	1	3	DELL COMPUTER - SUE'S DESK	58	29	29
Page 1	1	4	DELL P4 COMPUTER	0	0	0
Page 1	1	5	LAPTOP COMPUTER	0	0	0
Page 1	1	6	DELL LCD	0	0	0
Page 1	1	7	ICU FOR ANIMALS	0	0	0
Page 1	1	8	X-RAY PROCESSOR	0	0	0
Page 1	1	9	LARGE STAINLESS CAGE	0	0	0
Page 1	1	10	KONA & ELEANOR CAGES	0	0	0
Page 1	1	11	BUILDING	3,254	3,173	81
Page 1	1	13	WOOD CAGES	0	0	0
Page 1	1	15	X-RAY MACHINE - AMBER DIAG	772	386	386
Page 1	1	16	COREY - BELLA CAGE	112	56	56
Page 1	1	17	DEEP WELL	144	0	144
Page 1	1	18	A/C UNIT HOUSE	0	0	0
Page 1	1	19	STOVE	0	0	0
Page 1	1	20	FENCE	171	171	0
Page 1	1	21	FAWN PEN	0	0	0
Page 1	1	22	PELICAN CAGES	0	0	0
Page 1	1	23	FLIGHT CAGE 100 FT	0	0	0
Page 1	1	24	BUILDING 2	7,660	7,660	0
Page 1	1	25	OTTER CAGE	814	406	408
Page 1	1	26	ICU UNIT - HOTSPOT FOR BIRDS	129	64	65
Page 1	1	27	SCREECH OWL CAGE	303	151	152
Page 1	1	28	NEW SHED	38	38	0
Page 1	1	29	FRONT SIGNS	75	75	0
Page 1	1	30	NEW AC - BLDG 2 NORTH SIDE	141	141	0
Page 1	1	31	SONGBIRD CAGE	1,433	717	716
Page 1	1	32	AVIARY CAGE	549	274	275
Page 1	1	33	3 FAUCETS COMMISSARY	157	78	79
Page 1	1	34	Seabird Tubs	1,898	1,898	0
Page 1	1	35	Fence-Rear	186	186	0
Page 1	1	36	PONDS-PRE-RELEASE ENC	279	279	0
Page 1	1	37	FENCE-SIDE/FRONT	251	251	0
Page 1	1	38	MOUSE HOUSE	652	652	0
Page 1	1	39	SEA BIRD FLIGHT CAGE	1,563	1,563	0
Page 1	1	40	Golf cart	3,167	3,167	0
Page 1	1	41	Golf cart #2	3,167	3,167	0
Page 1	1	42	Rear Fence	2,510	2,510	0
Page 1	1	43	Quinn's Enclosure	3,027	3,027	0
				<u>32,638</u>	<u>30,247</u>	<u>2,391</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	AIR CONDITIONER REPLACE	1/12/12	3,599	0	0
2	A/C MOTOR HOUSE	3/07/12	839	0	0
3	DELL COMPUTER - SUE'S DESK	8/26/13	508	30	15
4	DELL P4 COMPUTER	5/20/09	169	0	0
5	LAPTOP COMPUTER	9/21/09	305	0	0
6	DELL LCD	2/08/06	2,019	0	0
7	ICU FOR ANIMALS	8/31/06	918	0	0
8	X-RAY PROCESSOR	12/05/06	1,380	0	0
9	LARGE STAINLESS CAGE	9/13/07	325	0	0
10	KONA & ELEANOR CAGES	4/30/07	1,078	0	0
11	BUILDING	6/01/98	126,929	3,255	3,173
13	WOOD CAGES	3/01/07	818	0	0
15	X-RAY MACHINE - AMBER DIAG	5/31/13	6,700	386	193
16	COREY - BELLA CAGE	8/06/12	1,953	0	0
17	DEEP WELL	5/31/11	2,441	144	0
18	A/C UNIT HOUSE	4/16/09	5,960	0	0
19	STOVE	1/10/08	473	0	0
20	FENCE	5/22/07	2,895	171	171
21	FAWN PEN	4/25/11	2,685	0	0
22	PELICAN CAGES	12/05/11	2,182	0	0
23	FLIGHT CAGE 100 FT	12/22/08	77,950	0	0
24	BUILDING 2	1/27/05	298,731	7,660	7,660
25	OTTER CAGE	6/30/13	7,064	407	204
26	ICU UNIT - HOTSPOT FOR BIRDS	8/21/13	1,116	64	32
27	SCREECH OWL CAGE	7/01/14	2,623	302	151
28	NEW SHED	2/20/15	1,475	38	38
29	FRONT SIGNS	7/28/15	865	67	67
30	NEW AC - BLDG 2 NORTH SIDE	8/12/15	5,497	141	141
31	SONGBIRD CAGE	11/17/15	7,286	1,024	512
32	AVIARY CAGE	12/10/15	2,791	392	196
33	3 FAUCETS COMMISSARY	10/22/15	795	112	56
34	Seabird Tubs	11/14/16	9,988	1,139	1,139
35	Fence-Rear	3/09/16	4,076	168	168
36	PONDS-PRE-RELEASE ENC	10/25/16	5,644	251	251
37	FENCE-SIDE/FRONT	8/30/16	5,203	225	225
38	MOUSE HOUSE	5/31/16	4,348	391	391
39	SEA BIRD FLIGHT CAGE	11/15/16	8,228	938	938
40	Golf cart	1/14/17	5,278	844	844
41	Golf cart #2	1/14/17	5,278	844	844
42	Rear Fence	1/17/17	4,780	227	227
43	Quinn's Enclosure	2/21/17	5,045	807	807
			<u>628,237</u>	<u>20,027</u>	<u>18,443</u>

Other Depreciation:

12	LAND	6/01/98	68,000	0	0
14	LOT	12/05/07	34,000	0	0
	Total Other Depreciation		<u>102,000</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>102,000</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>730,237</u>	<u>20,027</u>	<u>18,443</u>

Form 990	Two Year Comparison Report	2016 & 2017
For calendar year 2017, or tax year beginning _____, ending _____		

Name **FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC** Taxpayer Identification Number **23-7292826**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	239,503	411,392	171,889
	2. Membership dues and assessments	62,186	60,936	-1,250
	3. Government contributions and grants			
	4. Program service revenue	1,696	19,776	18,080
	5. Investment income	24	269	245
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	19,339	17,897	-1,442
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	322,748	510,270	187,522
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	30,865	38,754	7,889
	16. Salaries, other compensation, and employee benefits	174,946	176,267	1,321
	17. Professional fundraising fees			
	18. Other professional fees	2,235	6,441	4,206
	19. Occupancy, rent, utilities, and maintenance	13,713	16,952	3,239
	20. Depreciation and Depletion	37,587	32,638	-4,949
	21. Other expenses	59,212	104,992	45,780
	22. Total expenses. Add lines 13 through 21	318,558	376,044	57,486
	23. Excess or (Deficit). Subtract line 22 from line 12	4,190	134,226	130,036
Other Information	24. Total exempt revenue	322,748	510,270	187,522
	25. Total unrelated revenue			
	26. Total excludable revenue	21,059	37,942	16,883
	27. Total assets	486,584	621,506	134,922
	28. Total liabilities	4,546	2,326	-2,220
	29. Retained earnings	482,038	619,180	137,142
	30. Number of voting members of governing body	7	8	
31. Number of independent voting members of governing body	7	7		
32. Number of employees	14	12		
33. Number of volunteers	75	100		

Form **990**

Tax Return History

2017

Name **FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC**

Employer Identification Number
23-7292826

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants			167,774	239,503	411,392	
Membership dues			74,547	62,186	60,936	
Program service revenue				1,696	19,776	
Capital gain or loss			1,987			
Investment income			73	24	269	
Fundraising revenue (income/loss)			15,746	19,339	17,897	
Gaming revenue (income/loss)						
Other revenue						
Total revenue			260,127	322,748	510,270	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				30,865	38,754	
Other compensation			186,516	174,946	176,267	
Professional fees			4,346	2,235	6,441	
Occupancy costs			14,800	13,713	16,952	
Depreciation and depletion			16,595	37,587	32,638	
Other expenses			53,832	59,212	104,992	
Total expenses			276,089	318,558	376,044	
Excess or (Deficit)			-15,962	4,190	134,226	
Total exempt revenue			260,127	322,748	510,270	
Total unrelated revenue						
Total excludable revenue			17,806	21,059	37,942	
Total Assets			484,814	486,584	621,506	
Total Liabilities			7,162	4,546	2,326	
Net Fund Balances			477,652	482,038	619,180	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ <u>269</u>			14		
TOTAL	\$ <u><u>269</u></u>					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEMBERSHIP VOLUNTEER	\$ 5,143	\$ 5,143		
STAFF/VOLUNTEER EXP	2,219	2,219		
PERMITS & FEES	1,610	1,610		
TOTAL	\$ 8,972	\$ 8,972	\$ 0	\$ 0

Schedule A, Part III, Line 1(e)

Description	Amount
MEMBERSHIP DUES AND ASSESSMENTS	\$ 60,936
FRANK J AND MERRILIECE M ROHAN TRUST	130,599
CASH CONTRIBUTION	10,000
COMMUNITY FOUNDATION OF BREVARD	5,227
CASH CONTRIBUTION	9,796
LINDA ARCHER	5,000
CASH CONTRIBUTION	5,000
BRADLEE SHATTUCK REVOCABLE TRUST	150,000
CASH CONTRIBUTION	26,520
SUE BASSET FOUNDATION	20,750
CASH CONTRIBUTION	10,000
HANS P BRUCKNER ESTATE	10,000
CASH CONTRIBUTION	10,000
CASH CONTRIBUTION	7,500
GERI ZUCKERMAN, WEINROTH TRUST	6,000
CASH CONTRIBUTION	
BREVARD ZOO	
CASH CONTRIBUTION	
HELEN & FRANK CROWLEY	
CASH CONTRIBUTION	
JIM BATEMAN	
CASH CONTRIBUTION	
HYTA MEDERER	
CASH CONTRIBUTION	
MARGARET HEINS FOUNDATION	
CASH CONTRIBUTION	

FLOR901 FLORIDA WILDLIFE HOSPITAL &

23-7292826

FYE: 12/31/2017

Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
LYNN GLATFELTER	
CASH CONTRIBUTION	\$ 5,000
RICHARD CULP	
CASH CONTRIBUTION	5,000
JAMES M COX FOUNDATION	
CASH CONTRIBUTION	5,000
TOTAL	<u>\$ 472,328</u>

Schedule A, Part III, Line 2(e)

Description	Amount
ADOPTIONS	\$ 3,637
MEMORIALS	13,634
OTHER	2,505
TOTAL	<u>\$ 19,776</u>

Schedule A, Part III, Line 3(e)

Description	Amount
WILD ABOUT WILDLIFE	\$ 17,090
HHOT IN THE PARK	5,262
BABY SHOWER	2,708
TOTAL	<u>\$ 25,060</u>

FLOR901 FLORIDA WILDLIFE HOSPITAL &
23-7292826
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Federal Statements

Schedule A, Part III, Line 10a(e)

Description	Amount
TOTAL	\$ 269
	\$ 269

FLOR901 FLORIDA WILDLIFE HOSPITAL &

23-7292826

Federal Statements

FYE: 12/31/2017

WILD ABOUT WILDLIFE

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ _____
TOTAL	\$ <u>0</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning _____, and ending _____

**FLORIDA WILDLIFE HOSPITAL &
SANCTUARY, INC**

23-7292826

Net Asset / Fund Balance at Beginning of Year 482,038

Revenue

Contributions	<u>472,328</u>	
Program service revenue	<u>19,776</u>	
Investment income	<u>269</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>25,060</u>	
Direct expenses	<u>7,163</u>	
Net income	<u>17,897</u>	
Other income	<u>0</u>	

Total revenue 510,270

Expenses

Program services	<u>343,659</u>	
Management and general	<u>20,256</u>	
Fundraising	<u>12,129</u>	

Total expenses 376,044

Excess / (deficit) 134,226

Changes 2,916

Net Asset / Fund Balance at End of Year 619,180

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>510,270</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>376,044</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>486,584</u>	<u>621,506</u>	
Liabilities	<u>4,546</u>	<u>2,326</u>	
Net assets	<u><u>482,038</u></u>	<u><u>619,180</u></u>	<u><u>137,142</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/18
 Failure to file penalty _____