

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2020 LEGISLATIVE REPORT (pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: <u>The Friends of Homosassa Springs Wildlife Park, Inc.</u> Mailing Address (*required*): <u>4150 S. Suncoast Blvd. Homosassa, FL. 34446</u> Telephone Number (*required*): <u>352-586-6069</u> Website Address (*required if applicable*): http://friendshswp.org_____

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

CSO's Mission: Consistent with Articles and Bylaws

To provide support to the Park, to help conserve and enhance the wildlife and other resources of the Park, and to expand public interest in the heritage of the natural environment it represents. Our support includes volunteerism in maintenance, interpretive programming, visitor services, providing community activities, and fundraising for contributions from individuals, organizations, and businesses for the benefit of approved park needs.

Description of the CSO's Results Obtained: Brag! Expand section as necessary to be complete

Successful special events provided for the community, including Lu the Hippo's birthday party, the Egg-Stravaganza at Eastertime, Haunted House and Tram Ride for Halloween, the Celebration of Lights, the Christmas Parade entry, and annual Christmas party. We also provided many outreach presentations in community venues. During the past year, we were able to purchase a 150.000 Lull forklift. We also continued to Purchase large quantities of lumber rock to replace deteriorating sections of the boardwalk. We were able to secure funding for a manatee lift that will be installed in our in- ground pool. We also planned for purchase of a new manatee sling and will fund to repair the old to use as a spare. Additionally, we approved funding for the Bear holding enclosure construction, and repairs to the fencing and funded tree removal. We also funded tree removal from the Panther exhibit.

Description of the CSO's Plans for the Next Three Fiscal Years: *Expand section as necessary to be complete* The CSO will continue to fund the completion of the boardwalk, which will enhance visitors experience to enjoy the springs and the beauty of the park safely. Additional plans of a manatee lift to care for our three resident manatee and other manatee that need our care. We will help fund the visitor center construction for the entrance to great room to be more visitor friendly, as well as, many regular updates to the animal habitats as needed.

CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.

☑ CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N, the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990's must be *complete* with Part III Program Service and *all* appropriate Schedules (See attached instructions). If filing an IRS extension, attach the IRS 8868 receipt and most recent 990 and schedules.

FRIENDS OF THE HOMOSASS SPRINGS WILDLIFE PARK

CODE OF ETHICS

PREAMBLE

(1) It is essential to the proper conduct and operation of The Friends of the Homosassa Springs Wildlife Park (herein "CSO")

that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in <u>Section 112.3251</u>, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.

(2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of The Friends of the Homosassa Springs Wildlife Park board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

]. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
-99U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	<u>ZU19</u>
/. January 2	2020) Do not enter social security numbers on this form as it ma	y be made public.	Open to Public Inspection
rtment of the Tr nal Revenue Ser	vice do to www.sdgov/ornoredov/or	est information.	
	9 calendar year, or tax year beginning and ending	D Employer identificati	en number
Check if pplicable:	Name of organization	D Employer Identificati	
	THE FRIENDS OF HOMOSASSA SPRINGS		
Address change	WILDLIFE PARK, INC	59-3078456	
Name change	Doing business as		· · · · · · · · · · · · · · · · · · ·
initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	13
Final	4150 S SUNCOAST BLVD	352-628-53	⁴⁵ 342,788.
termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	
Amended	HOMOSASSA, FL 34446-1168	H(a) Is this a group retur	
Applica-	F Name and address of principal officer: GEORGE CRAVEN	for subordinates?	
pending	SAME AS C ABOVE	H(b) Are all subordinates includ	
Tax-exemp	t status: 🚺 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) or	527 If "No," attach a list	
Website:	$\pi T / \Lambda$	H(c) Group exemption n	umber 🕨
Form of orm	anization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🍉 🛛 L	Year of formation: 1991 M S	tate of legal domicile: L
	1997 P3 4 93 /		
1 Brie	fly describe the organization's mission or most significant activities: WILDLIFT	S HABITAT EDUCAT	ION AND
	ARENESS		
AW 2 Che 3 Nur 4 Nur	eck this box local if the organization discontinued its operations or disposed of	more than 25% of its net asset	8.
E 2 Che	nber of voting members of the governing body (Part VI, line 1a)		10
3 Nur	nber of independent voting members of the governing body (Part VI, line 1b)		10
9 4 Nur 8	al number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
8 5 Tot 9 6 Tot 7 a Tot	al number of individuals employed in calendar year 2019 (Part V, inte 2a)		0
<u>≣</u> 6 Tot	al number of volunteers (estimate if necessary)		0.
7 a Tot	al unrelated business revenue from Part VIII, column (C), line 12		0.
b Net	t unrelated business taxable income from Form 990-T, line 39	Prior Year	Current Year
		E00 020	269,765.
8 Co	ntributions and grants (Part VIII, line 1h)	1 206	1,471.
9 Pro 9 Pro 10 Inv	ogram service revenue (Part VIII, line 2g)	1 1700	4,007.
🖏 10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)		43,893.
111 04	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	600 070	319,136.
12 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.
	ants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14 Be	nefits paid to or for members (Part IX, column (A), line 4)	·	0.
0 15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	··	0.
se 16 Pr b To	ofessional fundraising fees (Part IX, column (A), line 11e)	. V.•	V•
b Tc	otal fundraising expenses (Part IX, column (D), line 25) 🛛 🔊 🔜 🛛 0 .		FOC DEE
	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	219,015.	526,355.
18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		526,355.
19 R	evenue less expenses. Subtract line 18 from line 12	404,257.	-207,219.
and the second s		Beginning of Current Year	End of Year
Assets or Assets of Assets	otal assets (Part X, line 16)	984,063.	776,844.
en an	otal liabilities (Part X, line 26)	0.	0.
Ž∰ 21 To 125 22 N	let assets or fund balances. Subtract line 21 from line 20	984,063.	776,844.
27 <u>7 22</u> N	Signature Block		
<u>ra(())</u>	ies of perjury, I declare that I have examined this return, including accompanying schedules and	l statements, and to the best of m	y knowledge and belief, it is
Under penalt	ies of perjury, I declare that I have examined this fetory, moduling accompanying school of which	preparer has any knowledge.	, .
true, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which	proparer had any knowlodger	·······
1	CHENT'S COPY	Date	
Sign			
Here	GEORGE CRAVEN, TREASURER		
	Type or print name and title	Date	PTIN
ļ		Date Check	
	Print/Type preparer's name Preparer's signature		
1	Print/Type preparer's name ROBERT C. WARDLOW III	05/13/20 self-empl	oved ₽00168703
Paid I	ROBERT C. WARDLOW III	05/13/20 self-empl	oved ₽00168703 59-1638720
Paid Preparer	ROBERT C. WARDLOW III // """ Firm's name ► WARDLOW & CASH, P.A.	05/13/20 self-ampl Firm's EIN ▶	59-1638720
Paid Preparer	ROBERT C. WARDLOW III // "" Firm's name ► WARDLOW & CASH, P.A. Firm's address ► 450 PLEASANT GROVE ROAD	05/13/20 self-empl	59-1638720
Paid Preparer Use Only	ROBERT C. WARDLOW III // """ Firm's name ► WARDLOW & CASH, P.A.	05/13/20 self-ampl Firm's EIN ▶	59-1638720

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:	THE FRIENDS OF HOMOSASSA SPRINGS		
orm	990 (2019) WILDLIFE PARK, INC 59-30784	56	Page 2
Par	III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	- e
	TO HELP CONSERVE AND ENHANCE THE WILDLIFE AND OTHER RESOURCES OF	THE	'NT
	HOMOSASSA SPRINGS STATE WILDLIFE PARK AND TO EXPAND PUBLIC INTERE	<u>S1 1</u>	.IN
	THE HERITAGE OF NATURAL ENVIRONMENT IT REPRESENTS.		<u> </u>
			<u> </u>
	Did the organization undertake any significant program services during the year which were not listed on the	Yes	Y No
		tes	<u>_A</u> NO
	If "Yes," describe these new services on Schedule O.		X No
3		_ tes	
	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 exp	enses.	A
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience	ises, an	Q.
	revenue, if any, for each program service reported.	269 '	765.)
4a .	(Code:) (Expenses \$ 506,033. including grants of \$) (Revenue \$) THE ORGANIZATION MAINTAINS AND IMPROVES WILDLIFE HABITATS AT THE		<u>, () ()</u>
	HOMOSASSA SPRINGS WILDLIFE PARK. IT ALSO PROVIDES SERVICES TO THE	<u>.</u> 	
	PUBLIC BY PROVIDING WHEELCHAIRS, STROLLERS AND LITERATURE THAT AN	L.OW!	5
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	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)		1
4b	(Code:) (Expenses \$ Including grants of \$) (Hevenue \$)	·	······································
			
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			<u></u>
		<u>.</u>	· · · · · · · · · · · · · · · · · · ·
<u> </u>			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
			<u>.</u>
40	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
46	E		
		Forn	1 990 (2019

THE FRIE	NDS OF	HOMOSASSA	SPRINGS
WILDLIFE	PARK,	INC	· · ·

orm 9	WILDLIFE PARK, INC 59-3078	456	Pa	ge 3
Part	V Checklist of Required Schedules	<u> </u>		
A ST DESCRIPTION OF THE		·····	Yes	<u>No</u>
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	
0	the organization required to complete. Schedule B. Schedule of Contributors?	2		
з	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	v
	niblic office? If Von I complete Schedule C. Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
	during the tax year? If "Yes " complete Schedule C. Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		l	
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1	1	
-	Schedula D. Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		Ì	
č	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	1
	If "Yes," complete Schedule D, Part IV	9.	<u> </u>	X
40	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			ł
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X		ALC: N	
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Ţ	
а		11a	X	
	Part VI			1
b	Did the organization report an amount for investments - other securities in a arch, into 12, that is over more than a	111		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII			
Ċ	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	11	4	x
	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	·	<u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	. 11	۶Ì	x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	. 12		x
	Schedule D, Parts XI and XII	. 12		
I	b Was the organization included in consolidated, independent audited financial statements for the tax year?		L I	x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	 _ !		
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14		<u>X</u>
	b. Did the organization have appreciate 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	ļ		77
	or moro? 16 Was # complete Schedule F. Parts Land M	<u>1</u> 4	<u>4b</u>	<u> </u>
15		1	ļ	l
	foreign organization? If "Ves." complete Schedule F. Parts II and IV	L1	5	<u> </u>
16	A line 2 more than \$5,000 of addreasts grants or other assistance to			
TC IC	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	L·	16	<u> </u>
	The second services on Particle of the second services of the second services on Particle and the second services on Particle and the second services on Particle and the second services of the second second services of the second			ļ
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	L	17	X
	event aross income and contributions on Part VIII, lines		T	
18	3 Did the organization report more than \$15,000 total of fordraising event groop moothe and commenced and the second and the s		18	X
	1c and 8a? If "Yes," complete Schedule G, Part II	····		
1	 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 		19	X
	complete Schedule G, Part III	···· ⊢	20a	X
2	Da Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H		20b	—\=
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	: F	200	
2	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ł		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and I	<u></u>	21	

Form 990 (2019)

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Form 990 (2019)

THE FRIENDS OF HOMOSASSA SPRINGS

WILDLIFE PARK, INC

Form 990 (2019)

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Par	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	22		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		· · ·	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ľ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
	Schedule J	~~~	[
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		l	ļ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a	1	x
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a tempolary pende exception.		1	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	1 ·	\ .
	any tax-exempt bonds?	24d	ţ.	1
d	Did the organization act as an on benair of issuer for bonds outstanding at any time during in byour		1	1
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	transaction with a disqualified person during the year / if "yes," complete Schedule L, rand			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1 I	
		25b		X
	Schedule L, Part I		1.	1-
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		+
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	27		X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):	-1942	\$4 (3) \$6	ang toping
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		· [2
	"Yes," complete Schedule L, Part IV	28		
t	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28		
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	İ		,
	"Yes," complete Schedule L, Part IV	28		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	-}-	-+-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.
	contributions? If "Yes." complete Schedule M	3		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 3	1	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
	Schedule N, Part II	3	2	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 🕒	3	
34	the second second and another antipal is live a second to B. Bott II. III or IV and	Ì	Ì	
01	Part V, line 1	. La	4	
36	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 3	<u>5a</u>	
ŲĊ	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	3	5b	
	a service of the service of the service and transfers to an exempt non-charitable related organization			
36	If "Yes," complete Schedule R, Part V, line 2	. L:	36	
~	a second a related organization	Γ		T
3	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	;	37	
-	second and the part of the balance of a second and the second and			
3	Did the organization complete Schedule C and provide explanations in Conocide C for hair in mice the and for		38	x
1	Note: All Form 990 filers are required to complete Schedule O		<u> </u>	
	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
		0		
	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Ő		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	\neg		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	F	4.0	anger kan b
	(gambling) winnings to prize winners?	<u> </u>	<u>1c l</u> Form ^t	000

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Form	WILDLIFE PARK, INC 59-30784	56	Page 5
Part		<u> </u>	<u> </u>
. St. Starlaustic		STRACTOR OF	Yes No
2 a	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		Mark Marks
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	entertett menter
ν.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
99	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>
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	.
49	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		
-14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
Ь	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).		
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	X
<u>^</u>	If "Ves" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	·
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?	<u>6a</u>	<u> </u>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		
~	were not tax deductible?	6b	
7	Occupitations that may receive deductible contributions under section 170(c).	N STATE	
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?	<u>7a</u>	
Ь	If "Yes." did the organization notify the donor of the value of the goods or services provided?	7b	┝──┝───
r c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		
v	to file Form 8282?	7c	X
d	7d 7d		
e	Di una personal benefit contract?	<u>7e</u>	<u> </u>
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u></u>
, g	If the organization received a contribution of gualified intellectual property, did the organization file Form 8899 as required?	79	
9 h	and the organization there are boots aimianes or other vehicles did the organization file a Form 1090-07	111	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8	an 1999-1999-1999-1999-1999-1999-1999-199
9	Sponsoring organizations maintaining donor advised funds.		
-	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>	<u> </u>
-	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
	a Gross income from members or shareholders		
	b Gross income from other sources (Do not net amounts due or paid to other sources against		
	amounte due or received from them.)		
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	
	b If "Yes," enter the amount of tax exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	a Is the organization licensed to issue qualified health plans in more than one state?	13	ia war waarii war
	Note: See the instructions for additional information the organization must report on Schedule O.		
	 b Enter the amount of reserves the organization is required to maintain by the states in which the 		
•	organization is licensed to issue qualified health plans		
	c Enter the amount of reserves on hand		
4.	a service of the service service for indeer tapping services during the tax year?	1	4a 🛛 🛛
14	when we want the second these permented is "he " provide as evaluation on Schedule O	1	4b
	s and the second s		
1	excess parachute payment(s) during the year?	L	15 2
	if "Yes," see instructions and file Form 4720, Schedule N.	1000 A	國意思發
-	the stand income?	Г	16
1	6 Is the organization an educational institution subject to the section 4500 excise text on Net Internet internet in the section 4500 excise text on Net Internet in the section 4500 excise text on Net Internet internet in the section 4500 excise text on Net Internet internet in the section 4500 excise text on Net Internet internet internet in the section 4500 excise text on Net Internet	and the second se	138 1554 S

Form 990 (2019)

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THE FRIENDS OF HOMOSASSA SPRINGS

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59-3078456 Page 6

Form 9	90 (2019) WILDLIFE PARK, INC		<u>59-307</u>	<u>8456</u>	P	_{age} 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr			a "No" re	spons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See instru	ictions.			
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		X
Secti	on 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	la	1	0		1000
104	f 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 0.				10.000	
	Enter the number of voting members included on line 1a, above, who are independent	fib	1	.0		
"	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any	other			
	officer, director, trustee, or key employee?			2	1	X
•	Did the organization delegate control over management duties customarily performed by or under the	direct su	nervision	·	· ·	
	of officers, directors, trustees, or key employees to a management company or other person?			3	Í	X_
	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was fil	ed?		1	X
4	Did the organization make any significant changes to its governing documents since the prior form of Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			1	X
				·· – –	1	X
	Did the organization have members or stockholders?			·	<u> </u>	1
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7a		x
	more members of the governing body?		·····	· 18		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si			76		x
	persons other than the governing body?		llouina:		2 986	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				X	
	The governing body?			. <u>8a</u>		
b	Each committee with authority to act on behalf of the governing body?			<u>8</u> b		····
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at th	he			1
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>evenue Co</u>	ode.)			
					Ye	
1 0a	Did the organization have local chapters, branches, or affiliates?			10a	3	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, a	iffiliates,	· ·		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		••••••••	10		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before [.]	filing the form	? 11:	a X	, हेन्द्रा ज्यानी कार्य
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to conflic	cts?	12	b	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," des	scribe			
•	in Schedule O how this was done			12	.c	
13	Did the organization have a written whistleblower policy?			1:	3	X
14	Did the organization have a written document retention and destruction policy?			14	4	X
15	Did the process for determining compensation of the following persons include a review and appro-	val by ind	ependent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			3	
_	The organization's CEO, Executive Director, or top management official			15	5a	X
6 L	Other officers or key employees of the organization				5b	X
Ľ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			8		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement wit	tha			
768				4	6a	X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to eval	uato ite na	articipation			
1	If "Yes," did the organization follow a written policy of procedure requiring the organization to evaluate the organization follow a written policy of procedure requiring the organization follow a written policy of procedure require requi	anization	'e			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				6b	al la parte de la compañía de la com La compañía de la comp
	exempt status with respect to such arrangements?			the second s		
Se	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\mathbb{P}\overline{\mathrm{FL}}$		T (0, -1) 50		- 6.8 -	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	, and 990	-1 (Section 50	1(c)(3)S O	niy) a'	valiadie
	for public inspection. Indicate how you made these available. Check all that apply.					
	🗌 Own website 📃 Another's website 🔀 Upon request 📃 Other (exp					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	, conflict o	of interest poli	cy, and fi	nancia	ai
	statements available to the public during the tax year.					
20	even when person the second table to a number of the person who person the organization's	books an	d records 🛛 🖻	•		
	BRENDA BAXLEY - 352-628-5343					
	4150 S SUNCOAST BOULEVARD, HOMOSASSA, FL 34440					
-					Carror 1	000 /004

Form 990 (2019)

THE FRIENDS OF HOMOSASSA SPRINGS	
Form 990 (2019) WILDLIFE PARK, INC	<u>59-3078456 Page 7</u>
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated
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), re 	gardless of amount of compensation.
Enter -0- in columns (D), (E), and (F) if no compensation was paid.	

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average		F	(C Posi) tion			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box.	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		er and	d a di	recto	r/trust		from	from related organizations	other compensation
	(list any	Individual trustee or director						the organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)	(112/1000 1110 4)	organization
	organizations	truste	al trus		yee	Taper		(and related
	below	3dual	Institutional trustee	ы.	Key employee	est co loyee	30L			organizations
	line)	Indiv	Instit	Officer	Key	Highest compensated employee	Former			
(1) RENATE WILMS-ROVIN	0.00						· .	· ·		
DIRECTOR		X		ļ	l			0.	0.	0.
(2) ROCHELLE KAISER	0.00	[[ľ			
DIRECTOR		X						0.	0.	0.
(3) JOE DUBE	0.00			1			1			
DIRECTOR		X				1		0.	0.	0.
(4) BRENDA BAXLEY	0.00		1			1				
ASSIST TREASURER		X	Ì					0.	0.	0.
(5) VICKY IOZZIO	0.00				1	1	Į			
DIRECTOR		Х						0.	0.	0.
(6) DON O'TOOLE	0.00				1	ļ				
DIRECTOR		X						0.	0.	0.
(7) LEONARD AGUELE	0.00		1							
DIRECTOR		X				_	4_	0.	. 0.	. 0.
(8) VERONICA KAMPSCHROER	0.00									0
DIRECTOR		X	<u> </u>				_	0	. 0.	. 0.
(9) KATE SPRATT	0.00				1					
DIRECTOR		X	<u>:</u>					0	• 0.	. 0.
(10) DARIN WILSON	0.00					ł				
DIRECTOR		X	<u> </u>		_			0	. 0	. 0.
(11) SUE BUCHHEISTER	0.00									. o.
VICE PRESIDENT			_	<u> </u> 2	<u> </u>	\perp		0	. 0	· · ·
(12) NILS ANDERSON	0.00)								0
PRESIDENT					<u>x </u>	\perp		0	• • • •	. 0.
(13) GEORGE H CRAVEN	0.00)				Ì				
TREASURER				12	<u>x </u>		_	0	. 0	. 0.
(14) JUDY HEMER	0.00)								
SECRETARY				_1	X		_	0	0	. 0.
······································										
				_	_				-	
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Form 990 (2019)

THE FRIENDS OF	HOMOSASSA	SPRINGS
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59-<u>3078456</u> Page 8

Form 990 (2019) WILDLIFE	PARK, I	NC	•						59-307	8456	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	èės,	and	Hiç	phes	t Co	mpensated Employee			
(A)	(B)			(C)			(D)	(E)	(E	
Name and title	Average	(do		Posi heck n		than o	ne	Reportable	Reportable		nated
	hours per	Бox,	unles	ss per	son k	s both r/trust	άn	compensation	compensation		unt of her
	week		ber an	a a oi	recto	110450	99)	from	from related organizations		ner nsation
	(list any hours for	director						the organization	(W-2/1099-MISC)		n the
	related	e or d	tee			sated		(W-2/1099-MISC)	(11 1) (000 (11(00))		ization
	organizations	individual trustee or	lastitutionai trustee		99	Highest compensated employae		(11 2) 1000 (11.00)		•	elated
	below	duai t	ıtiona		nploy	st col	EL.			organi	zations
	line)	- Fe	astitı	Officer	(ey ei	Hghe	Former				
· · · · · · · · · · · · · · · · · · ·		[. <u> </u>		<u> </u>		\uparrow					
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				+	+			<u> </u>			-
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						Ì			ļ		
							<u> </u>				
1b Subtotal								0		0.	0.
c Total from continuation sheets to Part	VII, Section A							. 0	·	0.	0.
d Total (add lines 1b and 1c)								0	•	0.	0.
2 Total number of individuals (including bu	t not limited to	thos	e list	ted a	abo	ve) w	'nọi	received more than \$10	0,000 of reportable		
compensation from the organization											<u> </u>
									, ,	- straited	Yes No
3 Did the organization list any former office	er, director, tru	stee	, key	/ em	ploy	yee, (or hi	ighest compensated en	iployee on	後臺	
line 1a? If "Ves " complete Schedule J fo	r such individua	a/ .								3	X
4 For any individual listed on line 1a, is the	sum of reporta	ible (com	pen	sati	on ar	nd o	ther compensation from	the organization		
and related organizations greater than \$	150.000? # "Ye	es." (com	nlete	e So	ched	ule J	I for such individual		4	X
5 Did any person listed on line 1a receive	or accrue comp	ensa	atior	, fro	ma	ny ur	irela	ted organization or ind	vidual for services		
rendered to the organization? If "Yes." of											
Section B. Independent Contractors	.orno.co.oozaco		<u></u>					· · · · · · · · · · · · · · · · · · ·			
1 Complete this table for your five highest	compensated	inde	peno	dent	COI	ntrac	tors	that received more that	n \$100,000 of com	pensation fr	om
the organization. Report compensation	for the calenda	r vez	ar en	dinc	ı wit	th or	with	in the organization's ta	x year.		
(A)	ior the balonea							(8)	(C)
Name and busin	ess address		NO	NE				Description	of services	Compe	ensation
										· · ·	
										}	_ +
			·							[
										-	
										1	
										1	
										1	
					<u> </u>					<u> </u>	
······											
2 Total number of independent contracto	ors (including bu	ut no	ot lin	nitec	to to	thos	e lis	ted above) who receive	d more than		
\$100,000 of compensation from the or						<u> </u>)			Rolling South	an a

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Form 990 (2019)

Form 9			19) WILI)LI	FE PAR			SA SPRIN	GS		59-3078	456 Page 9
Part	VII		Statement of Rev			·		•				· •
			Check if Schedule O co	ontail	ns a respons	e or	note to any line			(B)	(C)	<u>[]</u>
								(A) Total revenue		Related or exempt	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
tifts, Grants ar Amounts	b c	N F	ederated campaigns fembership dues undraising events lelated organizations		1b 1c	- 	22,939.					
Contributions, Gifts, Grants and Other Similar Amounts		A s	overnment grants (contrib Il other contributions, gifts, g imilar amounts not included a loncash contributions included in lir	rants Ibove	, and 1 f	2	46,826.					
2g	-		otal. Add lines 1a-1f					269,76	5.			
					******	Ti	Business Code		1.202.4 1.5		name of the standard br>Standard Standard Stan	articultures and a state of the second
a	2 a											
Program Service Revenue	~ u	-				- [-						
Ser	c	-				-						
am EVel	d	1				- F				· · ·		
ğđ	е	-				_ [· · · · · ·
Å	f	7	All other program service r	even	ιúΘ	. [900099	1,47		1,471.		
	g	1	Total. Add lines 2a-2f					1,47	1.			and the second second
	3		nvestment income (includ									
			other similar amounts)					4,00	7.	4,007.		
	4	1	ncome from investment o	f tax	exempt bon	d pro	oceeds 🕨 🕨					
	5		Royalties									<u> </u>
			-	·	(i) Real		(ii) Personal				and and a state of the second s	
ļ	6 a	. (Gross rents	6a						Sector States	and distances	 Operation of the second se
	b	3		6b				Since Age States		nderstal in product	econe gaster	
	c		Rental income or (loss)	6c				and the second sec			a sur	
			Net rental income or (loss)				🕨					
			Gross amount from sales of		(i) Securiti	es	(ii) Other			With the Lot		
			assets other than inventory	7a					45.34		in the second	
	ł		Less: cost or other basis	—				a a caracteria				
Ile	-	-	and sales expenses	76				and the star				
			Gain or (loss)	· · · ·				- 12.038 (h)+0.0464-0				
ě			Net gain or (loss)				Þ					
Other Rever			Gross income from fundraisi					ante contratos		100000000000000000000000000000000000000		2 (D. 766, FSC 9 2)
Ę			including \$		-	1						
			contributions reported on					Andreas and an and a second			N an an film	
			Part IV, line 18			8a	67,545					
		ь	Less: direct expenses			8b	23,652					
			Net income or (loss) from					43,89	93.			43,893.
			Gross income from gamir		-			SCHEDENES, MAR				0 500 m 10 40 m 1
	Ĭ	-	Part IV, line 19			9a				State of the second	· 你不可有了。	
	ļ	b	Less: direct expenses			9b				15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eul Assestantia a	ne serve serve and a serve
			Net income or (loss) from									
			Gross sales of inventory,	-	-							 The supervised states of the second st
	1.0	-	and allowances			10a				a de service de service de la company. El décembre de la company d		
		Þ	Less: cost of goods sold			10				to play the		in the second second
			Net income or (loss) from									
<u> </u>	1	<u> </u>		. car		<u>-1</u> 22	Business Cod	and the second state of the second state of the		y golera es	ti di Gran di Li	a Polara Social
sn	44	_						10000000000000000000000000000000000000	a serie de la	CO Structure advances reprint age, no		
60	11	-	······			·				-		
llan	Net.	b										
Miscellaneous	2	ر م				<u> </u>	<u> </u>					
Mis	1		All other revenue				L					
	1	_	Total. Add lines 11a-11c					040 4	36	. 5,47	8.	0. 43,893.
	12		Total revenue. See instruct	uuiis				<u> </u>		<u>• </u>	<u> </u>	

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THE FRIEND	S OF	HOMOSASSA	SPRINGS
WILDLIFE P.	ARK,	INC	

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	X Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must comple				
	Check if Schedule O contains a response	or note to any line in the (A)	is Part IX (B)		(D)
7b, 8	nt include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
;	and domestic governments. See Part IV, line 21 💷 🔔				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			NUMBER OF STREET	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				NATION OF COMPLETE
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			······	
6	Compensation not included above to disqualified			· ·	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				·····
7	Other salaries and wages			<u> </u>	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				· · · · · · · · · · · · · · · · · · ·
9	Other employee benefits		· · · · · · · · · · · · · · · · · · ·		
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management			<u> </u>	·
	Legal				
	Accounting	3,500.		3,500.	
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
40	Advertising and promotion	3,257.	3,257.	· · · · · · · · · · · · · · · · · · ·	
12		46.		46	•
13	Office expenses	1,699.		1,699	•
14	Information technology				
15	Royalties				
16	Occupancy			· · · · · · · · · · · · · · · · · · ·	
17	Travel			· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		<u> </u>		
19	Conferences, conventions, and meetings		· · · · · · · · · · · · · · · · · · ·	······	
20	Interest	<u></u>	+		
21	Payments to affiliates	171,313.	171,313.		
22	Depreciation, depletion, and amortization	L/L, JLJ.	<u> </u>		· · · · · · · · · · · · · · · · · · ·
23	insurance				
2 4	Other expenses. Itemize expenses not covered		n and a second		
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)		1953年19月1日第二		
	amount, list line 24e expenses on Schedule 0.)	Children and Start Parks			
1	<u>PARK REPAIRS & MAINTENA</u>	154,311			
I	WILDLIFE EXIHBIT	125,603			
	MANATEE PROGRAM SUPPORT	15,189			<u> </u>
	d EQUIPMENT	14,521			
	e All other expenses	36,916			
25		526,355	. 506,033	. 20,32	2. 0
26					
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Date in the following SOP 98-2 (ASC 958-720)				
		1			the second se

Form 990 (2019)

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932011 01-20-20

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THE FRIENDS OF HOMOSASSA SPRINGS

<u>199</u>	0 (20	019) WILDLIFE PARK, Balance Sheet	INC			<u> </u>)78456 Page 11
nouint		Check if Schedule O contains a response or note	to any	ine in this Part X			
			<u></u>		(A) Beginning of year		(B) End of year
1-	1 (Cash - non-interest-bearing			472,105.	1	433,222.
		Savings and temporary cash investments	250,988.	.2	253,966.		
1		Pledges and grants receivable, net				3	
		Accounts receivable, net				4	
1	4. 5	Loans and other receivables from any current or	former (fficer director.			
	Ð	trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%	Service and an and a service service		
		controlled entity or family member of any of thes				5	
		Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described			TARE & RECEIPTION OF AND ADDRESS OF A DECISION	6	
		Notes and loans receivable, net				7	
		Inventories for sale or use				8	
					154,388.	9	
		Prepaid expenses and deferred charges					
1.	10a	Land, buildings, and equipment: cost or other	100	417 527.			2. 北京市市高速市
		basis. Complete Part VI of Schedule D	104	327 871.	106,582.	10c	89,656.
		Less: accumulated depreciation		527,071		11	
	11	Investments - publicly traded securities		12			
	12	Investments - other securities. See Part IV, line 1		13	•		
	13	Investments - program-related. See Part IV, line					
	14	Intangible assets				15	
	15	Other assets. See Part IV, line 11					776,844
4	<u>16</u>	Total assets. Add lines 1 through 15 (must equ	ai line 3	3)			
ł	17	Accounts payable and accrued expenses		18			
	18	Grants payable		19			
	19	Deferred revenue				20	
	20	Tax-exempt bond liabilities				21	·····
	21	Escrow or custodial account liability. Complete					
ß	22	Loans and other payables to any current or forr	ner offic	er, director,			
riaumues		trustee, key employee, creator or founder, subs	stantial	contributor, or 35%		22	
		controlled entity or family member of any of the			·	23	<u></u>
וי	23	Secured mortgages and notes payable to unrel			•	23	
	24	Unsecured notes and loans payable to unrelate			•		
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24). Complete Part X		05	
		of Schedule D				25	(
	26	Total liabilities. Add lines 17 through 25				• 20	
1		Organizations that follow FASB ASC 958, ch	ieck he	re 🖻 🔟		1994 - 1996) 1995 - 1996)	
ŝ		and complete lines 27, 28, 32, and 33.			054 105		747,49
and	27	Net assets without donor restrictions					29,34
Net Assets or Fund Balances	28	Net assets with donor restrictions			. 29,860	0 • 28	
		Organizations that do not follow FASB ASC			10.01.000000		
	Į	and complete lines 29 through 33.	Constant and the second second				
õ	29			29			
sett	30					30	
As:	31	· · · · · · · · · · · · · · · · · · ·				31	777 04
let.	32				984,06		
4	33					<u>3. 33</u>	Form 990 (2

Form 990 (2019)

WILDLIFE PARK, INC

\mathbf{THE}	FRIEN	DS OF	HOMOSASSA	SPRIN	GS
WTT.T	N T F E I	PARK.	INC	· · · ·	• •

59-3078456 Page 12

Form	990 (2019) WILDLIFE PARK, INC	59-	3078456 Page 1	2
Parl	XI Reconciliation of Net Assets	·	·	
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u>_</u>
	Total revenue (must equal Part VIII, column (A), line 12)	1	319,136	
1	Total expenses (must equal Part IX, column (A), line 25)	2	526,355	
		3	-207,219	١.
3	Revenue less expenses. Subtract line 2 from line 1	4	984,063	ş.
	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		<u> </u>
7	Investment expenses	7	· · · · · · · · · · · · · · · · · · ·	
1		8		
8	Prior period adjustments	9).
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	776,844	4.

colun	ın (B))_,,				
Part XII	Financial	Statemen	ts and F	Reporting	
		nedule O cont			in this Pa

-yar	EXII Financial Statements and Reporting	. '		
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>	Vaal	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other Other	-7950 -9626 -9626	Yes	X
2 a	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	2a		
	separate basis, consolidated basis, or both:	2b		X
b	Were the organization's financial statements audited by an independent accountant?			
с	Separate basis Consolidated basis Both consolidated and separate basis 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.	<u>2c</u>		
	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?	3a		x
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	000	(2019)
		FOL	1000	(2018)

SCHEDULE A			o			OMB No. 1645-0047
	Public Charit	y Status and	Pupilo	Sup	ροπ	2010
(Form sec of sec-L2) Co	mplete if the organiza	tion is a section 501(c)(a)(1) nonexempt charital	3) organiz	ation or a	section	LUIJ
Department of the Treasury	4947(a ► Atta	ach to Form 990 or Forn	1 990-EZ.			 Open to Public
Internal Revenue Service 🔊	Go to www.irs.gov/Fe	orm990 for instructions	and the la	test infor	mation.	Inspection
Name of the organization THE	FRIENDS OF H	IOMOSASSA SPR	INGS			dentification number
	LIFE PARK, I					9-3078456
Part Reason for Public C					structions.	
The organization is not a private found	ation because it is: (For	lines 1 through 12, chec	k only one	box.)		
i A church, convention of chu	urches, or association of	of churches described in	section 1	70(b)(1)(A))(), ⁽	
2 A school described in secti	on 170(b)(1)(A)(ii). (Att	ach Schedule E (Form 99	10 or 990-E	:∠).) (⊣)(A)(83)		· · ·
3 A hospital or a cooperative	hospital service organi	zation described in section	on 170(p) oribod in	(I)(A)(III)-	70(b)(1)(Δ)(iii) Enter	the hospital's name.
4 A medical research organiz	ation operated in conju	nction with a nospital de		Section	10(b)(i)(r)(iii)r circor	
city, and state: 5 An organization operated for	within herefit of a collec	ne or university owned or	onerated	hv a gover	nmental unit describe	d in
5 [An organization operated to section 170(b)(1)(A)(iv). (0		je of aniversity owned of		~,		
	vernment or governme	ntal unit described in sec	tion 170(b)(1)(A)(v).	·	
6 A federal, state, or local go 7 X An organization that normal	lly receives a substanti	al part of its support from	agoverni	mental uni	t or from the general i	oublic described in
section 170(b)(1)(A)(vi). (C					1	
8 A community trust describe		(A)(vi). (Complete Part II.)			
9 An agricultural research or	anization described in	section 170(b)(1)(A)(ix)	operated	in conjunc	tion with a land-grant	college
or university or a non-land-	grant college of agricul	ture (see instructions). En	ter the na	me, city, a	nd state of the college	e or
university:	* +					
10 An organization that norma	ally receives: (1) more th	nan 33 1/3% of its suppo	rt from cor	ntributions	, membership fees, ar	nd gross receipts from
activities related to its exer	not functions - subject	to certain exceptions, an	d (2) no m	ore than 3	3 1/3% of its support	from gross investment
income and unrelated busi		ess section 511 tax) from	businesse	es acquirec	d by the organization	atter June 30, 1975.
See section 509(a)(2). (Co	mplete Part III.)					
11 An organization organized	and operated exclusive	ely to test for public safet	y. See . se	ction 509	(a)(4).	ourposes of one or
12 An organization organized	and operated exclusive	ely for the benefit of, to p	erform the	TUNCTIONS	or, or to carry out the	Check the box in
more publicly supported o	rganizations described	in section 509(a)(1) or a		ng(a)(z). Si ata linas 1	20 12f and 12d	ONCOR THE BOX III
lines 12a through 12d that	describes the type of	supporting organization a	ute suppo	ete intes i.	ze, izi, and izg.	r aivina
a [] Type I. A supporting or	anization operated, su	pervised, or controlled by ularly appoint or elect a n	ris suppo atority of	the directr	ors or trustees of the	supporting
			ajonty of			
organization. You must	complete Part IV, Set	or controlled in connection	n with its	supported	organization(s), by h	aving
b [Type II. A supporting or	of the supporting orga	nization vested in the sar	ne person	s that cont	trol or manage the su	pported
organization(s). You mu				-		
	egrated A supporting	organization operated ir	n connecti	on with, ar	nd functionally integra	ted with,
c jype in functionally in	on(s) (see instructions)	. You must complete P	art IV, Sec	ctions A, D	D, and E.	
d Type III non-functiona	lly integrated. A supp	orting organization opera	ted in con	nection wi	ith its supported orga	nization(s)
that is not functionally i	ntegrated. The organiz	ation generally must satis	sfy a distril	oution requ	uirement and an atter	tiveness
requirement (see instru	ctions). You must con	plete Part IV, Sections	A and D,	and Part \	. .	
e Check this box if the or	ganization received a v	written determination from	n the IRS t	ihat it is a	Type I, Type II, Type I	14
functionally integrated,	or Type III non-function	nally integrated supportin	g organiza	ation.		
f Enter the number of supported						
g Provide the following informat	ion about the supporte	d organization(s).	ind to the prop	nization listed	(v) Amount of monetar	y (vi) Amount of other
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi		support (see Instruction	
organization		above (see instructions))	Yes	No		
				<u> </u>		
			l	Į		
			. _	+	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	1	1	1	
			1		1	
			1	1		
Total						<u></u>

THE FRIENDS OF HOMOSASSA SPRINGS INC

59-3078456 Page 2

Cobadulo A	(Form 990 or 990-EZ) 2019 WILDLIFE PARK, II	NC	59-3078456 Pag
Partell	Support Schedule for Organizations Describe	ed 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 P	art I or if the organization failed to qualify un	der Part III. If the organization

. . a:r. å • +6 ÷. ets listed below, please complete Part III.)

67

fails to quality under the tests	noted below, pleas					
Section A. Public Support		(L) 0010	(c) 2017	(d) 2018	(e) 2019	(f) Total
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(0) 2011			
1 Gifts, grants, contributions, and						
membership fees received. (Do not	48,036.	142 772.	194,792.	588,830.	269,765.	1244195.
include any "unusual grants.")	40,050.	474,114.				
2 Tax revenues levied for the organ-			· ·			
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to					1	
the organization without charge	10 026	142,772.	194,792.	588,830.	269,765.	1244195.
4 Total. Add lines 1 through 3	48,036.	142,112.	194,192.	500,050.		
5 The portion of total contributions			- Contraction - Contract	a periodi de la seconda de	and the sector	
by each person (other than a				and the second		
governmental unit or publicly		Activity of the Party and	Support Street, and			
supported organization) included			1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 -			
on line 1 that exceeds 2% of the						
amount shown on line 11,	- Address of the		a destruction of the		Care Marked	
column (f)		स्टब्स् दर्भजन्म				1244195.
6 Public support, Subtract line 5 from line 4.	Sector Sector 18		<u> </u>	a second decision of the		
Section B. Total Support						(0 T-4-1
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019 269,765	(f) Total 1244195.
7 Amounts from line 4	48,036.	142,772.	194,792	. 588,830	. 209,105	<u>. 12441)).</u>
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,					4 007	
and income from similar sources	408.	658	. 616	. 1,790	. 4,007	. 7,479.
9 Net income from unrelated business	3					
activities, whether or not the				ļ		
business is regularly carried on					<u> </u>	
10 Other income. Do not include gain		-				
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10) (1899) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (199		e entre charac	ni -exercision	Contraction and the second	1251674.
12 Gross receipts from related activitie		tions)			12	· · · · · · · · · · · · · · · · · · ·
13 First five years. If the Form 990 is	for the organizatio	n's first, second, th	nird, fourth, or fifth	tax year as a sect	tion 501(c)(3)	· · · ·
organization, check this box and st	top here					
Section C. Computation of Pul	olic Support P	ercentage				
14 Public support percentage for 2019			, column (f))		. 14	99.40
15 Public support percentage from 20	18 Schedule A. Pa	art II. line 14			. 15	99.69
16a 33 1/3% support test - 2019. If th	e organization did	not check the bo	on line 13, and li	ne 14 is 33 1/3% o	or more, check this	box and
stop here. The organization qualifi	es as a nublicly su	nnorted organizati	on			
b 33 1/3% support test - 2018. If th	e organization did	not check a box o	n line 13 or 16a.	and line 15 is 33 1,	/3% or more, chec	k this box
and stop here. The organization q	ualifice as a public	ly supported ordat	nization			
and stop here. The organization q 17a 10% -facts-and-circumstances to	ant 0010 If the	organization did D	ot check a hox on	line 13, 16a, or 16	6b, and line 14 is 1	0% or more,
and if the organization meets the "	feste and sireumod	encoe" test charl	this box and st	op here. Explain in	Part VI how the c	organization
and if the organization meets the	Tacts-and-circums			ted organization		
meets the "facts-and-circumstance	es test. The organ	Zation quatties as	a publicity suppo	line 13 16a 16b	or 17a, and line 1	
b 10% -facts-and-circumstances t	est - 2018. It the	organization did n	of check a box of	nd stop have Ev	nlain in Part VI bo	w the
more, and if the organization meet	ts the "facts-and-ci	rcumstances" test	, check this box a	ulu stop nere, Ex	plan in Fact VI 10	
organization meets the "facts-and	-circumstances" te	st. The organizatio	n qualifies as a p	ubliciy supported (organization	
18 Private foundation. If the organiz	ation di <u>d not chec</u>	<u>k a box on line 13,</u>	<u>16a, 16b, 17a, oi</u>	r 17b, check this b	ox and see instruct Schedule A (Forn	

Sc	hec	jul	e	B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

59-3078456

Nama	of tha	organization
маше		Uldanzaron
		•

THE FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC Organization type (check one):

•	
Filers of:	Section:
Form 990 or 9 90-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
	ganization RIENDS OF HOMOSASSA SPRINGS LFE PARK, INC		ver identification number -3078456
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	PATRICIA DEMPSEY 12961 NE 72ND BOULEVARD LADY LAKE, FL 32162	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions - \$	Type of contribution Person Payroll Noncash (Complete Part Il for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>		- \$\$	Person Payroli Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)

OFFICIE D	Complete if the org	al Financial Statement	0.	OMB No. 1545-0047
		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 Attach to Form 990.		Open to Public Inspection
epartment of the Treasury ternal Revenue Service	Go to www.irs.gov/Form99	90 for instructions and the latest inform	mation.	Construction of the second
ame of the organization		DSASSA SPRINGS		r identification number 59-3078456
	WILDLIFE PARK, INC ations Maintaining Donor Advise	d Euroda ar Othar Similar Fund		
			a of Addounter	Complete il die
organizatio	n answered "Yes" on Form 990, Part IV, lin	a) Donor advised funds	(b) Eurods a	nd other accounts
		(a) Donor advised funds	(D) Fundo u	
	nd of year	· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·	f contributions to (during year)			· · · · · · · · · · · · · · · · · · ·
	f grants from (during year)			
4 Aggregate value a	t end of year	the states exects held in depart rdu		
5 Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor adv	Alsed Iulius	Yes No
are the organization	on's property, subject to the organization's	exclusive legal control?	no used only	
6 Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant tunus can b		·
	ooses and not for the benefit of the donor o	or donor advisor, of lot any other purpos	se comennig	Yes No
impermissible priv	ration Easements. Complete if the or		0 Part IV line 7.	
			o, r arriv, morr	
1 Purpose(s) of con	servation easements held by the organizat	tion (check all that apply).	of a historically imp	ortant land area
	n of land for public use (for example, recre		of a certified histor	
· =·	of natural habitat	Preservation	I OF & Certified Histor	
Preservatio	n of open space	the transformer contribution in the for	rm of a conservation	easement on the last
	a through 2d if the organization held a qua	aned conservation contribution in the for		ld at the End of the Tax Year
day of the tax yea				to at the End of the Tax Tour
	onservation easements			
b Total acreage res				
c Number of conse	rvation easements on a certified historic sl	tructure included in (a)	<u>2</u> c	· · · · · · · · · · · · · · · · · · ·
d Number of conse	rvation easements included in (c) acquired	l after 7/25/06, and not on a historic stru	ucture	
listed in the Natio	onal Register		2d	
3 Number of conse year	rvation easements modified, transferred, r	eleased, extinguished, or terminated by	the organization du	ring the tax
	where property subject to conservation e	asement is located >		
E Doos the organis	ation have a written policy regarding the p	enodic monitoring, inspection, handling	of	
	nforcement of the conservation easements			Yes 📃 No
Violations, and e	er hours devoted to monitoring, inspecting	n handling of violations, and enforcing of	conservation easem	ents during the year
.	el notra devoted to monitoring, inspecting	g, non an ig er non i i i i i i i i i i i i i i i i i i		
►	nses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conse	ervation easements	during the year
N N				
▶\$	ervation easement reported on line 2(d) ab	our esticity the requirements of section	170/b)(4)(B)(i)	
8 Does each cons	ervation easement reported on line 2(d) ab	love satisfy the requirements of section	110(1)(4)(4)(4)	Yes No
and section 170	(h)(4)(B)(ii)?	the second experiments and experiments	anno statoment and	
9 In Part XIII, desc	ribe how the organization reports conserv	ation easements in its revenue and expe	tomonto that doscri	hae the .
	ind include, if applicable, the text of the fo			
organization's a	ccounting for conservation easements. zations Maintaining Collections	of Art Historical Tractures	r Other Similar	Assets.
Part III Organi	zations Maintaining Collections	of Art, Historical freasures, o		700000
Complet	e if the organization answered "Yes" on Fo	orm 990, Part IV, line 8.		
1a If the organizati	on elected, as permitted under FASB ASC	958, not to report in its revenue statem	ent and balance sh	eet works
of art, historical	treasures, or other similar assets held for	public exhibition, education, or research	h in furtherance of p	ublic
service, provide	in Part XIII the text of the footnote to its fi	inancial statements that describes these	e items.	
h If the organizati	on elected, as permitted under FASB ASC	958, to report in its revenue statement	and balance sheet	works of
art historical tr	easures, or other similar assets held for pu	blic exhibition, education, or research in	n furtherance of pub	lic service,
provide the follo	owing amounts relating to these items:			
	cluded on Form 990, Part VIII, line 1		▶ :	\$
(I) Hevenue III	uded in Form 990, Part X			\$
(II) ASSETS INC.	ion received or held works of art, historical	I treasures or other similar assets for fin	nancial dain. provide)
2 If the organizat	on received or neid works of art, historica	D ACO 059 relating to these items		
the following a	mounts required to be reported under FAS	אטע פטט ופומנוווט נט נוופטפ ונפוווט.		\$
			19	
a Revenue includ	led on Form 990, Part VIII, line 1			\$

		ENDS OF HO		A SPR.	INGS		5	9-307	8456	Page	2
		PARK, IN	IC rt Historia		sures or O	ther S	imilar	Assets	(continue	i aye	
an	III Organizations Maintaining Co	Dilections of A			lowing that ma	ko sian	ificant u	se of its	<u>ICOMMue</u>	<u>u</u> ,	
	Using the organization's acquisition, accessio	on, and other recor	os, cneck any		iowing alar me	ile oldi					
1	collection items (check all that apply):		d 🗍 Loa	n or excha	ange program						
a											
b	Scholarly research Preservation for future generations								•		
c	Provide a description of the organization's co	lections and expl	ain how they l	urther the	organization's	exemp	t purpos	e in Part X	an.		
-	During the year, did the organization solicit of	r receive donation	s of art. histor	ical treas	ires, or other s	imilar as	sets				
5	to be sold to raise funds rather than to be ma	intained as part o	f the ordaniza	tion's colle	ection?				Yes		No
ar	IV Escrow and Custodial Arran	gemènts. Com	plete if the or	ganization	answered "Ye	s" on F	orm 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	rt X, line 21.						. <u></u>			
19	Is the organization an agent, trustee, custodi	an or other interm	ediary for con	tributions	or other asset	s not in	cluded		<u>_</u>	<u> </u>	
i ci	on Form 990, Part X?							L_	Yes	[No
h	If "Yes," explain the arrangement in Part XIII	and complete the	following tabl	e:		•	·				
~		-							Amount		
c	Beginning balance						10				
Ч	Additions during the year						<u>1d</u>				
с 6	Distributions during the year						<u>1e</u>				
	Ending halance										
1 0-0	Did the organization include an amount on F	om 990, Part X, I	ine 21, for esc	crow or cu	stodial accour	nt liabilit	y?	L	Yes		No
ra h	If "Yes," explain the arrangement in Part XIII	. Check here if the	explanation	has been j	orovided on Pa	art XI <u>II</u>					-
2ai	tV Endowment Funds. Complete	if the organization	answered "Y	'es" on Fo	rm 990, Part IV	/, iine 1	D		, <u> </u>	<u> </u>	
0.004	en e	(a) Current yea			(c) Two years	back	d) Three	years back	(e) Four	<u>years b</u>	ack
10	Beginning of year balance							· · · ·			
1a ⊾	Contributions								ļ		
0	Net investment earnings, gains, and losses										
с	Grants or scholarships					- · · [
d											
e	•		ļ		1						
_	and programs										
f	Administrative expenses										
g	End of year balance Provide the estimated percentage of the cu		anne (line 1a	column (s	a)) beid as:	¹					
2			<u>میں جو رات میں</u> 20	çolamı (c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
a	• • •	%	70								
Ł	Permanent endowment 🌬	 									
¢		_%	,								
	The percentages on lines 2a, 2b, and 2c sh	iould equal 100%.	فحماف محاف م	ana hald d	nd administor	ad for th		ization			
32	Are there endowment funds not in the pos	session of the orga	anization that	are neio a			ic organ	LLLIGH		Yes	No
	by:	-							3a(i)	100	1
	(i) Unrelated organizations	•••••		•••••		••••••••					
	(ii) Related organizations	. ,					•••••	•••••			
1	o If "Yes" on line 3a(ii), are the related organ	izations listed as r	equired on So	nedule R'	۲	······				<u> </u>	I
4	Describe in Part XIII the intended uses of t	he organization's	endowment fi	unds.							7
P	art VI Land, Buildings, and Equip	oment.			0)	line 10				
	Complete if the organization answe					$\frac{1}{1}$, inte to		(d) Bo	alcual	
	Description of property		t or other		st or other		Accumu epreciat		(a) Bo	OK VAI	це
		basis (ir	vestment)	Das	is (other)						
1	a Land			ļ						<u> </u>	
	b Buildings	•		ļ		↓					
	c Leasehold improvements					 				<u> </u>	
	d Equipment					<u> </u>		0.54		00	<u></u>
										× 4 1	656
	e Other			the second s	17,527.			, <u>871.</u> ⊳	and the second states a	89,	All and the second second

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Department Service Department of the Treasury Internal Revenue Ser	Open to Public to Inspection
Name of the organization THE FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC	Employer identification number 59-3078456
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
THE ORGANIZATION MAINTAINS AND IMPROVES WILDLIFE HABITATS A	AT THE
HOMOSASSA SPRINGS WILDLIFE PARK. IT ALSO PROVIDES SERVICES	S TO THE
PUBLIC BY PROVIDING WHEELCHAIRS, STROLLERS AND LITERATURE	THAT ALLOWS
ACCESS BY ALL.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO IR	S FILING.
	······································
FORM 990, PART VI, SECTION C, LINE 19:	
COPY OF FORM 990 IS AVAILABLE UPON REQUEST BY AN INTERESTE	D PARTY.
	•
	· · · · · · · · · · · · · · · · · · ·
	<u></u>
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

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Schedule O (Form 990 or 990-EZ) (2019)

	4	·					990								
FORM 99 Asset No.	FORM 990 PAGE 10 Asset Description	Date Acquired	Method	Life	U o = >	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation.	
	OTHER												.0.	1.041:	
H	ADULT STROLLERS	12/29/02	200DB	5.00	H717	1,487.			440.						
	-	01/10/03	200DB	5,00	HY17	508.			152.	356.	356.		. 0	356.	
2 2 2 2 2 2 2	調査が正確									1,000.	1,000 t		0.	:000 T	
. C	TABLES	0//02/60	SIL		님									490.	
۷	STINNER	10/07/04	SI	5.00	16	490.	alkorine-leitente edatori is.			490.	45U.				
		10/17/01	100 A	5.00	Ĵ6	2,922.				2,922.	2,922.		.0	2,922.	
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A NAME OF A			1		1	075				875.	875.		0.	875.	
8	SIGN	04/22/08	3 <u>r</u>	5.00	9 T	• 6/ 0			調整を設め						
	avenue Mrth. 816N	04/22/08	SL SL	5.00	Te.	210.				4	210.				
7.	· · · · · · · · · · · · · · · · · · ·				ر ج	007 F				1,600.	1,600.		0.	1,600.	
10	2 DISPLAY CARTS	12/11/08	SI	5.00	۹	- <u>1</u> ο η σ								2 A 19 - 1	
	Commana CHED	05//22//08	SL	5.00	31	2,484.				2,484.	2,484.		0.0	407	
				р0 1	بر ح	3 863.				3,863.	3,863.		0.	3,863.	
12	BENCHES	2, an 16 (200)	7			1.000				5, 678	5,678		0	5 ,678.	
ET.	WASTE CANS	07/12/09	ПS					and a second			009 C			3,600.	
14	CONCRETE - BEHIND CAFE	09/29/09	SL	5.00	19	3,600.				3,600.	•000 fe			AND A	Transcourse
	SHED. FRAIMING	10/08/09 EF	SU	5,00	16	2,500.				2,500	2,500.			7	857
		04/07/10	0 200DE	5.00	HV17	11,500.	100		5,750.	5,750.	5,750.		0.	5,750.	-12000
16	MEST FULL			CC L		900			450.	450.	450.		0.	450	100 C 100
17	MURAL PAENTINGS	06//08//10	Hannza							* ITC. Salvade	Bonus, Com	mercial Revita	dization Deduc	* ITC. Salvade, Bonus, Commercial Revitalization Deduction, GO Zone	
928111 (928111 04-01-19					(D) - Asset disposed	posed								

2019 DEPRECIATION AND AMORTIZATION REPORT

928111 04-01-19

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2019 DEPRECIATION AND AMORTIZATION REPORT

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(D) - Asset disposed

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928111 04-01-19

MORTIZATION REPORT	
2019 DEPRECIATION AND A	

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							066							
FORM 99 Asset No.	990 PAGE 10 t Description	Date Acquired	Method	Life	<pre>< = o C No.</pre>	Unadjusted Cost Or Basis	ed Bus asis % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	والمراجع الالبي				. <u></u>			-	· .					
	CURRENT YEAR ACTIVITY				200320 -2014504 -2014504	263,139,	9.		55,674.	207,465.	100,883.			117, 809.
	BEGINNTNG BALANCE				-	154 388	88		154 388.	•0	•	-		0.
	ACQUISITIONS								10. 10.	0	0.			0
	SNOTATSOASIO		5 No. 19			417.52	527.		210,062.	207,465.	100,883.			117,809.
	ENDING BALANCE					1 S P C 2 2 2 2 2 3					327,871.			
No.									100	and the second	89,656.			
	GOLLAN ADDE ONTONS													
928111	4-01-19					(D) - Asse	(D) - Asset disposed	Ģ		* ITC, Salvage	, Bonus, Com	mercial Revits	alization Dedu	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

928111 04-01-19

AECO		Deprecia	tion and A	morti	zation	• • • •	⊢	OMB No. 1545-0172
4562			formation on		roperty)	990		2019
epartment of the Treasury		www.irs.gov/Forn	Attach to your tax		ho latest infr	rmation		Attachment Sequence No. 179
ternal Revenue Service (99)		www.irs.gov/Form		Business or a	tivity to which this	s form relates		Identifying number
HE FRIENDS (F HOMOSAS	SA SPRINGS					· .	
TT DI TET DARI	TNC			ORM 9	90 PAG	<u>E 10</u>		<u>59-3078456</u>
Part Election To Exp	ense Certain Property	y Under Section 179	Note: If you have a	ny listed p	roperty, com	plete Part V b	efore you	complete Part I.
Maximum amount (s	ee instructions)							1,020,000.
2 Total cost of section	179 property place	d in service (see ins	tructions)		· · · · · · · · · · · · · · · · · · ·	•••••	2	2,550,000.
Threshold cost of se	ction 179 property t	petore reduction in l	imitation		•••••	••••••	4	2,330,0001
Reduction in limitation	on. Subtract line 3 fr	rom line 2. If zero or	less, enter -0		••••••		5	
Dollar limitation for tax year			If married filing separately	y, see instructi t (business use		(c) Elected cost		
<u> </u>	(a) Description of pro	perty	(0) COS	t (business usi				
······		, ·						
Listed property. Ent	er the amount from	line 29			7			
3 Total elected cost o	f section 179 prope	rty. Add amounts in					8	
Tentative deduction	. Enter the smaller	of line 5 or line 8						
) Carryover of disallo	wed deduction from	line 13 of your 201	8 Form 4562				10	
Business income lin	nitation. Enter the s	maller of business ir	ncome (not less th	an zero) or	line 5		. 11	
2 Section 179 expense	e deduction. Add li	nes 9 and 10, but d	on't enter more tha	an line 11		<u></u>	. 12	
3 Carryover of disallo	wed deduction to 2	020. Add lines 9 and	d 10, less line 12	<u> </u>	▶ 13	, · · · · · · · · ·	- 4	
ote: Don't use Part II	or Part III below for	listed property. Inst	ead, use Part V			1		<u></u>
Part II Special D	epreciation Allowa	nce and Other Dep	preciation (Don't	include lis	tea property.) 	T T	
4 Special depreciatio	n allowance for qua	lified property (othe	r than listed prope	rty) placed	in service au	inng	14	154,388.
the tax year							15	
5 Property subject to							16	14,687.
6 Other depreciation	(including ACRS)	Linoludo listed prop	orty See instructio	nns)			<u></u>	
Faltin MACRS L	pepreciation (Don		Section					
7 MACRS deduction	a for aposto placod	in service in tax yea	rs beginning befor	e 2019			17	2,239.
8 If you are electing to grou	s IOI assets placed in ser	vice during the tax year int	a one or more general as	set accounts,				
18 If you are electing to grou	Section B - Asset	s Placed in Service	During 2019 Tax	Year Usi	ng the Gener	al Depreciat	ion Syster	<u>n</u>
(a) Classification		(b) Month and year placed in service	(c) Basis for deprec (business/investmen only - see Instructi	iation ht use	(d) Recovery period	(e) Convention		
19a 3-year propert	/	S. C. S.					<u> </u>	<u> </u>
b 5-year propert						<u> </u>	<u> </u>	- <u> </u>
c 7-year propert							·	
d 10-year prope	ty	1.2.2.1.2.1.2.1.2.1.2.1.1.1.1.1.1.1.1.1						
e 15-year prope	rty						<u></u>	· · · · · · · · · · · · · · · · · · ·
f 20-year prope	rty							
g 25-year prope	rty	and the second second			25 yrs.		S/L_	
L. Desidential va	ntal proporty	/	ļ		27.5 yrs.	MM	S/L	
h Residential re	ntai property	<u> </u>	ļ		27.5 yrs.	MM	S/L	· · · · · · · · · · · · · · · · · · ·
t Nerreeldertic	I real property	1	<u> </u>		39 yrs.	MM	S/L	· · · · · · · · · · · · · · · · · · ·
		/	<u> </u>			MM	S/L	
	Section C - Assets	s Placed in Service	During 2019 Tax	Tear Usir	ig the Altern	auve Depred	01	
20a Class life			4		10		<u>S/L</u> S/L	
b 12-year			¥		12 yrs.	MM	S/L S/L	
c 30-year					30 yrs. 40 yrs.	MM	<u> </u>	
d 40-year		<u>, I/</u>	1		-+0 yis.			
	ry (See instructions		······································			<u> </u>	21	
21 Listed property.	Enter amount from	line 28			and line 01		····· <u>-</u>	
22 Total Add amou	ints from line 12, lin	es 14 through 17, li nes of your return. F	nes 19 and 20 in C Partnershins and S	;oiumn (g), ; cornoratio	anu ime 21. ons - see insti	r	22	171,31
Enter here and o 23 For assets show	n une appropriate ill	lin service during th	a current vear en	ter the				
		ection 263A costs			23			

916251 12-12-19 LHA For Paperwork Reduction Act Notice, see separate instructions.

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Form 4562 (2019)

			FRIENDS			ASSF	A SPR	TNG	50			59-31	0784	56 Pa	
	62 (2019)	WTP	DLIFE PA	KK,	INC		oiroraft	ondi	proporty	used for			0704	<u>90 P</u> 2	ide x
Part V	Listed Propert	y (Include au recreation, o	ramusement.)	ain otne	r venicies,	certair	aircrait,	anu p	рюрену	used for					
	Note: For any y	ehicle for wh	hich vou are usir	ng the st	tandard mi	leage i	ate or de	ducti	ing lease	expense	, comple	ete only	24a,		
<u> </u>	24b, columns (a	a) through (c)	of Section A, a	ll of Sec	tion B, and	i Secti	on C if a	oplica	ible.			· ·			
			n and Other In												
4a Doy	ou have evidence to s	upport the bus	iness/investment	use clain	ned? X	Yes		10 2	24b lf "Ye						No
	(a)	(b)	(c)	· ·	(ď)		(e)		(f)		3)	(h)		(i) Electe	
Ty	pe of property	Date placed in	Business/ investment		ost or		or depreciat as/investm		Recovery period	Met Convi	hod/	Deprecia deduct		section	
(lis	t vehicles first)	service	use percentage	στη	er basis		use only)		period		siluoit			COS	
5 Sper	cial depreciation allo	wance for g	ualified listed pr	operty p	laced in se	ervice	during th	e tax	year and		1		20 E 20		
•	l more than 50% in a										25			ann an thairte anns an thairte an Thairte an thairte an th	
	perty used more that						·.								
	EACH SHED				2,484.		2,48	1.5	5.00	SL	-HY	÷ .			
<u> </u>			%	1					· ·						
<u>;</u> ;			%		,			.							
			and the second se			.I				L				·.	
27 Prop	perty used 50% or le			1	· ··· ·	1	,	ł		S/L-				238.53.740	
		<u> </u>	%					<u> </u>		·				AND TRACK	102204
		<u> </u>	.%		• •					S/L					
		<u> </u>	%	1		1		1		S/L					
	l amounts in column											<u>.</u>			
29 Add	l amounts in column	ı (i), <u>line 26. E</u>	Enter here and c	n line 7	, page 1				<u></u>				29		
-			Se	ection E	- In forma	tion o	n Use of	Vehi	cles						
Comple	te this section for ve	ehicles used	by a sole propri	etor. pa	rtner. or ot	her "m	ore than	5% c	wner," o	r related	person.	lf you pro	vided v	/enicles	
	employees, first ans	wer the que	tions in Section	n C to se	e if you m	eet an	exceptio	n to d	completir	na this s	ection fo	r those ve	ehicles.	•	
o your	employees, linst ans			10103	56 it you in	eeran	overhee		oompioui	ig alle e					
					<u>, </u>	<i>n</i> -	<u> </u>		1->	1	(d)	(e	a .	(f	······································
					a)	(b	' I		(c)		(d) 5:515		-	Vehi	
	al business/investment			Veh		Vehi	cle	V	ehicle	Ve	hicle	Veh	lcle	<u>A 611</u>	GIE
year	r (don't include commu	uting miles) 💡													
31 Tot	al commuting miles	driven during	g the year 🛄							-l		. ,		ļ	
32 Tot	al other personal (no	oncommuting	g) miles		1				·· ·					1	
	/en						·		•						
	al miles driven durin									ľ					
00 101	a mileo anvon aara			ĺ											
٨ط	d lines 30 through 3	9													
	d lines 30 through 3			Vec	No	Vas	No	Ves	No	Yes	No	Yes	No	Yes	Ňo
3 4 Wa	as the vehicle availat	ole for perso	nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
34 Wa dui	as the vehicle availat ring off-duty hours?	ole for perso	nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
34 Wa dui 35 Wa	as the vehicle availab ring off-duty hours? as the vehicle used p	ole for person	nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
34 Wa dui 35 Wa tha	as the vehicle availat ring off-duty hours? as the vehicle used r an 5% owner or relat	ole for person primarily by a ted person?	nal use I more	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
34 Wa dui 35 Wa tha	as the vehicle availab ring off-duty hours? as the vehicle used p	ole for person primarily by a ted person?	nal use I more	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
34 Wa dui 35 Wa tha	as the vehicle availat ring off-duty hours? as the vehicle used r an 5% owner or relat another vehicle avail	ole for person orimarily by a ted person? lable for pers	nal use u more conal										No	Yes	No
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