

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2016 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: The Friends of Homosassa Springs Wildlife Park, Inc.

Mailing Address:4150 S. Suncoast Blvd. Homosassa, FL 34446

Telephone Number: <u>352-586-6069</u> Website Address: <u>http//friendshswp.org</u>

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.

Brief Description of the CSO's Mission: To provide support to the Park and to help conserve and enhance the wildlife and other resources of the Homosassa Springs Wildlife State 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 and fundraising for a variety of approved park improvements. The Friends of Homosassa has become a repository for contributions from individuals, organizations, and businesses for the benefit of approved park needs.

Brief Description of the CSO's Results Obtained: Held 10 annual special events during past year including approximately 30 community outreach programs. Fiscal year net contribution of \$44,000 that supported the operation of Park. Areas of support included animal enrichment; parking lot lights; replacement manatee fence; replacement of alligator fencing; new curbing beautification project at West entrance; construction of small bird aviary; replaced sound system; website upgrades and provide educational materials for Discovery Center along with seasonal exhibits. The overall Park wildlife enhancements and improvements for beautification results in increased visitors' attendance.

Brief Description of the CSO's Plans for Next Three Fiscal Years: Completion of a Key Deer Walk exhibit to improve visitors viewing area along with improved access for animal keepers. Also planned; enhancements to bear and panther habitats; repairs to existing boardwalks; replacement or improvement of windows for underwater observatory (this could go beyond three years); addition of windows and fans in our wildlife holding area (MEW); increased marketing through area festivals; ongoing engagement of volunteers to the animal enrichment program and puppeteers.

- ☑ Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)
- ☑ Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

The Friends of Homosassa Springs Wildlife Park, Inc. Code of Ethics

Preamble

- 1. It is essential to the proper conduct and operation of **The Friends of Homosassa Springs Wildlife Park, Inc.** (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 Section 112.3251, Florida Statute (FL 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 Homosassa Wildlife Park, Inc. board members, officers and employees of their official duties.

Standards

The following standards of conduct are enumerated in Chapter 112, FL Stat., and are required by Section 112.2351, FI Stat., to be observed by CSO board members, officers and employees.

1. 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.

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 that 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 of officer to file a memorandum before the vote, the memorandum must be filled 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.

EXTENDED TO NOVEMBER 16, 2015

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	2014 calendar year, or tax year beginning AP	R 1, 2014 and	ending]	MAR 31, 2015				
Ba	heck if pplicable	FRIENDS OF HOMOSASSA SP.	RINGS		D Employer identific	ation number			
	_chang Name _chang		AND		59-30	78456			
	Initial return Final	Number and street (or P.O. box if mail is not delive 4150 S SUNCOAST BLVD	E Telephone number	528-5343					
	Jreturn/ terminated		P or foreign postal code		G Gross receipts \$	267,608.			
	Ameno			H(a) Is this a group ref					
	Applic			for subordinates?					
	pendir	SAME AS C ABOVE			H(b) Are all subordinates ind				
LI	ax-exe		(insert no.) 4947(a)(1)	or 527		ist. (see instructions)			
-		e: ► N/A	111011111111111111111111111111111111111		H(c) Group exemption				
			ciation Other	L Year		State of legal domicile: FL			
	rt I	Summary		1= 1==					
-	1	Briefly describe the organization's mission or most significant	gnificant activities: WILD:	LIFE H	HABITAT EDUCA	ATION AND			
Activities & Governance		AWARENESS	<u></u>						
na		Check this box if the organization disconting	nued its operations or dispos	sed of mor	e than 25% of its net ass	sets.			
Ve		Number of voting members of the governing body (P				12			
Ö		Number of independent voting members of the gover				12			
တိ		Total number of individuals employed in calendar yea				0			
itie		Total number of volunteers (estimate if necessary)				324			
cţì		Total unrelated business revenue from Part VIII, colur				0.			
A		Net unrelated business taxable income from Form 99				0.			
					Prior Year	Current Year			
d)	8	Contributions and grants (Part VIII, line 1h)			61,687.	215,966.			
nue					12,987.	4,022.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, a			100.	410.			
B		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			36,763.	28,940.			
æ		Total revenue - add lines 8 through 11 (must equal Pa			111,537.	249,338.			
		Grants and similar amounts paid (Part IX, column (A),			0.	0.			
		Benefits paid to or for members (Part IX, column (A),			0.	0.			
S		Salaries, other compensation, employee benefits (Pa			0.	0.			
Expenses			essional fundraising fees (Part IX, column (A), line 11e)						
bei		Total fundraising expenses (Part IX, column (D), line 2		0.		0.			
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 1			46,520.	71,380.			
		Total expenses. Add lines 13-17 (must equal Part IX,			46,520.	71,380.			
		Revenue less expenses. Subtract line 18 from line 12			65,017.	177,958.			
Net Assets or Fund Balances				В	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)			193,658.	371,616.			
A B	21	Total liabilities (Part X, line 26)			0.	0.			
Fun	22	Net assets or fund balances. Subtract line 21 from lin	ne 20		193,658.	371,616.			
Pa	rt II	Signature Block							
Unde	r pena	lties of perjury, I declare that have examined this return, inc	cluding accompanying schedule	s and staten	nents, and to the best of my	knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	nich prepare	r has any knowledge.				
Sign	1	Signature of officer			Date	10 11			
Here	9	JOE DUBE, PRESIDENT			9-1	0-15			
		Type or print name and title				71 07111			
			reparer's signature		Date Check if	PTIN			
Paid		ROBERT C. WARDLOW III	E VIV		09/01/15 self-employed				
Prep		Firm's name WARDLOW & CASH, P			Firm's EIN	59-1638720			
Use	Only	Firm's address 450 PLEASANT GROV							
		INVERNESS, FL 344	52		Phone no. (35	52)726-8130			
MAGN	the IF	C discuss this return with the property shows about	2 (and instructional			Y Voc No			

FRIENDS OF HOMOSASSA SPRINGS

Form 990	2014)	

WILDLIFE PARK, INC

59-3078456 Page 2

	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 47,915.
	Other and services (Described a Other date O.)
4c	(Code:) (Expenses \$
4b	(Code:) (Expenses \$
	ACCESS BY ALL.
	PUBLIC BY PROVIDING WHEELCHAIRS, STROLLERS AND LITERATURE THAT ALLOWS
	THE ORGANIZATION MAINTAINS AND IMPROVES WILDLIFE HABITATS AT THE HOMOSASSA SPRINGS WILDLIFE PARK. IT ALSO PROVIDES SERVICES TO THE
4a	(Code:) (Expenses \$ 47,915. including grants of \$) (Revenue \$ 4,432.)
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
	If "Yes," describe these new services on Schedule O.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	HOMOSASSA SPRINGS STATE WILDLIFE PARK AND TO EXPAND PUBLIC INTEREST IN THE HERITAGE OF NATURAL ENVIRONMENT IT REPRESENTS.
	TO HELP CONSERVE AND ENHANCE THE WILDLIFE AND OTHER RESOURCES OF THE
1	Check if Schedule O contains a response or note to any line in this Part III

FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) WILDLIFE PARK, INC
Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic overment on Part IX, column (A), line 7.1 M°s, "complete Schedule I, Parts I and III 21 Parts IA and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Part I and III 22 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization minist an escore account other than a refunding secroe with any time during the year to defease any tax-exempt bonds? 24b Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are secretary and that the transaction what a siqualization person did not person during the year? 1 M°se, "complete Schedule I, Part II 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualided person of my of the organization sware that it engaged in an excess benefit transaction with a disqualided persons? If "Yes," complete Schedule I, Part IV 125b Did the organization proport any amount on Part X, line 5, 6, or 22 for receivables from	No	Yes			
22 20 bit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 23 24 24 25 25 24 24 25 25					21
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization maintain an ascrow account other than a refunding escrow at any time during the year? defease any tax-exempt bonds? 15 Did the organization act as an "on behalf off" issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? 15 Section SO1(x)3, SO1(x)4, and SO1(x)29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part II 25a 16 Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28 Was the organization applicable filing thresholds, conditions, and exceptions: 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule R, Part II in the organizat	X		21		
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 601(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization perort any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 25c A narrity of which a current or former officer, director, trustee, or key employee (or a family immember thereof) was an officer, director, trustee, or key employee for a family immember thereof) was an officer, director, trustee, or key employee for a family immember thereo	37				22
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? Did the organization required more than of the following parties (see Schedule L, Part IV instructions for applicable filing	X		22		
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Did the organization adiqualified person during the year? 28d Is the organization and siqualified person during the year? 28d Is the organization has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 28d Schedule L, Part IV 28d Schedule L, Part IV 28d A current or former officer, director, trustee, or key employees? If "Yes," complete Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee (23
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", or to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule L, Part I 25a b Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b d the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 3%% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Mas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a cur	v		00		
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Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M. 28b c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. 28b c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. 29c Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R. Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.				contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	X		27		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 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 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	28
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Uses 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, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		100	1 2 2 2	instructions for applicable filing thresholds, conditions, and exceptions):	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	-	28a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	a
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	X	_	28b		
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	С
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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Solid the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				Did the organization liquidate, terminate, or dissolve and cease operations?	31
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33
Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	X		33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					34
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)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	X		34	Part V, line 1	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	X		35a		35a
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	b
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			35b		
					36
	X		36		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization					37
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	X		37		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?					38
		X	38	Note. All Form 990 filers are required to complete Schedule O	

WILDLIFE PARK, INC

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 a 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 _________13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X					
000	tion A. Governing Body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year1a	12							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	12							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			1					
~	and the state of t	7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		13						
	The governing body?	8a	X	-					
b	Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	- 22						
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		- 22					
300	tion B. I onoico (mis Section B requests information about policies not required by the internal nevenue code.)		Voc	No					
40-	Did the organization have local chapters, branches, or affiliates?	10.	Yes	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	1	Α					
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	108							
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form'								
		112	A						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10.		v					
12a		-		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b)						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100							
	in Schedule O how this was done			37					
13	Did the organization have a written whistleblower policy?			X					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent		1						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
a	The organization's CEO, Executive Director, or top management official		1	X					
b	Other officers or key employees of the organization	15b)	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	12.0		1 - 1					
	taxable entity during the year?	16a	1	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶FL								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on	y) availa	able						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	BRENDA BAXLEY - 352-628-5343								
	4150 S SUNCOAST BOULEVARD, HOMOSASSA, FL 34440								

FRIENDS OF HOMOSASSA SPRINGS

WILDLIFE PARK, INC

59-3078456

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

 • List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARIA LIANE CHANCEY DIRECTOR	0.00	х						0.	0.	0.
(2) SUSAN JAMES DIRECTOR	0.00	x						0.	0.	0
(3) ROCHELLE KAISER DIRECTOR	0.00	X						0.	0.	0
(4) ED SHAW DIRECTOR	0.00	X						0.	0.	0.
(5) RENATE WILMS DIRECTOR	0.00	x						0.	0.	0 .
(6) JOE DUBE PRESIDENT	0.00			x				0.	0.	0.
(7) VICKY IOZZIA VICE PRESIDENT	0.00			х				0.	0.	0.
(8) BRENDA BAXLEY TREASURER	0.00			x				0.	0.	0
(9) JUDY HEMER SECRETARY	0.00			x				0.	0.	0
(10) SUE BUCHHEISTER DIRECTOR	0.00			X				0.	0.	0

	(A) Name and title	(B) Average hours per week (list any	off	not c x, unle icer an	ss pe	itior more	than	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Co	(F) Estimate amount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Unicer Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	0	from the organization and relation organization	ie tion ted
1h	Sub-total								0.	0			0
С	Total from continuation sheets to Pa Total (add lines 1b and 1c) Total number of individuals (including l	art VII, Section A						no re	0.	0			0
_	compensation from the organization	•	_			_						Yes	No
3	Did the organization list any former of line 1a? If "Yes," complete Schedule J	for such individual									3		X
4	For any individual listed on line 1a, is to and related organizations greater than	\$150,000? If "Yes	," cc	ompl	ete S	Sch	edule	Jfo	or such individual		4		x
5	Did any person listed on line 1a receive rendered to the organization? If "Yes,"										. 5		X
	etion B. Independent Contractors		dan						not received more than	\$100,000 of compo	nostio	n from	
1	Complete this table for your five highe the organization. Report compensation										isalio	II IIOIII	
	(A Name and busi		N	ON	E				(B) Description of s	ervices	Com	(C) pensatio	n
								0.00					
2	Total number of independent contract		not l	limite	ed to		se li	sted	above) who received n	nore than			
	\$100,000 of compensation from the o	iganization -					0					m 990	(001

Statement of Revenue

WILDLIFE PARK, INC

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D**) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 5,024. 1b c Fundraising events 10 d Related organizations 15,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 195,942. g Noncash contributions included in lines 1a-1f: \$ 215,966. h Total. Add lines 1a-1f . **Business Code** 2,705. 2,705. 2 a EDUCATION PROGRAMS 611710 Program Service Revenue d 900099 1,317. 1,317. f All other program service revenue g Total. Add lines 2a-2f . 4,022 3 Investment income (including dividends, interest, and 410. 410 other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue of including \$ contributions reported on line 1c). See Part IV, line 18 a 47,210. b Less: direct expenses _____ b 28,940 28,940. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 249,338. 28,940. 4,432. Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management Legal 3,951 3,951 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 1,556. Advertising and promotion 1,556. 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 18,226. 18,226. Depreciation, depletion, and amortization 22 1,618. 1,618. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 10,103. 10,103. a DESIGNATED FUND EXPENSE 6,967. **b DUES & SUBSCRIPTIONS** 6,967. 3,270. 3,270. c EDUCATION 3,046. d REPAIRS & MAINTENANCE 3,046. 11,652. 10,991. SEE SCH O 22,643. e All other expenses 71,380 47,915. 23,465. 0. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2014)
Part X Balance Sheet

Part.	^	Balance Sneet		4-18			
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		73,245.	1	12,495.	
	2	Savings and temporary cash investments			109,092.	2	340,325.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4,000.	4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(d	c)(9) voluntary			
2		employees' beneficiary organizations (see instr).	Complet	te Part II of Sch L		6	
S S S S S S S S S S S S S S S S S S S	7	Notes and loans receivable, net		7			
ć .	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
1	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	130,721.			
	b	Less: accumulated depreciation		111,925.	7,321.	10c	18,796.
1	1	Investments - publicly traded securities		11			
1:	2	Investments - other securities. See Part IV, line 1				12	
1	3	Investments - program-related. See Part IV, line			13		
1	4	Intangible assets		14			
1	5	Other assets. See Part IV, line 11			15		
10	6	Total assets. Add lines 1 through 15 (must equal	193,658.	16	371,616.		
1	7	Accounts payable and accrued expenses		17			
1	8	Grants payable		18			
1	9	Deferred revenue				19	
2	20	Tax-exempt bond liabilities			20		
2	21	Escrow or custodial account liability. Complete				21	
2	22	Loans and other payables to current and former	officers,	directors, trustees,			
		key employees, highest compensated employee	s, and di	isqualified persons.			
		Complete Part II of Schedule L			320000000000000000000000000000000000000	22	
2	23	Secured mortgages and notes payable to unrela				23	
2	24	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
2	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25		0.	26	0.	
		Organizations that follow SFAS 117 (ASC 958), check	here X and			
0		complete lines 27 through 29, and lines 33 an					
2	27	Unrestricted net assets	135,884.		305,746		
2	28	Temporarily restricted net assets	57,774.	28	65,870.		
2	9	Permanently restricted net assets		29			
2		Organizations that do not follow SFAS 117 (A					
5		and complete lines 30 through 34.					
3	80	Capital stock or trust principal, or current funds			30		
3	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets of ruid balances	32	Retained earnings, endowment, accumulated in			400 400	32	0.000
3	33	Total net assets or fund balances			193,658.	33	371,616.
3	34	Total liabilities and net assets/fund balances			193,658.	34	371,616.

FRIENDS OF HOMOSASSA SPRINGS 59-3078456 Page 12 SCHEDI WILDLIFE PARK, INC Form 990 (2014) Part XI Reconciliation of Net Assets (Form 990 Check if Schedule O contains a response or note to any line in this Part XI Department of t Internal Revenu 249,338. Total revenue (must equal Part VIII, column (A), line 12) Name of th 71,380. Total expenses (must equal Part IX, column (A), line 25) 2 2 177,958. 3 3 Revenue less expenses. Subtract line 2 from line 1 Part I 193,658. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 Net unrealized gains (losses) on investments The organiz 5 5 6 Donated services and use of facilities 2 7 Investment expenses 3 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 4 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 371,616. 5 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes X No 7 1 Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 8 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Were the organization's financial statements audited by an independent accountant? 10 2b 11 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits Form 990 (2014) d f Enter Provid

Total LHA For Pa Form 990 o 0.

X

X

X

Schedule A (Form 990 or 990-EZ) 2014 WILDLIFE PARK, INC 59-30784

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	118,158.	211,610.	110,218.	61,687.	215,966.	717,639.
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		200 200				
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	118,158.	211,610.	110,218.	61,687.	215,966.	717,639.
5	The portion of total contributions	110/1301	221,010.	110/2101	02/00/1	223/3001	12170051
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						717 (20
-	Public support. Subtract line 5 from line 4.			Y000221-1-1			717,639.
	ction B. Total Support	4 4 0040	*******		4 0 0040	4 1 004 4	(n T
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	118,158.	211,610.	110,218.	61,687.	215,966.	717,639.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	456.	98.	25.	100.	410.	1,089.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	456.	4,687.	6,537.			11,680.
11	Total support. Add lines 7 through 10						730,408.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	98.25 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	97.47 %
16a	33 1/3% support test - 2014. If the	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2013. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes				-		
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
10	Private foundation. If the organization						
10	THE PURIOUS IN THE ORGANIZATION	and not oneon a	00X 011 III 10, 10	u, 100, 17a, 01 17b,			or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
A	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				10		
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		S first assert the	al founds on Ethic A		F01(a)(0)i	ation .
14	First five years. If the Form 990 is for the	•				1 / 1 / 0	
Sac	check this box and stop heretion C. Computation of Public	Support Pe	rcentage				
	Public support percentage for 2014 (lir			column (fl)		15	9
	Public support percentage from 2013					16	9
	etion D. Computation of Invest					10	,
	Investment income percentage for 201					17	9
	Investment income percentage from 20						9
	33 1/3% support tests - 2014. If the co						
ıəd							
	more than 33 1/3%, check this box and						
D	33 1/3% support tests - 2013. If the c	-					
00	line 18 is not more than 33 1/3%, chec						
711	Private folingation if the organization	THE DOLCDECK 2	DOLLA OU HUD 14 14	IN OF IMP CHACK !	rus nov and see it	ISTRUCTIONS	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		- 1
5b	117934	
5c		
6		
7		
8		
9a		
9b		
9c		
10a	9	
101		
m 990 or		2014

-		-30/845	0 b Pa	age 5
Pa	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Tes	140
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	etion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part Vi how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1 1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	-		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			1000
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instruc	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions		L.
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01:		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

FRIENDS OF HOMOSASSA SPRINGS

Schedule A (Form 990 or 990-EZ) 2014 WILDLIFE PARK, INC 59-3078456 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 5 Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

7

instructions).

FRIENDS OF HOMOSASSA SPRINGS Schedule A (Form 990 or 990-EZ) 2014 WILDLIFE PARK. INC

Sche	rt V Type III Non-Functionally Integrated 509			9-3078456 Page 7
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		200	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive		
	(provide details in Part VI). See instructions.	****		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	(), ()		
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			140
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
С		And the second s		
d	Excess from 2013			The state of the s
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

FRIENDS OF HOMOSASSA SPRINGS

Schedule A	(Form 990 or 990-EZ) 2014 WILDLIFE PARK, INC	59-3078456	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	r 17b; and Part III, line 1	2.
	Also complete this part for any additional information. (See instructions).	,	
	Also complete this part for any auditional information. (See instructions).		
			-
		10 p 10 10 p 10 p 10 p 10 p 10 p 10 p 1	

Schedule 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.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC

59-3078456

Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note. Only a section 501(d) General Rule For an organization	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or						
property) from an	y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
sections 509(a)(1	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 for, 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, Z, line 1. Complete Parts I and II.						
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the autions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.						
year, contribution is checked, enter purpose. Do not o	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively sele, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), in 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 at 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) (2014)

Name of organization
FRIENDS OF HOMOSASSA SPRINGS
WILDLIFE PARK, INC

Employer identification number

59-3078456

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	FELBURN FOUNDATION PO BOX 109 YANKEETOWN , FL 34498	\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	ESTATE OF DONALD MELAAS PO BOX 495 GORDONSVILLE , VA 22942	\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization

FRIENDS OF HOMOSASSA SPRINGS

WILDLIFE PARK, INC

Employer identification number

59-3078456

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
	 \$					
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
	s					
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions)				

Part III

Employer identification number

FRIENDS	OF	HOM	OSASSA	SPRINGS
WILDLIFE	PA	RK,	INC	

E PARK		59-3078456
Exclusively	religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or	(10) that total more than \$1,000 for
the year from	any one contributor. Complete columns (a) through (e) and the following line entry. For organization	IS A

completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF HOMOSASSA SPRINGS

WILDLIFE PARK, INC

Employer identification number 59-3078456

	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	rised funds	
_	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
				Yes No
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e		storically impo	ortant land area
	Protection of natural habitat	Preservation of a ce	rtified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conser	vation easement on the last
	day of the tax year.			
				Held at the End of the Tax Yea
а	Total number of conservation easements		2a	
b			-	
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	he organization	on during the tax
	year▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements if	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the ye	ear >
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expen	se statement	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organiz	ation's accounting for
	conservation easements.			
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Sim	ilar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stat	ement and ba	alance sheet works of art,
	historical treasures, or other similar assets held for public exh			
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balan	ce sheet works of art, historica
	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:			
	(i) Revenue included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under SFAS 1			
а	Revenue included in Form 990, Part VIII, line 1			\$

FRIENDS OF HOMOSASSA SPRINGS

Sche		E PARK, IN		OI ILINO			5	9-30	7845	6 Р	age 2
	rt III Organizations Maintaining (orical Tr	easures, or	Other					ago =
3	Using the organization's acquisition, access										s
	(check all that apply):	,	,	,							
а	Public exhibition	c		oan or exc	hange program:	s					
b	Scholarly research	e		Other	9 - 9						
c	Preservation for future generations									-	
4	Provide a description of the organization's c	alloctions and avalai	n how the	ov further t	he organization	e avamr	at nurnae	a in Par	+ YIII		
5	During the year, did the organization solicit of							o iii i ai	t Alli.		
5	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran										140
1 CI	reported an amount on Form 990, Pa		ete ii trie	organizatio	ii answered Te	5 10 10	ли ээо, г	ait iv, i	iii le 3, 0i		
10	Is the organization an agent, trustee, custod	y yourse	diany for c	contribution	e or other asset	te not in	cluded				
Id									Yes		No
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII								1 163		140
D	ir res, explain the arrangement in Part Alli	and complete the id	mowing to	able.					Amoun		
	D								Amoun		
С	Beginning balance						1c		- A 17		
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7	_	1
	Did the organization include an amount on F						?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII										
Pai	rt V Endowment Funds. Complete	if the organization ar	swered '	"Yes" to Fo							
		(a) Current year	(b) Pr	rior year	(c) Two years b	ack (d) Three year	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	ce (line 1g	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that	t are held a	nd administered	d for the	organiza	tion			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	lule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	rt VI Land, Buildings, and Equipn										
	Complete if the organization answere). Part IV.	line 11a. S	ee Form 990, Pa	art X, lin	e 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulated		(d) Boo	k valu	е
		basis (investr	ment)	basis	(other)	depre	eciation				
	Land				1 000					4 -	
	Buildings				1,890.					1,8	90.
C	Leasehold improvements										
d	Equipment			11	6,352.	9	99,44	6.	1	6,9	06.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2014

0.

18,796.

12,479.

Schedule D (Form 990) 2014 WILDLIFE PA	ARK, INC		59-3078456 Pag
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			- 200
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of va	lluation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, F	art X, line 15.
(a)	Description		(b) Book value
(1)			
(2)		- Avenue	
(3)			
(4)			•
(5)		00 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form	990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 WILDLIFE PARK, INC		59-3078456 Page 4
Part XI Reconciliation of Revenue per Audited Financial S	Statements With Rever	nue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV,	line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part XII Reconciliation of Expenses per Audited Financial	Statements With Expe	nses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments		
c Other losses	2c	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	18.11
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		
Part XIII Supplemental Information.		
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	e any additional information.	

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Phone solicitations

In-person solicitations

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ, III

Special fundraising events

2014

Open to Public Inspection

No

Department of the Treasury Internal Revenue Service

C

FRIENDS OF HOMOSASSA SPRINGS

Emplo

Employer identification number

WILDLIFE PARK, INC

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

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

Mail solicitations

Bolicitation of non-government grants

Internet and email solicitations

Foolicitation of government grants

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
 b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
	A						
		and the same of th					
otal							
3 List all states in which the organization is	registered or licensed to	solicit contrib	outions	s or has been notifie	d it is exempt from re	egistration	

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

FRIENDS OF HOMOSASSA SPRINGS Schedule G (Form 990 or 990-EZ) 2014 WILDLIFE PARK, INC 59-3078456 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events CELEBRATION (add col. (a) through OF LIGHTS HALLOWEEN col. (c)) (total number) (event type) (event type) 35,559. 10,476. 1,175. 47,210. 1 Gross receipts 2 Less: Contributions 10,476. 47,210. Gross income (line 1 minus line 2) 35,559. 1,175. Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 7 Entertainment 15,224. 2,916. 130 18,270. Other direct expenses 18,270. 10 Direct expense summary. Add lines 4 through 9 in column (d) 28,940. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes No No Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

FRIENDS OF HOMOSASSA SPRINGS

Schedule G (Form 990 or 990-EZ) 2014 WILDLIFE PARK, INC	5	<u>9-3078</u>	456	Page 3
11 Does the organization conduct gaming activities with nonmembers?			Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a mem	per of a partnership or other entity formed			
to administer charitable gaming?			Yes	No
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility		13a		%
b An outside facility				%
14 Enter the name and address of the person who prepares the organizat	ion's gaming/special events books and records	:		
Name				
Address >				
15a Does the organization have a contract with a third party from whom the	e organization receives gaming revenue?		Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization		t		
of gaming revenue retained by the third party ▶ \$	_ •			
c If "Yes," enter name and address of the third party:				
Name				
Address ►				
16 Gaming manager information:				
Name ►				
Gaming manager compensation ▶ \$				
Description of services provided				
Director/officer Employee Inc	dependent contractor			
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distribu	utions from the gaming proceeds to			
retain the state gaming license?			Yes	☐ No
b Enter the amount of distributions required under state law to be distrib				
organization's own exempt activities during the tax year > \$				
Part IV Supplemental Information. Provide the explanations require	d by Part I, line 2b, columns (iii) and (v), and Par	t III, lines 9,	9b, 10	0b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional is				
AND				
Mark Selection Control of the Contro	Section Continues and Continue			

Schedule G	i (Form 990 or 990-EZ)	FRIENDS WILDLIFE			A SP	RINGS		5	9-3078456	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continu	ued)							
		. ,								
					West Access					
-				3***						
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							•			
	A	200000000000000000000000000000000000000								
-								to year.		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Open to Public**

Employer identification number

59-3078456

OMB No. 1545-0047

Inspection

FORM	990,	PART	III,	LINE	4D,	OTHER	PROGR	AM SEF	RVICE	S:		
THE (ORGAN:	IZATIO	N MA	INTAIN	IS A	ND IMP	ROVES	WILDL	FE H	ABITATS	AT	THE

FRIENDS OF HOMOSASSA SPRINGS

WILDLIFE PARK, INC

HOMOSASSA SPRINGS WILDLIFE PARK. IT ALSO PROVIDES SERVICES TO THE

PUBLIC BY PROVIDING WHEELCHAIRS, STROLLERS AND LITERATURE THAT ALLOWS

ACCESS BY ALL.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO IRS FILING.

FORM 990, PART VI, SECTION C, LINE 19:

COPY OF FORM 990 IS AVAILABLE UPON REQUEST BY AN INTERESTED PARTY.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

OFFICE SUPPLIES:

PROGRAM SERVICE EXPENSES 0.

2,888. MANAGEMENT AND GENERAL EXPENSES

0. FUNDRAISING EXPENSES

TOTAL EXPENSES 2,888.

DONATIONS:

0. PROGRAM SERVICE EXPENSES

2,300. MANAGEMENT AND GENERAL EXPENSES

0. FUNDRAISING EXPENSES

2,300. TOTAL EXPENSES

VOLUNTEER:

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC	Employer identification number 59-3078456
PROGRAM SERVICE EXPENSES	2,291.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,291.
PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,832.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,832.
PARK REPAIRS & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	1,515.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,515.
DISCOVERY CENTER:	
PROGRAM SERVICE EXPENSES	1,157.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,157.
SPECIAL EVENTS:	
PROGRAM SERVICE EXPENSES	1,121.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 432212 08-27-14	1,121. Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization FRIENDS OF HOMOSASSA SPRINGS	Page 2 Employer identification number
WILDLIFE PARK, INC	59-3078456
EASTER EGG HUNT:	
PROGRAM SERVICE EXPENSES	1,111.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,111.
ANIMAL ENRICHMENT:	
PROGRAM SERVICE EXPENSES	1,105.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,105.
ANNUAL MEETING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,083.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,083.
PRINTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,003.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,003.
OUTREACH:	
PROGRAM SERVICE EXPENSES	958.
MANAGEMENT AND GENERAL EXPENSES	0.
432212 08-27-14	Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC	Employer identification number 59-3078456
PROGRAM SERVICE EXPENSES	440.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	440.
TRASH REMOVAL:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	296.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	296.
INTERNET:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	280.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	280.
TRAINING:	
PROGRAM SERVICE EXPENSES	241.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	241.
OTHER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	145.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 432212 08-27-14	145. Schedule O (Form 990 or 990-EZ) (2014)

Срісоіц	tion and / ino	tization D	TOP TOP	M 990 PAGE IC)		330
Asset				Description of p	property		
lumber	Date placed IRC	thod/ Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
P	ROGRAM SE	RVICES					
1 <u>C</u>	HAIRS						
	040201SL	7.00	16	997.		997.	
28	HED	E 00	1.0	1 000		1 000	
270	050901SL	7.00	16	1,000.	1.7-	1,000.	
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1 D	A SYSTEM	טט ז כומעט	11	0,300.	2,010.	4,050	
	05290220	0DB5,00	17	500.	150.	350.	
5P	A SYSTEM						
	08130220	0DB5.00	17	495.	149.	346.	
6D	ONATION B	OXES					
	09060220	0DB5.00	17	288.	87.	201.	
7A	DULT STRO						
	12290220	0DB 5.00	17	1,487.	446.	1,041.	
8 <u>B</u>	ENCHES	0==== 00	4.5	F00	150	256	
00	01100320		17	508.	152.	356.	
90	CHILD STRO 02200320		17	304.	91.	213.	
1 0 D	BILLBOARD	טטיי כשמטי	11/	304.	71.	213.	
100	02240320	0DB5 00	17	1,061.	318.	743.	
117	ABLES	000000	1.	1,001.	3101	7.201	
	093004SL	5.00	16	1,000.		1,000.	
12K	ENNELS						
	100704SL			490.		490.	
131	RAM BLDG						- when
	121704SL	5.00	16	2,922.		2,922.	
14P	A SYSTEM	F 00	100	10.050		10 050	
153	03/03/05SL			10,250.		10,250.	
TOA	NIMAL CAR			558.		558.	
16B	BOBCAT	11.00	10	330.		330.	
100	041306SL	7.00	16	15,008.		15,008.	
17H	IIPPO SHAC		110	2370001		20/0000	
	012409SL		16	1,890.		1,890.	
188	SIGN						
	042208SL	5.00	16	875.		875.	
19E	ENTRANCE S						-
	04 22 08 SL		16	210.		210.	
202	DISPLAY		100	1 600		1 600	
210	121108SL		16	1,600.		1,600.	
216	OUTREACH S 052208SL		21	2,484.		2,484.	-
228	BENCHES	5.00	21	2,404.		2,404.	
22	082409SL	5.00	16	3,863.		3,542.	32
23W	VASTE CANS			2,3001			
	071209SL		16	5,678.		5,395.	28
24F	PICNIC TAB	LES					
	071209SL			2,322.		2,205.	11
250	CONCRETE -						
	092909SL		16	3,600.		3,240.	36
265	SHED FRAIM		10	0 500	1	0.050	25
261	10 ₀ 8 ₀ 9SL	5.00		2,500. Current year section 179	(D) - Asset dispose	2,250.	25
1 14			# . (Julietit year section 179	(D) - Maser dishosi	Ju	

Delta process life case cristal life li	Jopioo	lation and 7	illoi tizt		Tean F	ORM 990 PAGE I			330
pleaded Inc. December Inc. December Decembe	Asset					Description of	property		
1190 5.00 16 3,150 2,730 420	Number	placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
28WIST ENTRY SPRING OVERLOOK	27		NGT.	F 00	10	2 150		2 720	420
040710200DBS,00 17	20				The second secon			2,730.	420
29MURAL PAINTINGS	40						5,750.	4,756.	663
30 BUBBLES THE MANATE STATUTE	29	MURAL PA	IITNI	NGS					
100412St 15.0016							450.	372.	52
31PORTABLE RADIOS	30		The state of the s			The state of the s		100	200
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012695SL 7.00 16 770. 770. 0 33STROLLERS	32		חמו	17.00	IIO	1,255.		1,255.	
33TROLLERS	22		SL	7.00	16	770.	W.	770.	0
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35POPCORN MACHINE 110499SL 7.00 16 539. 539. 0 3610 STROLLER 110499SL 7.00 16 2,395. 2,395. 0 37WYLAND MANATEE STATUE 1214400SL 7.00 16 3,425. 3,425. 0 38BONATION BOXES 120200SL 7.00 16 477. 477. 0 39PA SYSTEM 030501SL 7.00 16 697. 697. 0 * 990 PAGE 10 TOTAL PROGRAM SERVICES	34								
10499SL 7.00 16 539. 539. 0 3610 STROLLER 110499SL 7.00 16 2.395. 2.395. 0 37WIAND MANATEE STATUE 121400SL 7.00 16 3.425. 3.425. 0 38DONATION BOXES 120200SL 7.00 16 477. 477. 477. 0 39PA SYSTEM 030501SL 7.00 16 697. 697. 0 697. 0 70 70 70 70 70 70 7					16	329.		294.	0
3610 STROLLER 110499SL 7.00 16 2,395. 2,395. 0 37WYLAND MANATEE STATUE 121400SL 7.00 16 3,425. 3,425. 0 38DONATION BOXES 120200SL 7.00 16 477. 477. 0 39PA SYSTEM 3030501SL 7.00 16 697. 697. 697. 0 * 990 PAGE 10 TOTAL PROGRAM SERVICES * GRAND TOTAL 990 PAGE 10 DEPR * GRAND TOTAL 990 PAGE 10 DEPR 101,019. 9,663. 84,035. 2,786	35				10.0	500		520	
10499SL 7.00 16 2,395. 2,395. 0	20			7.00	16	539.		539.	0
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38 DONATION BOXES 120200SL 7.00 16 477. 477. 0 39PA SYSTEM 03050ISL 7.00 16 697. 697. 0 * 990 PAGE 10 TOTAL PROGRAM SERVICES	57							3.425.	0
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030501SL					16	477.		477.	0
* 990 PAGE 10 TOTAL PROGRAM SERVICES 101,019. 9,663. 84,035. 2,786 * GRAND TOTAL 990 PAGE 10 DEPR 101,019. 9,663. 84,035. 2,786	39								
* GRAND TOTAL 990 PAGE 10 DEPR 101,019. 9,663. 84,035. 2,786								697.	0
* GRAND TOTAL 990 PAGE 10 DEPR 101,019. 9,663. 84,035. 2,786		* 990 PA	GE 1	O TOTA	AL P				
101,019. 9,663. 84,035. 2,786		+ CDIVID	moma.	- 000	220		9,663.	84,035.	2,786
		* GRAND	TOTAL	990	PAG		0 663	04 035	2 796
251 # Current vor excline 170 (T) Asset disposed						101,019.	9,003.	04,033.	2,700
251 # Ourset was cotion 170 (II) Asset disposed									
251 # Current was notice 170 (ft) Asset disposed									
201 # Current was section 170 (7) Asset disposed									
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# Current year acation 179 (D) Asset disposed									
# Current year acation 170 (D) Asset disposed				T					
	6261				#	- Current vear section 179	(D) - Asset dispo	sed	

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning APR 1, 20:	15 and endin	g DEC 31, 2015	
C Name of organization C Name of organization FRIENDS OF HOMOSASSA SPRINGS		D Employer identific	cation number
change WILDLIFE PARK, INC		200	
ohange		59-31	078456
Freturn Number and street (or P.O. box if mail is not delivered to street add freturn/ 4150 S SUNCOAST BLVD	ress) Room.	TOUGH THE STREET STREET STREET	628-5343
city or town, state or province, country, and ZIP or foreign po	stal code	G Gross receipts \$	117,388.
Amended HOMOSASSA, FL 34446-1168		H(a) Is this a group re	turn
Application F Name and address of principal officer: JOE DUBE		for subordinates'	
SAME AS C ABOVE			cluded? Yes No
Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or		list. (see instructions)
Website: ► N/A		H(c) Group exemption	
Form of organization: X Corporation Trust Association 0	Other > L	Year of formation: 1991 M	State of legal domicile: FL
# Dark decade the control of the con	WILDITE	E IIADIMAM EDIIGI	ATTON AND
1 Briefly describe the organization's mission or most significant activit AWARENESS 2 Check this box ▶ ☐ if the organization discontinued its operat 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, Total number of individuals employed in calendar year 2015 (Part VI, Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12	ies: MITDDITE.	E HABITAT EDUCA	ATTON AND
2 Check this box I if the organization discontinued its operat	ions or disposed of	more than 25% of its not see	nata
3 Number of voting members of the governing body (Part VI, line 1a)	ions or disposed of	3	
4 Number of independent voting members of the governing body (Par	t VI. line 1h)	4	9
5 Total number of individuals employed in calendar year 2015 (Part V,	line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	mio 20)	6	400
7 a Total unrelated business revenue from Part VIII, column (C), line 12	*********************	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34		7b	0.
The state of the s	***************************************	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		215,966.	48,036.
9 Program service revenue (Part VIII, line 2g)	***************************************	4,022.	4,848.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	***************************************	410.	408.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11s	4)	28,940.	46,354.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column	(A), line 12)	249,338.	99,646.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	y y) mio 10/	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)), lines 5-10)	0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	0.	- 0.	V.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		71,380.	75,409.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	25)	71,380.	75,409.
19 Revenue less expenses Subtract line 19 from line 12		177,958.	24,237.
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	a para di	371,616.	395,856.
21 Total liabilities (Part X, line 26)	Annual Control of the	0.	0.
22 Net assets or fund balances. Subtract line 21 from line 20		371,616.	395,856.
art II Signature Block		3,270200	33370301
er penalties of perjury, I declare that I have examined this return, including accompan	ving schedules and str	atements, and to the hest of my l	knowledge and helief it is
correct, and complete. Declaration of preparer (other than officer) is based on all info	ormation of which prer	parer has any knowledge.	
		3/10/18	6
Signature of officer		Date	
e JOE DUBE, PRESIDENT			DIFAS
Type or print name and title	7	A L	PLEAS
Print/Type preparer's name Preparer's signature		Date Check	PTIN - C
ROBERT C. WARDLOW III	1	02/29/16 self-employed	P00168703
parer Firm's name WARDLOW & CASH, P.A.			59-1638720
Only Firm's address 450 PLEASANT GROVE RD			
INVERNESS, FL 34452		Phone no. (35	2)726-8130
the IRS discuss this return with the preparer shown above? (see instruction	ns)	1.00	X Yes No
001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separa	te instructions.		Form 990 (2015)
The state of the s	77 77 77 77 77 77 77 77 77 77 77 77 77		(2013)

	1 990 (2015) WILDLIFE	OF HOMOSASSA SPRINGS PARK, INC	59-3078456 Page	2
Pa	rt III Statement of Program Serv			
_		onse or note to any line in this Part III		X.
1	Briefly describe the organization's mission:			
	HOMOGAGGA GDRINGG GRA	ENHANCE THE WILDLIFE AND	O OTHER RESOURCES OF THE	_
	TUE UEDITACE OF MARIE	TE WILDLIFE PARK AND TO	EXPAND PUBLIC INTEREST IN	_
	THE REKITAGE OF NATUR	AL ENVIRONMENT IT REPRES	SENTS.	_
2	Did the organization undertake any signific	ant program services during the year which we	re not listed on	_
				lo
	If "Yes," describe these new services on S	chedule O.		
3	Did the organization cease conducting, or	make significant changes in how it conducts, a	ny program services? Yes X N	lo
	If "Yes," describe these changes on Scheo	dule O.		
4	Describe the organization's program service	e accomplishments for each of its three largest	program services, as measured by expenses.	
			and allocations to others, the total expenses, and	
_	revenue, if any, for each program service re			
4a	(Code:) (Expenses \$	55,055. including grants of \$) (Revenue \$5, 256.	.)
	THE ORGANIZATION MAIN	TAINS AND IMPROVES WILD	LIFE HABITATS AT THE	
	HOMOSASSA SPRINGS WILL	DLIFE PARK. IT ALSO PRO	OVIDES SERVICES TO THE	
		HEELCHAIRS, STROLLERS AN	ND LITERATURE THAT ALLOWS	
	ACCESS BY ALL.			
4h				
4b		including grants of \$) (Revenue \$	
4b		including grants of \$) (Revenue \$	_)
4b		including grants of \$) (Revenue \$	_)
4b		including grants of \$) (Revenue \$	_)
4b		including grants of \$) (Revenue \$	_)
4b		including grants of \$) (Revenue \$	_ }
4b		including grants of \$) (Revenue \$	
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4b		including grants of \$) (Revenue \$	_)
4b		including grants of \$) (Revenue \$	_)
4b		including grants of \$) (Revenue \$	
4b		including grants of \$including grants of \$		

		_

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

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

4e Total program service expenses ▶ 55,055.

Part IV Checklist of Required Schedules

	the production of the second o		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	0.1	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	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 Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		1
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10	-	X
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C		11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		pa.
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	070		
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1.	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1.5
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	-	X
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x

Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	-	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	24		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	11.0		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 22
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		-	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		1.3	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	x	1

Form 990 (2015) WILDLIFE PARK, INC Part V Statements Regarding Other IRS Filings and Tax Compliance

					1,000
		****************************		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		a	0	1	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		o		
c Did the organization comply with backup withholding rules for reportable payments to venc	dors and repo	ortable gaming			
(gambling) winnings to prize winners?			1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Stater	ments,				
filed for the calendar year ending with or within the year covered by this return		a (0		
b If at least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?		2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	nstructions)		20		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year			За		x
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in	Schedule O		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature	e or other auth	hority over, a	0.0		
financial account in a foreign country (such as a bank account, securities account, or other	financial acc	ount)?	4a	-	X
b If "Yes," enter the name of the foreign country: ▶	10:50(2:5) 3:72	SECTO PROTESTANCE	14		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and F	inancial Acco	ounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	ax vear?		5a	-	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	Iter transaction	n?	5b	1 =	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000,	and did the o	rganization solicit	- 55	7.1	
was weak the area of the residence of th			6a	11	X
b If "Yes," did the organization include with every solicitation an express statement that such	contributions	s or gifts	- 50		
were not tax deductible?	102/1014 1014/0	7. 5. 19	6b		
7 Organizations that may receive deductible contributions under section 170(c).			- 02		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ods and service	s provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided			7b		4.5
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for v		equired			-
to file Form 8282?		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	The state of the s	1			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	I benefit contr	ract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization	tion file Form	8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	e organization	file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	naintained by	the			
sponsoring organization have excess business holdings at any time during the year?	with the second of		8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	rson?		9b		
O Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	108	a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10t				
1 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	112	a			
b Gross income from other sources (Do not net amounts due or paid to other sources against					
amounts due or received from them.)	115)			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 104	1?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state?			13a		
Note. See the instructions for additional information the organization must report on Schedu	ule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which to	the	V I			
organization is licensed to issue qualified health plans	13b	i -			
The state of the s					
c Enter the amount of reserves on hand	130				
c Enter the amount of reserves on hand	130		14a		х

Form 990 (2015) WILDLIFE PARK, INC

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

_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	9		17.5
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	10	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			111
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
a	도도 가능이 가게 없는 것을 잃으면 가는 ^^~~ ^^~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3	_	- 11
	The state of the s		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	Iva		- 22
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	100	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114	Δ	
	Did the organization have a written conflict of interest policy? If "No " on to line 13	100		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		Λ
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	IZD		=
	in Schedule O how this was done	40-		
13	Did the organization have a written whistleblower policy?	12c		v
14	Did the organization have a written document retention and destruction policy?	13	-	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	-	Δ_
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	12.		37
b	Other officers or key employees of the organization	15a		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
-	taxable entity during the year?			**
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		X
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?			
ect	tion C. Disclosure	16b		_
7	List the states with which a copy of this Form 990 is required to be filed ▶FL		_	_
				_
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.	availabl	е	
	그들이 그 아이지 않는데 그들이 가는 것으로 보고 있는데 그 그들이 되었다.			
9	Other (explain in obliedule of	14.1		
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tay years.	d financ	cial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BRENDA BAXLEY - 352-628-5343			_
_	4150 S SUNCOAST BOULEVARD, HOMOSASSA, FL 34440			

WILDLIFE PARK, INC

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organize (A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SUSAN JAMES	0.00									
DIRECTOR		X						0.	0.	0
(2) ROCHELLE KAISER	0.00									
DIRECTOR		X	Ш					0.	0.	0
(3) ED SHAW	0.00									
DIRECTOR		X						0.	0.	0.
(4) RENATE WILMS	0.00									
DIRECTOR		X						0.	0.	0.
(5) JOE DUBE	0.00			=						
PRESIDENT	14.77			X				0.	0.	0.
(6) VICKY IOZZIA	0.00			2.						
VICE PRESIDENT				X			_	0.	0.	0.
(7) BRENDA BAXLEY TREASURER	0.00			x				0.	0.	0.
(8) JUDY HEMER SECRETARY	0.00			37						
(9) SUE BUCHHEISTER	0.00		-	X		-	-	0.	0.	0.
DIRECTOR	0.00			x			-	0.	0.	0.
			-	-		-				
		+								
		-				-	+			

	T VII Section A. Officers, Directors, (A) Name and title	(B) Average hours per week	(do box offic	not c	Positive heck resided a direction	tion nore	than s	one n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	0.00	(F) stimat nount other	t of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensi rom th aniza d rela anizat	ne ition ited
								1						
				Щ										
-														
	Sub-total								0.		0.			0
d 2	Total (add lines 1b and 1c)	ut not limited to th	بنندد)	>	0.	,000 of reportable	0.			0
	compensation from the organization			-	_		-	-					Yes	No
	Did the organization list any former offic line 1a? If "Yes," complete Schedule J f	or such individual	*****	*****					eineinen mitter sammen.			3		x
4	For any individual listed on line 1a, is the and related organizations greater than \$	e sum of reportable 3150,000? If "Yes,"	e co	mpe nple	nsat te So	ion :	and dule	othe J for	r compensation from t	he organization		4		x
5	Did any person listed on line 1a receive rendered to the organization? If "Yes," or	or accrue compen	satio	on fr	om a	iny i	unre	lated	d organization or individ	dual for services				T
Sect	ion B. Independent Contractors											5		X
1	Complete this table for your five highest the organization. Report compensation	compensated ind	epe	nder	nt co	ntra	ctor	s tha	at received more than s	\$100,000 of comp	oensa	ition fr	om	
	(A)	(A) (B)								Co	(C) isatio	n	
								-						
2	Total number of independent contractor	s (including but no	et liere	itad										

Form 990 (2015) WILDLIFE PARK, INC Part VIII Statement of Revenue

		Check if Schedule O conf	ano a respond	so of mote to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		12,115.				
S, C	c	Fundraising events						
Gift	d	Related organizations						
in,	е	Government grants (contribut	ions) 1e					1
tion S	f	All other contributions, gifts, gran	ts, and					
E E		similar amounts not included abo	ve 1f	35,921.				
do	g	Noncash contributions included in lines	1a-1f: \$	EATECT				
<u>5</u> <u>5</u>	h	Total. Add lines 1a-1f			48,036.			
				Business Code				
ce	2 a	EDUCATION PROGR	RAMS	611710	3,360.	3,360.		
er.	b							
Program Service Revenue	С							
Rev	d							
roc L	е			-				
п.	1.0	All other program service reve			1,488.	1,488.		
		Total. Add lines 2a-2f			4,848.			
	3	Investment income (including			1.00	648.7		
		other similar amounts)			408.	408.		
	4	Income from investment of tax	Annual State of the Party of the Control of the Con	_				
	5	Royalties	Contract Contract					
		0	(i) Real	(ii) Personal				
	6 a	A CONTROL OF THE PARTY OF THE P		+				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of	The second secon					
	/ a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	, D	and sales expenses						
		Gain or (loss)				- 1		
		Net gain or (loss)						
		Gross income from fundraising						-
nue		including \$						
eve		contributions reported on line						
E		Part IV, line 18		64,096.				
Other Reve	b	Less: direct expenses		17,742.				
0		Net income or (loss) from fund			46,354.			46,354.
	9 a	Gross income from gaming ac	tivities. See					10,001.
		Part IV, line 19		a				
	b	Less: direct expenses	I					
		Net income or (loss) from gami				-		
	10 a	Gross sales of inventory, less r	eturns	1				
		and allowances	8	a				
	b	Less: cost of goods sold	l					
-	С	Net income or (loss) from sales	of inventory .					
1		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			99,646.	5,256.	0.	46,354.

Form 990 (2015) WILDLIFE PARK, INC Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A)		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9					
	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
b	Legal	2 452			
C	Accounting	3,450.		3,450.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			100000000000000000000000000000000000000	
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	2,535.	2,535.		
13	Office expenses	430.		430.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,190.	14,190.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	PARK REPAIRS & MAINTENA	18,120.	18,120.		
h	DESIGNATED FUND EXPENSE	13,585.	13,585.		
6	BILLBOARDS	6,530.	13,303.	6,530.	
4	EQUIPMENT	2,515.			
0	All other expenses SEE SCH O	14,054.	6 625	2,515.	
			6,625.	7,429.	*
25	Total functional expenses. Add lines 1 through 24e	75,409.	55,055.	20,354.	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet

Pa	rt X	Balance Sheet					THE PERSON
		Check if Schedule O contains a response or no	te to any li	ine in this Part X		·········	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	***************************************		12,495.	1	51,339
	2	Savings and temporary cash investments	***********		340,325.	2	323,734
	3	Pledges and grants receivable, net	************			3	
	4	Accounts receivable, net	4010104			4	
	5	Loans and other receivables from current and for	ormer offic	ers, directors.			
		trustees, key employees, and highest compensations	ated emple	ovees. Complete			
	-	Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied perso	ns (as defined under			
	F.	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Z.	8	Inventories for sale or use	*************			8	
	9	Prepaid expenses and deferred charges	***********			9	
	77	Land, buildings, and equipment: cost or other	1			3	
		basis. Complete Part VI of Schedule D	10a	146.897			
	b			126,114.	18,796.	10c	20,783
	11	Investments - publicly traded securities			10,750.	11	20,103
	12	Investments - other securities. See Part IV, line	1	-		12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	*******	***************************************		15	
	16	Total assets, Add lines 1 through 15 (must equi	al line 34\	************************	371,616.	16	395,856
	17	Accounts payable and accrued expenses			371,010.	17	333,030
	18	Grants payable		18			
	19	Deferred revenue	***************************************		19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of S	Schedule D		21	
,	22	Loans and other payables to current and former				-21	
2		key employees, highest compensated employee					
ridollidos.		Complete Part II of Schedule L				22	
1	23	Secured mortgages and notes payable to unrela	ted third r	nartios		23	
1	24	Unsecured notes and loans payable to unrelated	third nad	tice			
	25	Other liabilities (including federal income tax, par				24	
		parties, and other liabilities not included on lines					
		Sahadula D	7 - 7			05	
	26	Total liabilities, Add lines 17 through 25			0.	25 26	0
		Organizations that follow SFAS 117 (ASC 958			0.	20	U
,		complete lines 27 through 29, and lines 33 an		cic P LIL and			
	27	Unrestricted net assets			305,746.	27	202 674
	28	Temporarily restricted net assets	*************		65,870.	28	302,674 93,182
	29	Discourse and the second of th			03,070.		93,104
	-3	Organizations that do not follow SFAS 117 (AS		hack here		29	
	1 1	and complete lines 30 through 34.	THE PLAN				
	30	Capital stock or trust principal, or current funds				20	
	31	Paid-in or capital surplus, or land, building, or eq	uinment f	and .		30	
	32	Retained earnings, endowment, accumulated inc				31	
Social purposes	33				271 616	32	205 255
	33	Total liabilities and net assets/fund balances			371,616. 371,616.	33	395,856 395,856

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 99,646. 2 Total expenses (must equal Part IX, column (A), line 25) 2 75,409. 3 Revenue less expenses. Subtract line 2 from line 1 3 24,237. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 371,616. 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 3, . Net assets or fund balances at equal Part X, line 33, column (B) 9 3, . Outher changes in net assets or fund balances (explain in Schedule O) 9 3, . Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Pa	rt XI Reconciliation of Net Assets		7	
2 T5, 409. 3 Revenue less expenses. Subtract line 2 from line 1 3 24, 237. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 371, 616. 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 3. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolida	_	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	1727/FFF1:11111	Х
2 T5, 409. 3 Revenue less expenses. Subtract line 2 from line 1 3 24, 237. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 371, 616. 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 3. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolida		Total reviewed for set agreed Darf VIII. and was AN III. and O			
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7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 3 3. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33. column (B)) 10 395,856. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	JE.		5		
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9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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 in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 5 If "Yes," did the organization undergo the required audit or audits? If the organization did not und	8	Prior period adjustments	8		
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Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: 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 in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			10	395	,856.
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			7 7 7 7 7	3h	
			***************************************		90 (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FRIENDS OF HOMOSASSA SPRINGS

Employer identification number

WILDLIFE PARK, INC 59-3078456 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-9 listed in your support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 WILDLIFE PARK, INC 59-30784

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	211,610.		61,687.	late bed	48,036.	647,517.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	211,010.	110,210.	01,007.	213,900.	40,030.	047,517.
3	The value of services or facilities furnished by a governmental unit to the organization without charge		1				
4	Total. Add lines 1 through 3	211,610.	110,218.	61,687.	215,966.	48,036.	647,517.
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
6	Public support. Subtract line 5 from line 4.						647,517.
	ction B. Total Support						047,317.
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	211,610.	110,218.	61,687.	215,966.	48,036.	647,517.
8	Gross income from interest, dividends, payments received on				5 1		
	securities loans, rents, royalties and income from similar sources	98.	25.	100.	410.	400	1 041
9	Net income from unrelated business activities, whether or not the business is regularly carried on	30.	25.	100.	410.	408.	1,041.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,687.	6,537.				11,224.
11	Total support. Add lines 7 through 10						659,782.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First five years. If the Form 990 is for organization, check this box and stop etion C. Computation of Public	here					>
	Public support percentage for 2015 (lin			umn (fl)		14	98.14 %
15	Public support percentage from 2014	Schedule A, Part I	I, line 14		***************************************	15	98.25 %
16a b	33 1/3% support test - 2015. If the or stop here. The organization qualifies a 33 1/3% support test - 2014. If the or and stop here. The organization qualif	ganization did not is a publicly suppo ganization did not	check the box on lorted organization check a box on line	ine 13, and line 1	4 is 33 1/3% or m 	ore, check this box	s box
17a	10% -facts-and-circumstances test and if the organization meets the "fact meets the "facts-and-circumstances" t	 2015. If the orga s-and-circumstance 	nization did not che es" test, check this	eck a box on line box and stop he	13, 16a, or 16b, a	nd line 14 is 10% of t VI how the organi	or more, zation
b	10% -facts-and-circumstances test more, and if the organization meets the organization meets the "facts-and-circu	 2014. If the orga "facts-and-circum 	inization did not che nstances" test, che	eck a box on line ck this box and s	13, 16a, 16b, or 1 top here. Explain	7a, and line 15 is 1 in Part VI how the	0% or
18	Private foundation. If the organization	did not check a h	ox on line 13, 16a	16b. 17a or 17b	check this how a	nd see instructions	
		2,700,700				dule A (Form 990)	

Schedule A (Form 990 or 990-EZ) 2015 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
		(4)	10/20/0	(i) iotai
		1		
	-			
	,			
(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
		10/-01/	(0) 20 10	(i) Total
		-		
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ercentage	**********************	***************************************	*******************	
	101			
divided by line 13, o	column (f))		15	9
nt III, line 15			16	9
umn (f) divided by lir	ie 13, column (f))			9
A, Part III, line 17		L	18	9
not check the box	on line 14, and line	15 is more than 33	3 1/3%, and line 17	is not
	fies as a publicly s	upported organiza	tion	
he organization quali	line 14 or line 19a	and line 16 is mor	e than 33 1/3%, ar	nd
he organization quali I not check a box on	mie i i oi mie iou,	e a nubliply gunna	rted organization	
oli oli id	A, Part III, line 17 id not check the box of The organization quali	ome Percentage olumn (f) divided by line 13, column (f)) A, Part III, line 17 id not check the box on line 14, and line The organization qualifies as a publicly s id not check a box on line 14 or line 19a,	ome Percentage column (f) divided by line 13, column (f)) A, Part III, line 17 id not check the box on line 14, and line 15 is more than 33. The organization qualifies as a publicly supported organization of the check a box on line 14 or line 19a, and line 16 is more distophere. The organization qualifies as a publicly supported organization distophere.	ome Percentage

Schedule A (Form 990 or 990-EZ) 2015 WILDLIFE PARK, INC

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		_
00		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2015 WILDLIFE PARK, INC 59-3078456 Page 5 Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 110 Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): The organization satisfied the Activities Test. Complete line 2 below. a The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). C Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard,

1	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization of the containing of t			uctions. All
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):	1.0		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015 WILDLIFE PARK, INC 59-3078456 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 1 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: 3 a b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D. a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: a b c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

Part \	Par line Sec	m 990 or 990-E2 Ipplemental t IV, Section A, I 1; Part IV, Section D, lines 5, 6 e instructions.)	Infornines 1, 2	nation. Prov 2, 3b, 3c, 4b, nes 2 and 3; F	ide the 4c, 5a, art IV.	explanat 6, 9a, 9b Section E	tions required b , 9c, 11a, 11b, Lines 1c, 2a, 2	and 11c; P	art IV, S 3b: Par	Section t V line	B, lines 1 1: Part V	17b; Part and 2; Pa Section F	III, line 1 rt IV, Se	otion C
SHOR	T YE.	AR EXPLA	NATI	ON										
OUR	ORGA	NIZATION	IS	CHANGIN	G F	ROM A	FISCAL	YEAR	TO	CALE	NDAR	YEAR	DUE	TO
STAT	E OF	FLORIDA	DEP	ARTMENT	OF	ENVI	RONMENT	PROTI	ECTI	ON F	EQUE	ST.		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF HOMOSASSA SPRINGS

WILDLIFE PARK, INC

Employer identification number 59-3078456

		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		1	
3				
1	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in wr			
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes N
	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o			
	impermissible private benefit?			Yes N
-	rt II Conservation Easements. Complete if the organ		Part IV, lir	ne 7.
	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or edu			
	Protection of natural habitat	Preservation of a cer	tified histo	oric structure
	Preservation of open space			
	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a cons	servation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
a	***************************************	*******************************		2a
0	The state of the s	***************************************	2	2b
	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included in (c) acquired aft listed in the National Register			2d
	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by th	e organiza	
	year >	and the first of the state of the		
	Number of states where property subject to conservation easer Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it has			
	Staff and volunteer hours devoted to monitoring, inspecting, ha			Yes No
	Total of the state of the	inding of violations, and emorcing con	servation	easements during the year
	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conserva	ation ease	ments during the year
	Does each conservation easement reported on line 2(d) above s			
	and section 170(h)(4)(B)(ii)?			Yes No
	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization	easements in its revenue and expense	statemen	nt, and balance sheet, and
	conservation easements.	13 mariolal statements that describes	the organ	nzation's accounting for
al	t III Organizations Maintaining Collections of A	ort, Historical Treasures, or C	ther Sir	nilar Assets
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.		
3	If the organization elected, as permitted under SFAS 116 (ASC		ment and I	balance sheet works of art
	historical treasures, or other similar assets held for public exhibit			
	the text of the footnote to its financial statements that describes		indo on par	one corried, provide, in a arexin,
)	If the organization elected, as permitted under SFAS 116 (ASC		t and bala	nce sheet works of art, historica
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pu	blic servic	e, provide the following amount
	relating to these items:		16	
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasu	ron or other similart-5-5	(arele	\$
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:		ovide
į,	Revenue included on Form 990, Part VIII, line 1			S .
	Assets included in Form 000 Part V	The second secon		-

		OF HOMOSA		GS						
		E PARK, IN				59	-307	845	6 P	age 2
	- January of the street of the									
3	Using the organization's acquisition, access	sion, and other record	ds, check any of th	e following that are a	signif	icant use	of its co	ollectio	n item	18
	(check all that apply):									
а	Public exhibition			change programs						
b	Scholarly research		Other							
C	Preservation for future generations									
4	Provide a description of the organization's of	collections and expla	in how they further	the organization's e	xempt	purpose	in Part >	KIII.		
5	During the year, did the organization solicit									
Da	to be sold to raise funds rather than to be n	naintained as part of	the organization's	collection?				Yes		No
га	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa	ngements. Compl art X, line 21.	ete if the organizat	ion answered "Yes"	on For	m 990, Pa	art IV, Iir	ne 9, o	r	
1a	Is the organization an agent, trustee, custoo									T
b	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	l and complete the fo	allowing table:	*************************	*********			Yes	_	No
-	in 199, oxplain the arrangement in rare All	rand complete the ic	Showing table.		F		,	\maum		
C	Beginning balance				_ 1	10		Amoun	t	
d	Additions during the year	************************		***************************************		1c				_
	Distributions during the year					1d 1e				
f	Ending balance	STREETS STREET, CONTRACTOR		**************	-	1f				
2a	Did the organization include an amount on F	Form 990 Part X line	21 for escrow or	custodial account lia	hility2	-111		Yes	-1	No
	If "Yes," explain the arrangement in Part XIII					trutteres.	С	res	T T	JINO
	rt V Endowment Funds. Complete	if the organization ar	nswered "Yes" on F	Form 990. Part IV. line	e 10.			********		_
		(a) Current year	(b) Prior year	(c) Two years back		hree years	hack /	A) Four	r Veare	hack
1a	Beginning of year balance	127	(2)	(O) THE YEAR DUCK	(4)	moo yours	Duon	C) TOB	yours	Daun
b	Contributions									_
С	Net investment earnings, gains, and losses									_
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rrent year end balanc	e (line 1g, column	(a)) held as:						
a	Board designated or quasi-endowment	and some one profession	%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administered for	the or	rganizatio	n			
	by:					A Market 1		I	Yes	No
	(i) unrelated organizations	***********************	*********************					3a(i)		
	(ii) related organizations							3a(ii)	1.1	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Schedule R'	?				3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.		-,,					
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Part 3	X, line	10.				
	Description of property	(a) Cost or o basis (investr	And the second	Table 1 Section 1997 No. 1	Accum epreci	nulated ation	(0) Bool	k value	9
1a	Land		Dadio	,	- P100		1	-	_	
	Buildings			1,890.					1,8	an.
C	Leasehold improvements			2,000.				-	1,0.	0.
-	waterstate the first training of the state o									

Schedule D (Form 990) 2015

18,893.

20,783.

126,114.

•

145,007.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

chedule D (Form 990) 2015	WILDLIFE	PARK.	TN

59-3078456 Page 3

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value			of-year market value
1) Financial derivatives	(b) Book value	(c) Wethod of Valu	dation, Cost of end-	or-year market value
2) Closely-held equity interests				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	n Form 990 Part IV line	110 Soo Form 000 De	ut V line 12	
(a) Description of investment	(b) Book value			of-year market value
(1)	(b) Dook value	(c) Woulder of Valo	auton. Cost of end-	or-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" or	Form 990, Part IV, line	11d. See Form 990. Pa	rt X. line 15	
	escription	100 00 00 00 00 00 00 00 00 00 00 00 00		(b) Book value
(1)				(0)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities.	(5.)			
Complete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f. See Form 9	90, Part X, line 25.	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)		-		
(4)				
(5)				
(6)				
(6)				
(7)				

FRIENDS OF HOMOSASSA SPRINGS Schedule D (Form 990) 2015 WILDLIFE PARK, INC. 59-3078456 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments Donated services and use of facilities 2b c Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Part XIII Supplemental Information.

b Other (Describe in Part XIII.)

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

c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

5

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. FRIENDS OF HOMOSASSA SPRINGS

OMB No. 1545-0047

Open to Public Inspection

Employer identification number WILDLIFE PARK, INC 59-3078456 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part.

Yes	No			
		L		
		1.00	(N)	
ed to solicit contri	outions	or has been notified	d it is exempt from re	gistration
				d to solicit contributions or has been notified it is exempt from re

Schedule G (Form 990 or 990-EZ) 2015 WILDLIFE PARK, INC 59-3078456 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

59-3078456 Page 2

			(a) Event #1 CELEBRATION OF LIGHTS	(b) Event #2 HALLOWEEN	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e P			(event type)	(event type)	(total number)	55i. (C)/
Revenue	1	Gross receipts	52,500.	11,596.		64,096.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	52,500.	11,596.		64,096.
	4	Cash prizes	***			
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
ב	8	Entertainment				
	9	Other direct expenses		2,980.		17,742.
	10	Direct expense summary. Add lines 4 throu		2/3001	>	17,742.
И	11 rt l	Net income summary. Subtract line 10 from				46,354.
Hevenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
sesues	2	Cash prizes				
Jirect Expenses	3	Noncash prizes Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 throu	ugh 5 in column (d)		>	
- 1	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
_		er the state(s) in which the organization con				
						Yes No
a	ls th	he organization licensed to conduct gaming		states:		Yes No
a b	Is th	he organization licensed to conduct gaming				

11 Does the organization conduct gaming activities with nonmembers? Yes No 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No 13 Indicate the percentage of gaming activity conducted in:
to administer charitable gaming?
indicate the percentage of garning activity conducted in:
a The organization's facility 13a 9
b An outside facility 13b 9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name >
Address >
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
L If "You " onto the enguist of specime as a section by the sectio
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party:
Name >
Address ►
16 Gaming manager information:
Name >
Gaming manager compensation ▶ \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year > \$
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
The first and the first and applicable. The provide any additional information (see instructions).

FRIENDS OF HOMOSASSA SPRINGS Schedule G (Form 990 or 990-EZ) WILDLIFE P Part IV Supplemental Information (continued) 59-3078456 Page 4 WILDLIFE PARK, INC

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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	S AT THE
HOMOSASSA SPRINGS WILDLIFE PARK. IT ALSO PROVIDES SERVICE	CES TO THE
PUBLIC BY PROVIDING WHEELCHAIRS, STROLLERS AND LITERATURE	E THAT ALLOWS
ACCESS BY ALL.	
FORM 990, PART VI, SECTION B, LINE 11:	
FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO	IRS FILING.
FORM 990, PART VI, SECTION C, LINE 19:	
COPY OF FORM 990 IS AVAILABLE UPON REQUEST BY AN INTEREST	TED PARTY.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE INTERNET:	ES:
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,441.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,441.
PRINTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,326.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,326.

Name of the organization FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC	Employer identification number 59-3078456
PROGRAM SERVICE EXPENSES	1,267.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,267.
DISCOVERY CENTER:	
PROGRAM SERVICE EXPENSES	1,263.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,263.
UTILITIES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,261.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,261.
VOLUNTEER:	
PROGRAM SERVICE EXPENSES	1,185.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,185.
ANNUAL MEETING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	987.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	987.

Scriedule O (Form 990 or 990-EZ) (2015)	Page :
Name of the organization FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC	Employer identification number 59-3078456
OUTREACH:	
PROGRAM SERVICE EXPENSES	643.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	643.
EDUCATION:	
PROGRAM SERVICE EXPENSES	252.
MANAGEMENT AND GENERAL EXPENSES	386.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	638.
MONO/BINOCULAR:	
PROGRAM SERVICE EXPENSES	579.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	579.
PLAQUES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	372.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	372.
SPECIAL EVENTS:	
PROGRAM SERVICE EXPENSES	356.
MANAGEMENT AND GENERAL EXPENSES	0.
20212 00 02 15	Schodulo O /Form 000 or 000 EZ) /0

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC	Employer identification number 59-3078456
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	201.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	201.
DONATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	200.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	200.
EASTER EGG HUNT:	
PROGRAM SERVICE EXPENSES	104.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	104.
TRAINING:	
PROGRAM SERVICE EXPENSES	48.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	48.
REPAIRS & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	39.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	39.

Name of the organization FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC	Employer identification number 59-3078456
BANK FEE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	16.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16.
POSTAGE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING	3.

Depreciation and Amortization (Including Information on Listed Property)

990

Business or activity to which this form relates

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to your tax return. Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

Sequence No. 179 Identifying number

FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC FORM 990 PAGE 10 59-3078456 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 500,000. Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation 3 2,000,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year, Subtract line 4 from line 1, If zero or less, enter -0-. If married filling separately, see instructions. 5 6 (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 8,089. 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 240. 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2015 3.101. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction in service 3-year property 19a 8.087. 5 YRS 200DB b 5-year property HY 1,213 7-year property C 10-year property d 15-year property 20-year property 4 25-year property 25 yrs. S/L g 27.5 yrs. MM S/L h Residential rental property MM 27.5 yrs. S/L MM S/L 39 yrs. Nonresidential real property MM S/L Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 12,643. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC

59-	-31	77	84	56	Page	9
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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? X Yes No 24b If "Yes," is the evidence written? X Yes No (b) (c) (e) (f) (g) (i) (a) Type of property (d) Date Business Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) other basis period Convention deduction use percentage service use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use..... 26 Property used more than 50% in a qualified business use: OUTREACH SHED 052208100.00 % 2.484. 2.484.5 YRSSL-NA-NA 0. % 27 Property used 50% or less in a qualified business use: % S/L -% S/L-% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (f) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (c) (d) (e) Amortization Description of costs Amortizable amount Date amortization begins period or percentage for this year 42 Amortization of costs that begins during your 2015 tax year: 43 Amortization of costs that began before your 2015 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

• If	ou are filing for an Automatic 3-Month Extension, co	omplete only Pa	art I and check this box			> X
- II y	ou are filing for an Additional (Not Automatic) 3-Mor	nth Extension, o	complete only Part II (on page 2 of	this form).		
Do no	t complete Part II unless you have already been gra	inted an automa	atic 3-month extension on a previou	sly filed Fo	rm 8868.	
Elect	onic filing (e-file). You can electronically file Form 88	68 if you need a	a 3-month automatic extension of ti	ne to file (6	months for a	corporation
requir	ed to file Form 990-T), or an additional (not automatic)	3-month extens	sion of time. You can electronically	file Form 88	368 to reques	t an extension
of tim	e to file any of the forms listed in Part I or Part II with	he exception of	Form 8870, Information Return for	Transfers A	Associated W	ith Certain
	nal Benefit Contracts, which must be sent to the IRS					
	ww.irs.gov/efile and click on e-file for Charities & Non					
Par			submit original (no copies ne	eded).		
A con	poration required to file Form 990-T and requesting an	automatic 6-mo	onth extension - check this box and	complete		
Part I						
	er corporations (including 1120-C filers), partnerships					
	income tax returns.	,	,		r's identifyin	g number
Туре	or Name of exempt organization or other filer, see	instructions.				number (EIN) or
print	FRIENDS OF HOMOSASSA SPI					
princ	WILDLIFE PARK, INC				59-307	8456
File by 1	he North and an artist and 16 - DO	hox see instruc	tions	Social se	curity number	
due dat filing yo		30A, 300 III 31 40		000141100		(00.1)
return. S instruct	see	or a foreign add	Iress see instructions			
	HOMOSASSA, FL 34446-11		ness, see instructions.			
	HOMODADDA, IL 34440 II					-
Entor	the Return code for the return that this application is	for (file a separa	to application for each return)			0 1
Lillei	the neturn code for the return that this application is	ioi (ille a separa	te application for each return)			
Appli	action	Return	Application			Return
	cation		Is For			Code
Is For		Code				07
	990 or Form 990-EZ	01	Form 990-T (corporation)			
	990-BL	02	Form 1041-A			08
	4720 (individual)	03	Form 4720 (other than individual)			09
	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
	BRENDA BAXLI				24440	
			LEVARD - HOMOSASSA		< // // // ()	
	e books are in the care of 4150 S SUNC	DAST BOU.		, гц	34440	
Te	ephone No. ► 352-628-5343	_	Fax No.			
Te	ephone No. 352-628-5343 he organization does not have an office or place of but	ısiness in the Ur	Fax No. ▶			
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Te If t	ephone No. 352-628-5343 he organization does not have an office or place of but	siness in the Ur	Fax No. inited States, check this box	If this is fo	the whole gr	oup, check this
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Te If t If t box	pephone No. 352-628-5343 The organization does not have an office or place of but his is for a Group Return, enter the organization's four life it is for part of the group, check this box. I request an automatic 3-month (6 months for a corporation of the group), to file the enterthing it is not provided in the second of the second o	usiness in the Ur r digit Group Exe and atta pration required	Fax No. inited States, check this box important Number (GEN) in a check a list with the names and EINs of the file Form 990-T) extension of times.	If this is for	the whole gr	oup, check this sion is for.
Te If t If t box	pephone No. 352-628-5343 The organization does not have an office or place of but his is for a Group Return, enter the organization's four life it is for part of the group, check this box request an automatic 3-month (6 months for a corporation of the organization's return for:	usiness in the Ur r digit Group Exe and atta pration required exempt organiza	Fax No. inited States, check this box important Number (GEN) in a check a list with the names and EINs of the file Form 990-T) extension of times.	If this is for all member until ed above.	the whole gr	oup, check this sion is for.
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Te If t If t box	pephone No. 352-628-5343 The organization does not have an office or place of but his is for a Group Return, enter the organization's four in its is for part of the group, check this box. I request an automatic 3-month (6 months for a corporation of the organization's return for: To calendar year or	usiness in the Ur r digit Group Exe and atta pration required exempt organiza , an	Fax No. ited States, check this box	If this is for all member until ed above.	the whole gress the extension	oup, check this sion is for.
Te If t If t box 1	pephone No. 352-628-5343 The organization does not have an office or place of but his is for a Group Return, enter the organization's four implicit in the group, check this box. I request an automatic 3-month (6 months for a corporate November 15, 2015, to file the exist for the organization's return for: Calendar year or APR 1, 2014 If the tax year entered in line 1 is for less than 12 months.	usiness in the Ur r digit Group Exe and atta pration required exempt organiza , an	Fax No. ited States, check this box memption Number (GEN) and a list with the names and EINs of the file Form 990-T) extension of time tition return for the organization named and ending MAR 31, 2015	If this is for	the whole gress the extension	oup, check this sion is for.
Te If t If t box 1	pephone No. 352-628-5343 The organization does not have an office or place of but his is for a Group Return, enter the organization's four his is for a Group Return, enter the organization's four his is for part of the group, check this box. I request an automatic 3-month (6 months for a corporation of the organization's return for: NOVEMBER 15, 2015, to file the expectation of the organization's return for: Calendar year or X tax year beginning APR 1, 2014 If the tax year entered in line 1 is for less than 12 months. Change in accounting period	isiness in the Ur r digit Group Exe and atta pration required exempt organiza , an	Fax No. inited States, check this box amption Number (GEN) ach a list with the names and EINs of the file Form 990-T) extension of time attion return for the organization named and ending MAR 31, 2015 and ending Initial return	If this is for	the whole gress the extension	oup, check this sion is for.
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