

Form **990**

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

2021
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2021 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**

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

G Gross receipts \$ **725,490**

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**

K Form of organization: Corporation Trust Association Other ♦

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

H(c) Group exemption number ♦

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. WE ARE COMMITTED TO KEEPING WILDLIFE WILD BY PROVIDING QUALITY, COMPASSIONATE CARE.			
	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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	725,154	696,777
	9	Program service revenue (Part VIII, line 2g)	1,841	906
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,686	4,350
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,923	12,360
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	778,604	714,393
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)	274,805	337,619
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ♦ 10,843		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	188,640	238,147
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	463,445	575,766	
19	Revenue less expenses. Subtract line 18 from line 12	315,159	138,627	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,080,728	1,183,009
	21	Total liabilities (Part X, line 26)	54,513	2,259
22	Net assets or fund balances. Subtract line 21 from line 20	1,026,215	1,180,750	

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: **TRACY FRAMPTON** Date: **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **HEATHER K. MCDONOUGH, CPA** Preparer's signature: **HEATHER K. MCDONOUGH, CPA** Date: **05/23/22** Check if self-employed PTIN: **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

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ **524,960** including grants of \$) (Revenue \$ **906**)
RESCUE AND REHABILITATION OF WILDLIFE. THE FACILITIES ARE OPEN 365 DAYS PER YEAR. DURING 2021, APPROXIMATELY 6,030 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 \$)
N/A

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

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

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

4e Total program service expenses **524,960**

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 Rev. Proc. 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 donor-restricted endowments or in 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
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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	2
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ◆ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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 on Schedule O.		
1a	9		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	9		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X
9			X

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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
11a		X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		X
12c			X
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
15a			X
b	Other officers or key employees of the organization		X
15b			X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **◆**

TRACY FRAMPTON
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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) TRACY FRAMPTON EXECUTIVE DIRECTOR	40.00 0.00			X			43,654	0	0	
(2) MICHELLE FARQUHARSON DIRECTOR	2.00 0.00	X					0	0	0	
(3) CLAY GILLAM DIRECTOR	2.00 0.00	X					0	0	0	
(4) JULIE HARRISON DIRECTOR	2.00 0.00	X					0	0	0	
(5) ANDREA HILL DIRECTOR	2.00 0.00	X					0	0	0	
(6) DONNA MCGILL SECRETARY	2.00 0.00	X	X				0	0	0	
(7) JOSIE QUIROZ CHAIRMAN	2.00 0.00	X	X				0	0	0	
(8) MICHELLE SALYER DIRECTOR	2.00 0.00	X					0	0	0	
(9) AARON STITZEL TREASURER	2.00 0.00	X	X				0	0	0	
(10) JIM TORPEY VICE CHAIRMAN	2.00 0.00	X	X				0	0	0	
(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	1a				
	b Membership dues	1b	119,754			
	c Fundraising events	1c	10,708			
	d Related organizations	1d				
	e Government grants (contributions)	1e	109,585			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	456,730			
	g Noncash contributions included in lines 1a-1f	1g	\$ 45,119			
	h Total. Add lines 1a-1f		696,777			
	Program Service Revenue	2a ADOPTIONS	Business Code			
b			906	906		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			906			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,272		4,272	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	(ii) Personal		
		b Less: rental expenses	6b			
		c Rental inc. or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other	78	
		b Less: cost or other basis and sales exps.	7b			
		c Gain or (loss)	7c		78	
		d Net gain or (loss)		78	78	
	8a Gross income from fundraising events (not including \$ 10,708 of contributions reported on line 1c). See Part IV, line 18	8a		23,095		
		b Less: direct expenses	8b	11,097		
		c Net income or (loss) from fundraising events		11,998		11,998
	9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a RECYCLING INCOME	Business Code				
	b		362		362	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		362			
12 Total revenue. See instructions		714,393	984	0	16,632	

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	43,654	40,598	1,310	1,746
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	265,362	249,440	7,961	7,961
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	28,603	26,887	858	858
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,713		12,713	
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.)	9,270	8,714	278	278
12 Advertising and promotion	1,420	1,420		
13 Office expenses	6,485	4,448	2,037	
14 Information technology				
15 Royalties				
16 Occupancy	33,130	22,529	10,601	
17 Travel	92	92		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,217	1,217		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,235	68,235		
23 Insurance	13,142	8,937	4,205	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED GOODS AND SERVICE	45,096	45,096		
b ANIMAL FEED & SEED	14,272	14,272		
c MEMBERSHIP VOLUNTEER	10,015	10,015		
d MEDICAL SUPPLIES	7,603	7,603		
e All other expenses	15,457	15,457		
25 Total functional expenses. Add lines 1 through 24e	575,766	524,960	39,963	10,843
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	218,553	1	122,885
	2	Savings and temporary cash investments	332,482	2	572,731
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,758	9	3,772
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	995,945		
		10a			
	b	Less: accumulated depreciation	512,324	10c	483,621
		10b			
	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 33)	1,080,728	16	1,183,009	
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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	54,513	25	2,259
	26	Total liabilities. Add lines 17 through 25	54,513	26	2,259
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,026,215	27	1,180,750
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	1,026,215	32	1,180,750	
33	Total liabilities and net assets/fund balances	1,080,728	33	1,183,009	

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	714,393
2	Total expenses (must equal Part IX, column (A), line 25)	2	575,766
3	Revenue less expenses. Subtract line 2 from line 1	3	138,627
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,026,215
5	Net unrealized gains (losses) on investments	5	15,908
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,180,750

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were 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
2b	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
2c	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 on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

◆ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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).)
- 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 on 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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test—2021; b 33 1/3% support test—2020; 17a 10%-facts-and-circumstances test—2021; b 10%-facts-and-circumstances test—2020; 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	472,328	356,671	533,836	725,154	696,777	2,784,766
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	19,776	5,233	7,420	1,841	906	35,176
3 Gross receipts from activities that are not an unrelated trade or business under section 513	25,060	28,111	44,494	60,039	23,095	180,799
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	517,164	390,015	585,750	787,034	720,778	3,000,741
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.)						3,000,741

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	517,164	390,015	585,750	787,034	720,778	3,000,741
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	269	781	744	1,407	4,272	7,473
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	269	781	744	1,407	4,272	7,473
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	517,433	390,796	586,494	788,441	725,050	3,008,214

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.75%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.88%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2021.** 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—2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c, 2a, 2b, 3a, 3b.

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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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—provide details in Part VI)			
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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

2021

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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 make 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 program
 - 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 Yes No

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 Term 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:
- (i) Unrelated organizations Yes No
 - (ii) Related organizations Yes No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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		89,184	15,112	74,072
c Leasehold improvements				
d Equipment		71,263	54,245	17,018
e Other		733,498	442,967	290,531
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				483,621

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	1,759
(3) DEPOSIT	500
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	◆ 2,259

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

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

◆ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

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
		RUNNING WILD 5K (event type)	_____ (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	20,134		20,134
	2	Less: Contributions	10,708		10,708
	3	Gross income (line 1 minus line 2)	9,426		9,426
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	988		988
	6	Rent/facility costs	4,109		4,109
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	6,000		6,000
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,671

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. 1545-0074

2021

**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 instructions and the latest information.

Name of the organization

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 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ◆ ()	X	1	45,119	
26 Other ◆ ()				
27 Other ◆ ()				
28 Other ◆ ()				

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

29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31		X
32a		X
33		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

◆ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**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

2021

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	1,050,000
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	2,620,000
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 2020 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 2022. 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	25,921
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 2021	17	42,314
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 2021 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					
c	7-year property					
d	10-year property					
e	15-year property					
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	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life					
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	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	68,235
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: 12/31/2021
Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
65	New Computers and DOC stations	5/14/21	4,825		X	0	5 MQ200DB	0	4,825
66	Rev Cut Mowers	6/15/21	4,999		X	0	5 MQ200DB	0	4,999
			<u>9,824</u>			<u>0</u>		<u>0</u>	<u>9,824</u>
7-year GDS Property:									
67	CAGES	12/16/21	11,877		X	0	7 MQ200DB	0	11,877
			<u>11,877</u>			<u>0</u>		<u>0</u>	<u>11,877</u>
15-year GDS Property:									
63	Teds Electric Upgrade Outlets	2/18/21	1,650		X	0	15 MQ150DB	0	1,650
64	BSC and Consulting cable & router upgrade	12/27/21	2,570		X	0	15 MQ150DB	0	2,570
			<u>4,220</u>			<u>0</u>		<u>0</u>	<u>4,220</u>
Prior MACRS:									
1	AIR CONDITIONER REPLACE	1/12/12	3,599		X	1,799	5 HY 200DB	3,599	0
2	A/C MOTOR HOUSE	3/07/12	839		X	419	5 HY 200DB	839	0
3	DELL COMPUTER - SUE'S DESK	8/26/13	508		X	254	5 HY 200DB	508	0
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	73,364	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	6,700	0
16	COREY - BELLA CAGE	8/06/12	1,953		X	976	5 HY 200DB	1,953	0
17	DEEP WELL	5/31/11	2,441		X	793	15 HY 150DB	1,648	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	2,639	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	122,237	7,660
25	OTTER CAGE	6/30/13	7,064		X	3,532	5 HY 200DB	7,064	0
26	ICU UNIT - HOTSPOT FOR BIRDS	8/21/13	1,116		X	558	5 HY 200DB	1,116	0
27	SCREECH OWL CAGE	7/01/14	2,623		X	1,312	5 HY 200DB	2,623	0
28	NEW SHED	2/20/15	1,475			1,475	39 MMS/L	222	38
29	FRONT SIGNS	7/28/15	865			865	15 MQ150DB	373	51
30	NEW AC - BLDG 2 NORTH SIDE	8/12/15	5,497			5,497	39 MMS/L	758	141
31	SONGBIRD CAGE	11/17/15	7,286		X	3,643	7 MQ200DB	6,093	636
32	AVIARY CAGE	12/10/15	2,791		X	1,396	7 MQ200DB	2,334	244
33	3 FAUCETS COMMISSARY	10/22/15	795		X	397	7 MQ200DB	665	69
34	Seabird Tubs	11/14/16	9,988		X	4,994	5 MQ200DB	9,509	479
35	Fence-Rear	3/09/16	4,076		X	2,038	15 MQ150DB	2,856	122
36	PONDS-PRE-RELEASE ENC	10/25/16	5,644		X	2,822	15 MQ150DB	3,815	183
37	FENCE-SIDE/FRONT	8/30/16	5,203		X	2,601	15 MQ150DB	3,560	165
38	MOUSE HOUSE	5/31/16	4,348		X	2,174	5 MQ200DB	4,256	92
39	SEA BIRD FLIGHT CAGE	11/15/16	8,228		X	4,114	5 MQ200DB	7,834	394
40	Golf cart	1/14/17	5,278		X	2,639	5 HY 200DB	4,822	304
41	Golf cart #2	1/14/17	5,278		X	2,639	5 HY 200DB	4,822	304
42	Rear Fence	1/17/17	4,780		X	2,390	15 HY 150DB	3,125	165
43	Quinn's Enclosure	2/21/17	5,045		X	2,522	5 HY 200DB	4,609	291
44	NEW A/C - APTS	8/06/18	5,290			5,290	39 MMS/L	322	136
45	COUNTERTOP/SINK	10/16/18	2,289		X	0	7 HY 200DB	2,289	0
46	X-RAY MACHINE	1/01/18	33,530			33,530	7 HY 200DB	18,867	4,189
47	GENERATOR/GAS LINE	9/27/18	7,183			7,183	7 HY 200DB	4,042	897
48	CAGES - RACCOON	12/27/18	7,845			7,845	7 HY 200DB	4,414	980
49	CAGES - SMALL MAMMAL	3/14/18	5,920			5,920	7 HY 200DB	3,331	740
50	Hospital AC - Deck-Aire	2/08/19	7,960		X	0	5 HY 200DB	7,960	0
51	Roof - Direct Metal Roof	7/25/19	49,000			49,000	39 MMS/L	1,832	1,257

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
52	Windows and Door	12/02/19	22,935				22,935	39 MMS/L	613	588
53	GAS Hook Up	5/21/19	1,710				1,710	39 MMS/L	71	44
54	Generator	4/02/19	5,465			X	0	7 HY 200DB	5,465	0
55	Autoclave M9	6/13/19	3,983			X	0	7 HY 200DB	3,983	0
56	Boxes - Drop Off	8/12/19	3,574			X	0	7 HY 200DB	3,574	0
57	Racoon	5/03/19	1,438			X	0	7 HY 200DB	1,438	0
58	LG Mammal Box	12/31/19	2,325			X	0	7 HY 200DB	2,325	0
59	X-RAY MACHINE - SEDECAL	11/01/20	53,000				53,000	7 MQ200DB	1,893	14,602
60	FENCE	12/11/20	17,082				17,082	15 MQ150DB	214	1,686
61	CAGES	3/20/20	4,298				4,298	7 MQ200DB	1,074	921
62	GAS WATER	10/07/20	4,960				4,960	7 MQ200DB	177	1,367
			<u>868,024</u>				<u>745,472</u>		<u>444,089</u>	<u>42,314</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>
	Grand Totals		995,945				847,472		444,089	68,235
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>995,945</u>				<u>847,472</u>		<u>444,089</u>	<u>68,235</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
65	New Computers and DOC stations	5/14/21	4,825		X	0	5 MQ200DB	0	4,825
66	Rev Cut Mowers	6/15/21	4,999		X	0	5 MQ200DB	0	4,999
			<u>9,824</u>			<u>0</u>		<u>0</u>	<u>9,824</u>
7-year GDS Property:									
67	CAGES	12/16/21	11,877		X	0	7 MQ200DB	0	11,877
			<u>11,877</u>			<u>0</u>		<u>0</u>	<u>11,877</u>
15-year GDS Property:									
63	Teds Electric Upgrade Outlets	2/18/21	1,650		X	0	15 MQ150DB	0	1,650
64	BSC and Consulting cable & router upgrade	12/27/21	2,570		X	0	15 MQ150DB	0	2,570
			<u>4,220</u>			<u>0</u>		<u>0</u>	<u>4,220</u>
Prior MACRS:									
1	AIR CONDITIONER REPLACE	1/12/12	3,599		X	1,799	5 HY 200DB	3,599	0
2	A/C MOTOR HOUSE	3/07/12	839		X	419	5 HY 200DB	839	0
3	DELL COMPUTER - SUE'S DESK	8/26/13	508		X	254	5 HY 200DB	508	0
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	71,530	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	6,700	0
16	COREY - BELLA CAGE	8/06/12	1,953		X	976	5 HY 200DB	1,953	0
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	2,639	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	122,237	7,660
25	OTTER CAGE	6/30/13	7,064		X	3,532	5 HY 200DB	7,064	0
26	ICU UNIT - HOTSPOT FOR BIRDS	8/21/13	1,116		X	558	5 HY 200DB	1,116	0
27	SCREECH OWL CAGE	7/01/14	2,623		X	1,312	5 HY 200DB	2,623	0
28	NEW SHED	2/20/15	1,475			1,475	39 MMS/L	222	38
29	FRONT SIGNS	7/28/15	865			865	15 MQ150DB	373	51
30	NEW AC - BLDG 2 NORTH SIDE	8/12/15	5,497			5,497	39 MMS/L	758	141
31	SONGBIRD CAGE	11/17/15	7,286		X	3,643	7 MQ200DB	6,689	318
32	AVIARY CAGE	12/10/15	2,791		X	1,396	7 MQ200DB	2,562	122
33	3 FAUCETS COMMISSARY	10/22/15	795		X	397	7 MQ200DB	730	35
34	Seabird Tubs	11/14/16	9,988		X	4,994	5 MQ200DB	9,509	479
35	Fence-Rear	3/09/16	4,076		X	2,038	15 MQ150DB	2,856	122
36	PONDS-PRE-RELEASE ENC	10/25/16	5,644		X	2,822	15 MQ150DB	3,815	183
37	FENCE-SIDE/FRONT	8/30/16	5,203		X	2,601	15 MQ150DB	3,560	165
38	MOUSE HOUSE	5/31/16	4,348		X	2,174	5 MQ200DB	4,256	92
39	SEA BIRD FLIGHT CAGE	11/15/16	8,228		X	4,114	5 MQ200DB	7,834	394
40	Golf cart	1/14/17	5,278		X	2,639	5 HY 200DB	4,822	304
41	Golf cart #2	1/14/17	5,278		X	2,639	5 HY 200DB	4,822	304
42	Rear Fence	1/17/17	4,780		X	2,390	15 HY 150DB	3,125	165
43	Quinn's Enclosure	2/21/17	5,045		X	2,522	5 HY 200DB	4,609	291
44	NEW A/C - APTS	8/06/18	5,290			5,290	39 MMS/L	322	136
45	COUNTERTOP/SINK	10/16/18	2,289		X	0	7 HY 200DB	2,289	0
46	X-RAY MACHINE	1/01/18	33,530			33,530	7 HY 200DB	18,867	4,189
47	GENERATOR/GAS LINE	9/27/18	7,183			7,183	7 HY 150DB	3,224	880
48	CAGES - RACCOON	12/27/18	7,845			7,845	7 HY 150DB	3,521	961
49	CAGES - SMALL MAMMAL	3/14/18	5,920			5,920	7 HY 150DB	2,657	725
50	Hospital AC - Deck-Aire	2/08/19	7,960		X	0	5 HY 200DB	7,960	0
51	Roof - Direct Metal Roof	7/25/19	49,000			49,000	39 MMS/L	1,832	1,257

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
52	Windows and Door	12/02/19	22,935			22,935	39 MMS/L	613	588
53	GAS Hook Up	5/21/19	1,710			1,710	39 MMS/L	71	44
54	Generator	4/02/19	5,465		X	0	7 HY 200DB	5,465	0
55	Autoclave M9	6/13/19	3,983		X	0	7 HY 200DB	3,983	0
56	Boxes - Drop Off	8/12/19	3,574		X	0	7 HY 200DB	3,574	0
57	Racoon	5/03/19	1,438		X	0	7 HY 200DB	1,438	0
58	LG Mammal Box	12/31/19	2,325		X	0	7 HY 200DB	2,325	0
59	X-RAY MACHINE - SEDECAL	11/01/20	53,000			53,000	7 MQ150DB	1,420	11,053
60	FENCE	12/11/20	17,082			17,082	15 MQ150DB	214	1,686
61	CAGES	3/20/20	4,298			4,298	7 MQ150DB	806	748
62	GAS WATER	10/07/20	4,960			4,960	7 MQ150DB	133	1,034
			<u>868,024</u>			<u>744,679</u>		<u>440,767</u>	<u>37,509</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>
	Grand Totals		995,945			846,679		440,767	63,430
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>995,945</u>			<u>846,679</u>		<u>440,767</u>	<u>63,430</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
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	1,648	793
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	3,643	3,643
32	AVIARY CAGE	12/10/15	2,791		0	0	1,395	1,396
33	3 FAUCETS COMMISSARY	10/22/15	795		0	0	398	397
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	0	2,639	2,639
41	Golf cart #2	1/14/17	5,278		0	0	2,639	2,639
42	Rear Fence	1/17/17	4,780		0	0	2,390	2,390
43	Quinn's Enclosure	2/21/17	5,045		0	0	2,523	2,522
45	COUNTERTOP/SINK	10/16/18	2,289		0	0	2,289	0
50	Hospital AC - Deck-Aire	2/08/19	7,960		0	0	7,960	0
54	Generator	4/02/19	5,465		0	0	5,465	0
55	Autoclave M9	6/13/19	3,983		0	0	3,983	0
56	Boxes - Drop Off	8/12/19	3,574		0	0	3,574	0
57	Racoon	5/03/19	1,438		0	0	1,438	0
58	LG Mammal Box	12/31/19	2,325		0	0	2,325	0
63	Teds Electric Upgrade Outlets	2/18/21	1,650		0	1,650	0	0
64	BSC and Consulting cable & router upgrade	12/27/21	2,570		0	2,570	0	0
65	New Computers and DOC stations	5/14/21	4,825		0	4,825	0	0
66	Rev Cut Mowers	6/15/21	4,999		0	4,999	0	0
67	CAGES	12/16/21	11,877		0	11,877	0	0
	Grand Total		238,262		0	25,921	122,552	89,789

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	AIR CONDITIONER REPLACE	0	0	0
Page 1	1	2	A/C MOTOR HOUSE	0	0	0
Page 1	1	3	DELL COMPUTER - SUE'S DESK	0	0	0
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	0	0	0
Page 1	1	13	WOOD CAGES	3,254	3,173	81
Page 1	1	15	X-RAY MACHINE - AMBER DIAG	0	0	0
Page 1	1	16	COREY - BELLA CAGE	0	0	0
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	0	0	0
Page 1	1	26	ICU UNIT - HOTSPOT FOR BIRDS	0	0	0
Page 1	1	27	SCREECH OWL CAGE	0	0	0
Page 1	1	28	NEW SHED	38	38	0
Page 1	1	29	FRONT SIGNS	51	51	0
Page 1	1	30	NEW AC - BLDG 2 NORTH SIDE	141	141	0
Page 1	1	31	SONGBIRD CAGE	636	318	318
Page 1	1	32	AVIARY CAGE	244	122	122
Page 1	1	33	3 FAUCETS COMMISSARY	69	35	34
Page 1	1	34	Seabird Tubs	479	479	0
Page 1	1	35	Fence-Rear	122	122	0
Page 1	1	36	PONDS-PRE-RELEASE ENC	183	183	0
Page 1	1	37	FENCE-SIDE/FRONT	165	165	0
Page 1	1	38	MOUSE HOUSE	92	92	0
Page 1	1	39	SEA BIRD FLIGHT CAGE	394	394	0
Page 1	1	40	Golf cart	304	304	0
Page 1	1	41	Golf cart #2	304	304	0
Page 1	1	42	Rear Fence	165	165	0
Page 1	1	43	Quinn's Enclosure	291	291	0
Page 1	1	44	NEW A/C - APTS	136	136	0
Page 1	1	45	COUNTERTOP/SINK	0	0	0
Page 1	1	46	X-RAY MACHINE	4,189	4,189	0
Page 1	1	47	GENERATOR/GAS LINE	897	880	17
Page 1	1	48	CAGES - RACCOON	980	961	19
Page 1	1	49	CAGES - SMALL MAMMAL	740	725	15
Page 1	1	50	Hospital AC - Deck-Aire	0	0	0
Page 1	1	51	Roof - Direct Metal Roof	1,257	1,257	0
Page 1	1	52	Windows and Door	588	588	0
Page 1	1	53	GAS Hook Up	44	44	0
Page 1	1	54	Generator	0	0	0
Page 1	1	55	Autoclave M9	0	0	0
Page 1	1	56	Boxes - Drop Off	0	0	0
Page 1	1	57	Racoon	0	0	0
Page 1	1	58	LG Mammal Box	0	0	0
Page 1	1	59	X-RAY MACHINE - SEDECAL	14,602	11,053	3,549
Page 1	1	60	FENCE	1,686	1,686	0
Page 1	1	61	CAGES	921	748	173
Page 1	1	62	GAS WATER	1,367	1,034	333
Page 1	1	63	Teds Electric Upgrade Outlets	1,650	1,650	0
Page 1	1	64	BSC and Consulting cable & router upgrade	2,570	2,570	0
Page 1	1	65	New Computers and DOC stations	4,825	4,825	0
Page 1	1	66	Rev Cut Mowers	4,999	4,999	0
Page 1	1	67	CAGES	11,877	11,877	0

FLOR901 FLORIDA WILDLIFE HOSPITAL &

23-7292826

FYE: 12/31/2021

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
				68,235	63,430	4,805

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	0	0
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	0	0
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	85	85
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	0	0
26	ICU UNIT - HOTSPOT FOR BIRDS	8/21/13	1,116	0	0
27	SCREECH OWL CAGE	7/01/14	2,623	0	0
28	NEW SHED	2/20/15	1,475	38	38
29	FRONT SIGNS	7/28/15	865	52	52
30	NEW AC - BLDG 2 NORTH SIDE	8/12/15	5,497	141	141
31	SONGBIRD CAGE	11/17/15	7,286	557	279
32	AVIARY CAGE	12/10/15	2,791	213	107
33	3 FAUCETS COMMISSARY	10/22/15	795	61	30
34	Seabird Tubs	11/14/16	9,988	0	0
35	Fence-Rear	3/09/16	4,076	120	120
36	PONDS-PRE-RELEASE ENC	10/25/16	5,644	167	167
37	FENCE-SIDE/FRONT	8/30/16	5,203	153	153
38	MOUSE HOUSE	5/31/16	4,348	0	0
39	SEA BIRD FLIGHT CAGE	11/15/16	8,228	0	0
40	Golf cart	1/14/17	5,278	152	152
41	Golf cart #2	1/14/17	5,278	152	152
42	Rear Fence	1/17/17	4,780	149	149
43	Quinn's Enclosure	2/21/17	5,045	145	145
44	NEW A/C - APTS	8/06/18	5,290	135	135
45	COUNTERTOP/SINK	10/16/18	2,289	0	0
46	X-RAY MACHINE	1/01/18	33,530	2,993	2,993
47	GENERATOR/GAS LINE	9/27/18	7,183	642	880
48	CAGES - RACCOON	12/27/18	7,845	700	960
49	CAGES - SMALL MAMMAL	3/14/18	5,920	528	725
50	Hospital AC - Deck-Aire	2/08/19	7,960	0	0
51	Roof - Direct Metal Roof	7/25/19	49,000	1,256	1,256
52	Windows and Door	12/02/19	22,935	588	588
53	GAS Hook Up	5/21/19	1,710	44	44
54	Generator	4/02/19	5,465	0	0
55	Autoclave M9	6/13/19	3,983	0	0
56	Boxes - Drop Off	8/12/19	3,574	0	0
57	Racoon	5/03/19	1,438	0	0
58	LG Mammal Box	12/31/19	2,325	0	0
59	X-RAY MACHINE - SEDECAL	11/01/20	53,000	10,430	8,684
60	FENCE	12/11/20	17,082	1,519	1,519
61	CAGES	3/20/20	4,298	658	588
62	GAS WATER	10/07/20	4,960	976	813
63	Teds Electric Upgrade Outlets	2/18/21	1,650	0	0
64	BSC and Consulting cable & router upgrade	12/27/21	2,570	0	0
65	New Computers and DOC stations	5/14/21	4,825	0	0
66	Rev Cut Mowers	6/15/21	4,999	0	0
67	CAGES	12/16/21	11,877	0	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
			893,945	33,713	31,788
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>995,945</u>	<u>33,713</u>	<u>31,788</u>