



**2022 Citizen Support Organization
Annual Report**

Wildlife Alert Reward Association, Inc.

A) The name, mailing address, telephone number, and website address of the organization.

Wildlife Alert
620 South Meridian Street Tallahassee,
FL 32399
888-404-3922
<https://myfwc.com/contact/wildlife-alert/>

B) The statutory authority or executive order pursuant to which the organization was created

Florida Statute 379.223 authorizes the Florida Fish and Wildlife Conservation Commission to establish CitizenSupport Organizations (CSO) to provide assistance, funding, and promotional support for the programs of the commission.

C) A brief description of the mission of, and results obtained by, the organization

Wildlife Alert Reward Association, Inc. (WA) is a federally recognized 501(c)(3) non-profit organization. It was created in 1979 to encourage citizens to get involved in conserving and protecting Florida's natural resources by reporting fish, wildlife, boating, and environmental law violations. WA offers rewards in exchange for information that leads to the arrest of individuals who violate those laws. WA is a citizen-support organization of the Florida Fish and Wildlife Conservation Commission (FWC).

Brief overview of results obtained:

1. Number of tips (telephone, field, email/web, text): 3,986
2. Donations Received: \$77,836
3. Total rewards paid: \$24,300
4. Outreach trailer has attended numerous events statewide, reaching thousands of residents and visitors
5. Raised awareness of the Wildlife Alert Program through:
 - Social media
 - Public Outreach Events
 - FWC In-reach

D) A brief description of the plans of the organization for the next 3 years

For the years 2023 through 2026, the Wildlife Alert Reward Association is focused to grow the organization by increasing court ordered donations from convicted violators and growing the number of tips received from the public. Court ordered donations will be enhanced by communicating with courts to ensure judges and state attorneys are aware of the statutorily afforded opportunities to order individuals convicted of fish and wildlife violations to donate to the Wildlife Alert Reward Association. Increasing tips received from the public will occur with improved name recognition by enhanced public outreach. Additionally, incorporating the Tip411 service for more user friendly "text a tip" features will assist with real-time tips for improved arrest rates for fish and wildlife violations observed by public stakeholders.

E) A copy of the organization's code of ethics

Wildlife Alert Reward Association, Inc. Code of Ethics

- We are committed to act honestly, truthfully and with integrity in all our transactions and dealings.
- We are committed to avoiding conflicts of interest and to the appropriate handling of actual or apparent conflicts of interest in our relationships.
- We are committed to treating our volunteers with respect, fairness and good faith and to providing conditions of service that safeguard their rights and welfare.
- We are committed to complying with both the spirit and the letter of the law.
- We are committed to acting responsibly toward our stated goals of benefiting the fish, wildlife, habitat and people that we serve.
- We are committed to being responsible, transparent, and accountable for all of our actions.
- We are committed to improving the accountability, transparency, ethical conduct, and effectiveness of the Wildlife Alert Reward Association.

F) A copy of the organization's most recent federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990).

See attached

150033
WILDLIFE ALERT REWARD ASSOCIATION

2022 Client

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

59-2038975

WILDLIFE ALERT REWARD ASSOCIATION

Net Asset / Fund Balance at Beginning of Year 349,034

Revenue

| | | |
|-------------------------|---------------|---------------|
| Contributions | <u>78,317</u> | |
| Program service revenue | | |
| Investment income | <u>896</u> | |
| Capital gain / loss | | |
| Fundraising / Gaming: | | |
| Gross revenue | | |
| Direct expenses | | |
| Net income | | |
| Other income | | |
| Total revenue | | <u>79,213</u> |

Expenses

| | | |
|---------------------------|--|---------------|
| Program services | | |
| Management and general | | |
| Fundraising | | |
| Total expenses | | <u>78,690</u> |
| Excess / (deficit) | | <u>523</u> |

Changes _____

Net Asset / Fund Balance at End of Year 349,557

Reconciliation of Revenue

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

Reconciliation of Expenses

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

Balance Sheet

| | Beginning | Ending | Differences |
|-------------|----------------|----------------|-------------|
| Assets | <u>372,704</u> | <u>379,198</u> | |
| Liabilities | <u>23,670</u> | <u>29,641</u> | |
| Net assets | <u>349,034</u> | <u>349,557</u> | <u>523</u> |

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/23
 Failure to file penalty _____

Harvard & Associates, CPA, PA
1408 N. Piedmont Way
Tallahassee, FL 32308
850-224-9008

January 25, 2023

CONFIDENTIAL

WILDLIFE ALERT REWARD ASSOCIATION
620 S. MERIDIAN STREET
TALLAHASSEE, FL 32399-6543

Dear Mrs. Brock:

We have prepared the following returns from information provided by you without verification or audit.

Short Form of Organization Exempt From Income Tax (Form 990-EZ)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Harvard & Associates, CPA, PA

Filing Instructions

WILDLIFE ALERT REWARD ASSOCIATION

Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

Date Due: May 15, 2023

Remittance: None is required. Your Form 990-EZ for the tax year ended 12/31/22 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Harvard & Associates, CPA, PA
1408 N. Piedmont Way
Tallahassee, FL 32308

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning, 2022, and ending, 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2022

Department of the Treasury
Internal Revenue Service

Name of filer

WILDLIFE ALERT REWARD ASSOCIATION

EIN or SSN

59-2038975

Name and title of officer or person subject to tax **JENNY BROCK**

PRESIDENT/CHAIR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | | |
|-----------------------------|-------------------------------------|------------------------------------------------------------------------|-----|---------------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a Form 990-EZ check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | 79,213 |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **HARVARD & ASSOCIATES, CPA, PA** to enter my PIN **38975** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **01/25/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

50095277982

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **STEVEN B. LIEDY, CPA** Date **01/25/23**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-EZ**

Short Form 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

2022

Open to Public Inspection

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning _____, **and ending** _____

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <p>C Name of organization WILDLIFE ALERT REWARD ASSOCIATION</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 620 S. MERIDIAN STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE FL 32399-6543</p> | <p>D Employer identification number 59-2038975</p> <p>E Telephone number 850-224-9008</p> <p>F Group Exemption Number</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

G Accounting Method: Cash Accrual Other (specify) _____ **H** Check if the organization is **not** required to attach Schedule B (Form 990).

I Website: **N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **79,213**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I _____

| | Description | | Amount |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 78,317 |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | 896 |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events: | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | |
| c Less: direct expenses from gaming and fundraising events | 6c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 79,213 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 4,584 |
| | 13 Professional fees and other payments to independent contractors | 13 | 25,520 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe in Schedule O) | 16 | 48,586 |
| 17 Total expenses. Add lines 10 through 16 | 17 | 78,690 | |
| Net Assets | 18 Excess or (deficit) for the year (subtract line 17 from line 9) | 18 | 523 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 349,034 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 349,557 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|----|-----------------|
| 22 Cash, savings, and investments | 356,761 | 22 | 370,355 |
| 23 Land and buildings | 0 | 23 | |
| 24 Other assets (describe in Schedule O) | 15,943 | 24 | 8,843 |
| 25 Total assets | 372,704 | 25 | 379,198 |
| 26 Total liabilities (describe in Schedule O) | 23,670 | 26 | 29,641 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 349,034 | 27 | 349,557 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| 28 A NONPROFIT REWARD BASE PROGRAM CREATED TO ENCOURAGE CITIZENS TO REPORT WILDLIFE VIOLATIONS AND TO GET THEM INVOLVED IN THE CONSERVATION AND PROTECTION OF FLORIDA'S FISH, WILDLIFE AND NATURAL RESOURCES. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 74,647 |
| 29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 74,647 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| JENNY BROCK PRESIDENT/CHAIR | 0.00 | 0 | 0 | 0 |
| EDWARD BOYD VICE PRESIDENT | 0.00 | 0 | 0 | 0 |
| BRUCE ESSEN DIRECTOR | 0.00 | 0 | 0 | 0 |
| CHRIS FARRELL DIRECTOR | 0.00 | 0 | 0 | 0 |
| SUSAN FRENCH DIRECTOR | 0.00 | 0 | 0 | 0 |
| MATT GELSTON DIRECTOR | 0.00 | 0 | 0 | 0 |
| DAVID JONES DIRECTOR | 0.00 | 0 | 0 | 0 |
| MICHAEL KENNEDY DIRECTOR | 0.00 | 0 | 0 | 0 |
| JOHN SHAW III DIRECTOR | 0.00 | 0 | 0 | 0 |
| LEE WALLACE DIRECTOR | 0.00 | 0 | 0 | 0 |
| NEAL WHITE DIRECTOR | 0.00 | 0 | 0 | 0 |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed NONE
42a The organization's books are in care of HARVARD & ASSOCIATES, PA Telephone no. 850-224-9008
1408 NORTH PIEDMONT WAY
Located at TALLAHASSEE FL ZIP + 32308
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 2 columns: Yes, No. Row 46: Yes (blank), No (X)

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

Input box for Schedule O

47 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

Table with 2 columns: Yes, No. Row 47: Yes (blank), No (X)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 2 columns: Yes, No. Row 48: Yes (blank), No (X)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Yes, No. Row 49a: Yes (blank), No (X)

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Row 49b: Yes (blank), No (X)

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes (X), No ()

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

Sign Here section with Signature of officer: JENNY BROCK, Date: PRESIDENT/CHAIR

Paid Preparer Use Only section with Print/Type preparer's name: STEVEN B. LIEDY, CPA, Firm's name: HARVARD & ASSOCIATES, CPA, PA, Firm's address: 1408 N. PIEDMONT WAY TALLAHASSEE, FL 32308, Firm's EIN: 26-1453821, Phone no.: 850-224-9008

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

WILDLIFE ALERT REWARD ASSOCIATION

Employer identification number

59-2038975

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 70,546 | 85,406 | 81,801 | 83,068 | 78,317 | 399,138 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 70,546 | 85,406 | 81,801 | 83,068 | 78,317 | 399,138 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 399,138 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 70,546 | 85,406 | 81,801 | 83,068 | 78,317 | 399,138 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,438 | 3,526 | 2,330 | 1,139 | 896 | 10,329 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 409,467 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,500 |

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

Section C. Computation of Public Support Percentage

| | | |
|--------------------------------------------------------------------------------------------------|-----------|--------|
| 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.48% |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 97.56% |

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C – Distributable Amount | | | Current Year |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

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

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

| Section D – Distributions | | Current Year |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

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

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

WILDLIFE ALERT REWARD ASSOCIATION

Employer identification number

59-2038975**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES**

| | | |
|------------------------------------|-----------|---------------|
| MARKETING & PROMOTION | \$ | 15,184 |
| DUES AND SUBSCRIPTIONS | \$ | 318 |
| OFFICE SUPPLIES | \$ | 41 |
| TRAVEL | \$ | 90 |
| CONFERENCES AND MEETINGS | \$ | 3,976 |
| INTEREST EXPENSE | \$ | 604 |
| BANK CHARGES | \$ | 58 |
| CHARITABLE CONTRIBUTIONS | \$ | 100 |
| FILING FEES | \$ | 61 |
| NASP SUPPLIES | \$ | 500 |
| REWARD CARD FEES AND SHIP | \$ | 707 |
| REWARDS PAID | \$ | 24,600 |
| NON-INVESTMENT DEPRECIATION | \$ | 2,347 |
| TOTAL | \$ | 48,586 |

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**DESCRIPTION****BEG. OF YEAR****END OF YEAR**

| | | | | |
|----------------------------------------------|-----------|---------------|-----------|---------------|
| PREPAID EXPENSES AND DEFERRED CHARGES | \$ | 6,900 | \$ | 2,147 |
| | \$ | 20,067 | \$ | 20,067 |
| LESS ACCUMULATED DEPRECIATION | \$ | 11,024 | \$ | 13,371 |
| TOTAL | \$ | 15,943 | \$ | 8,843 |

Name of the organization

Employer identification number

WILDLIFE ALERT REWARD ASSOCIATION

59-2038975

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|----------------|--------------|-------------|
| ESCROW ACCOUNT | \$ 23,670 | \$ 29,641 |

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

A NONPROFIT REWARD BASED PROGRAM CREATED TO ENCOURAGE CITIZENS TO REPORT WILDLIFE VIOLATIONS AND TO GET THEM INVOLVED IN THE CONSERVATION AND PROTECTION OF FLORIDA'S FISH, WILDLIFE AND NATURAL RESOURCES.

FORM 990-EZ, PART V, LINE 35B - UNFILED OR UNREPORTED INCOME ON FORM 990-T THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS TAXABLE INCOME DURING THE YEAR ENDED 12/31/2022.

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

WILDLIFE ALERT REWARD ASSOCIATION

Identifying number
59-2038975

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,080,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,700,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 | 13 | |

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

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

| | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 2,347 |

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

Section A

| | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022 | 17 | 0 |
| 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 <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 30-year | | 30 yrs. | MM | S/L | |
| d | 40-year | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 2,347 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report**Form 990, Page 1**

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|----------------------------|------------------------------------------|--------------------|---------------|----------|------------|-------|-------------------|--------------|---------------|--------------|
| Prior MACRS: | | | | | | | | | | |
| 1 | EDUCATIONAL TRAILER | 6/30/17 | 7,597 | | X | X | 0 | 5 HY 200DB | 7,597 | 0 |
| 2 | LAPTOP | 6/18/18 | 736 | | | X | 0 | 5 HY 200DB | 736 | 0 |
| | | | <u>8,333</u> | | | | <u>0</u> | | <u>8,333</u> | <u>0</u> |
| Other Depreciation: | | | | | | | | | | |
| 3 | ROBOTIC DEER-3 | 5/31/20 | 4,900 | | | | 4,900 | 5 MO S/L | 1,552 | 980 |
| 4 | TRAILER MODIFICATIONS | 2/28/21 | 6,834 | | | | 6,834 | 5 MO S/L | 1,139 | 1,367 |
| | Total Other Depreciation | | <u>11,734</u> | | | | <u>11,734</u> | | <u>2,691</u> | <u>2,347</u> |
| | Total ACRS and Other Depreciation | | <u>11,734</u> | | | | <u>11,734</u> | | <u>2,691</u> | <u>2,347</u> |
| | Grand Totals | | 20,067 | | | | 11,734 | | 11,024 | 2,347 |
| | Less: Dispositions and Transfers | | 0 | | | | 0 | | 0 | 0 |
| | Less: Start-up/Org Expense | | 0 | | | | 0 | | 0 | 0 |
| | Net Grand Totals | | <u>20,067</u> | | | | <u>11,734</u> | | <u>11,024</u> | <u>2,347</u> |

AMT Asset Report**Form 990, Page 1**

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | PerConv | Meth | Prior | Current |
|----------------------------|------------------------------------------|--------------------|--------------|----------|------------|-------|-------------------|---------|----------|--------------|----------|
| Prior MACRS: | | | | | | | | | | | |
| 1 | EDUCATIONAL TRAILER | 6/30/17 | 7,597 | X | X | | 0 | 5 | HY 200DB | 7,597 | 0 |
| 2 | LAPTOP | 6/18/18 | 736 | | X | | 0 | 5 | HY 200DB | 736 | 0 |
| | | | <u>8,333</u> | | | | <u>0</u> | | | <u>8,333</u> | <u>0</u> |
| Other Depreciation: | | | | | | | | | | | |
| 3 | ROBOTIC DEER-3 | 5/31/20 | 0 | | | | 0 | 0 | HY | 0 | 0 |
| 4 | TRAILER MODIFICATIONS | 2/28/21 | 0 | | | | 0 | 0 | HY | 0 | 0 |
| | Total Other Depreciation | | <u>0</u> | | | | <u>0</u> | | | <u>0</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>0</u> | | | | <u>0</u> | | | <u>0</u> | <u>0</u> |
| | Grand Totals | | 8,333 | | | | 0 | | | 8,333 | 0 |
| | Less: Dispositions and Transfers | | <u>0</u> | | | | <u>0</u> | | | <u>0</u> | <u>0</u> |
| | Net Grand Totals | | <u>8,333</u> | | | | <u>0</u> | | | <u>8,333</u> | <u>0</u> |

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

| <u>Asset</u> | <u>Property Description</u> | <u>Date In Service</u> | <u>Tax Cost</u> | <u>Bus Pct</u> | <u>Tax Sec 179 Exp</u> | <u>Current Bonus</u> | <u>Prior Bonus</u> | <u>Tax - Basis for Depr</u> |
|--------------------|-----------------------------|------------------------|-----------------|----------------|------------------------|----------------------|--------------------|-----------------------------|
| 1 | EDUCATIONAL TRAILER | 6/30/17 | 7,597 | | 7,597 | 0 | 0 | 0 |
| 2 | LAPTOP | 6/18/18 | 736 | | 0 | 0 | 736 | 0 |
| Grand Total | | | <u>8,333</u> | | <u>0</u> | <u>0</u> | <u>736</u> | <u>0</u> |

Depreciation Adjustment Report

All Business Activities

| <u>Form</u> | <u>Unit</u> | <u>Asset</u> | <u>Description</u> | <u>Tax</u> | <u>AMT</u> | <u>AMT Adjustments/ Preferences</u> |
|----------------------------------|-------------|--------------|---------------------|------------|------------|---------------------------------------------|
| <u>MACRS Adjustments:</u> | | | | | | |
| Page 1 | 1 | 1 | EDUCATIONAL TRAILER | 0 | 0 | 0 |
| Page 1 | 1 | 2 | LAPTOP | 0 | 0 | 0 |
| | | | | <u>0</u> | <u>0</u> | <u>0</u> |
| | | | | <u>0</u> | <u>0</u> | <u>0</u> |

| <u>Asset</u> | <u>Description</u> | <u>Date In Service</u> | <u>Cost</u> | <u>Tax</u> | <u>AMT</u> |
|-----------------------------------|------------------------------------------|------------------------|---------------|--------------|------------|
| <u>Prior MACRS:</u> | | | | | |
| 1 | EDUCATIONAL TRAILER | 6/30/17 | 7,597 | 0 | 0 |
| 2 | LAPTOP | 6/18/18 | 736 | 0 | 0 |
| | | | <u>8,333</u> | <u>0</u> | <u>0</u> |
| <u>Other Depreciation:</u> | | | | | |
| 3 | ROBOTIC DEER-3 | 5/31/20 | 4,900 | 980 | 0 |
| 4 | TRAILER MODIFICATIONS | 2/28/21 | 6,834 | 1,367 | 0 |
| | Total Other Depreciation | | <u>11,734</u> | <u>2,347</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>11,734</u> | <u>2,347</u> | <u>0</u> |
| | Grand Totals | | <u>20,067</u> | <u>2,347</u> | <u>0</u> |

150033 WILDLIFE ALERT REWARD ASSOCIATION
59-2038975
FYE: 12/31/2022

Federal Statements

Schedule A, Part II, Line 1(e)

| Description | Amount |
|---------------------|------------------|
| CONTRIBUTIONS | \$ 77,948 |
| CREDIT CARD REWARDS | 369 |
| TOTAL | <u>\$ 78,317</u> |

Schedule A, Part II, Line 8(e)

| Description | Amount |
|-----------------|---------------|
| INTEREST INCOME | \$ 896 |
| TOTAL | <u>\$ 896</u> |

Fish & Wildlife Foundation of Florida



2022 – 2023 Report

20.058 Citizen support and direct-support organizations.

(1) By August 1 of each year, a citizen support organization or direct-support organization created or authorized pursuant to law or executive order and created, approved, or administered by an agency, shall submit the following information to the appropriate agency:

- (a) The name, mailing address, telephone number, and website address of the organization.**

[Fish &] Wildlife Foundation of Florida, Inc.
P.O. Box 11010
Tallahassee, FL 32302
850-922-1066
www.wildlifeflorida.org

- (b) The statutory authority or executive order pursuant to which the organization was created.**

Florida Statute 379.223

- (c) A brief description of the mission of, and results obtained by, the organization.**

The Wildlife Foundation of Florida, Inc. also known as the Fish & Wildlife Foundation of Florida (Foundation), was formed on September 29, 1994, as a not-for-profit corporation dedicated to supporting the work of the Florida Fish and Wildlife Conservation Commission (FWC) and its partners to conserve Florida's outstanding fish and wildlife and the lands and waters they need to survive. Through fund raising and grantmaking, the Foundation also helps

ensure continued public access to and traditional recreational use of Florida's outstanding natural areas. We likewise support the Florida Youth Conservation Centers Network, raising funds used by the Network to help provide 284,000 children and adolescents every year with formative outdoor experiences.

The Foundation has raised and distributed more than \$66 million for conservation over its 28-year history, often serving for FWC as a bridge to the Florida business, nonprofit and philanthropic communities.

Brief overview of results obtained:

1. Continued promotion and management of four specialty license plates (“Conserve Wildlife,” “Protect Florida Springs,” “Wildlife Foundation of Florida,” “Discover Florida’s Oceans”) that support the programs of FWC and its conservation partners; currently providing approximately \$1 million per year in conservation and outdoor education and recreation grants to FWC and other organizations.
2. Support for FWC’s response to the manatee 2022 unusual mortality event in the Indian River Lagoon. Worked closely with FWC biologists and communications staff to inform the public about the trial manatee feeding effort and purchased 380,000 pounds of lettuce in 2023 for the manatees clustered near FPL’s Cape Canaveral Next Generation Clean Energy Center.
3. One of our major initiatives is, “Restoring our Reefs.” Since 2018, we’ve worked closely with FWC and its partners on the rescue of 2,000 corals as Stony Coral Tissue Loss Disease approached the lower Keys. Some 700 of those rescued corals are held at the Florida Coral Rescue Center in Orlando, which we, FWC, the Association of Zoos and Aquariums, SeaWorld and the Walt Disney Company co-fund and manage.
4. Partnering with NOAA, we have invested in restoration of the Eastern Dry Rocks, one of seven “Iconic Reefs” slated by NOAA for restoration in the Florida Keys National Marine Sanctuary. We have also begun in partnership with NOAA a “Freedom-to-Fail” fund to spark innovation in coral conservation and restoration.
5. Ongoing operating and capital financial support for the Florida Youth Conservation Centers Network, with plans underway for building an overnight camp at the Tenoroc Public Use Area in Lakeland and renovating cabins, classroom, and other structures at the Everglades Youth Conservation Camp in Loxahatchee.
6. Created five new funds totaling approximately \$2 million to benefit fisheries conservation and management and FWC law enforcement programs and personnel.
7. Raised and distributed \$153,000 to provide relief to FWC staff and their families in the wake of Hurricane Ian.

(d) A brief description of the plans of the organization for the next 3 fiscal years.

Priorities for FY 2024 - 2026:

Our work over the next several years will address three aspirational questions: How we further elevate our support for FWC; how we help drive conservation generally, and how we continue to diversify and increase our funds under management. We have five principal objectives that will be guided by those questions:

| Principal Objectives: | Measurement | Target | Initiatives |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Conserve Florida's Iconic Wildlife | Total funds raised and distributed; number of species being funded, progress in the recovery of these imperiled species. | At least \$10 million raised for endangered species mitigation, including \$2.2 million for a new habitat improvement plan to benefit FL wildlife; population increase for key species; habitat management for key species, including the Florida panther and Florida manatee; identification of source of FLM neuropathy in FL panthers and bobcats. | Florida grasshopper sparrow recovery program; Florida panther FLM research program; FL manatee feeding and rescue program, eelgrass restoration in the Indian River Lagoon; many miscellaneous species conservation programs (FL black bear, softshell turtles, sand skinks, beach nesting birds, FL bonneted bats, etc.) |
| Combat Invasive Species | Funds raised; acres restored; expansion of effective techniques for controlling Burmese pythons. Continued efforts to control Brazilian pepper and other plant and animal exotics. | At least \$200,000 raised for invasive species research and control. Expand radio-tagging of Burmese pythons to find and cull other pythons; fund FWC efforts to control Argentine tegus. Funding for continued removal of invasive vegetation (including Brazilian pepper, Cuban Bulrush, Ludwigia Primrose, Para Grass, and Typha Cattails) and animals on FWC wildlife management areas and other game lands. | Burmese Python and Python Patrol programs; lionfish control program; tegu control program; invasive plant species (melaleuca, Brazilian pepper, etc.) |

| Principal Objectives: | Measurement | Target | Initiatives |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Get Youth Back Into Nature | Funds raised; number of youth in FYCCN programs; increased capacity at FWC camps, including architectural designs for new overnight camps at Tenoroc and Joe Budd conservation centers and improvements at four other FWC youth centers. | Continue our \$10-15 million campaign to secure the future of the Florida Youth Conservation Center Network, supporting the expansion of Project WILD in Florida schools, significantly increasing capacity at the six FWC camps and nature centers, building overnight camps, and creating an FWC grant program to help other states adopt the FYCCN model. | Florida Youth Conservation Centers Network (FYCCN) – Everglades Youth Conservation Camp, Suncoast Youth Conservation Center, Joe Budd Youth Conservation Center, Ocala Outdoor Adventure Camp, Tenoroc Youth Conservation Center, Chinsegut Conservation Center. |
| Restore Florida's Reefs and Fisheries | Funds raised; stony corals under human care; continued operation of the Foundation's FL coral rescue center, expanding it into the state's largest coral propagation center. Continued support for outplanting sponges in FL bay. | Working with FWC to raise \$4.9 million for long-term care, propagation, and out-planting of corals to the 360-mile Florida Reef System. Propagation and out-planting of at least 50,000 sponges in FL Bay. Invest \$3 million in the creation of new artificial reefs in Florida waters. Create a permanent endowment for marine fisheries conservation and management. | Florida Reef Tract/Stony Coral Tissue-Loss Disease (SCTLD) Coral Rescue and Propagation Effort. Florida Bay Sponge Ecosystem Recovery project. "Discover Florida's Oceans" Grant Program. Work closely with SeaWorld to create the coral propagation center in Orlando in association with our Florida Coral Rescue Center. |
| Protect our Traditional Outdoor Heritage | Funds raised; number of outdoor education and hunting programs for families, veterans and adults being funded. | Continue efforts to acquire wildlife management area inholdings to expand public access to lands available for hunting and other traditional outdoor recreation. | Palm Beach County Shooting Sports Park, various hunting events and education/safety programs. "Wildlife Foundation of Florida" Grants Program. Acquisition of lands accessible for public hunting. |
| Conserve Florida Springs | Funds raised; number of springs research, restoration and education projects underwritten. | \$650,000 for springs conservation; at least 30 projects supported. Habitat restoration at least 15 springs. | "Protect Florida Springs" Grants Program. |

(e) A copy of the organization's code of ethics.

Attached.

- (f) A copy of the organization's most recent federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990)**

Attached.



Fish & Wildlife Foundation of Florida, Inc.

Code of Ethics

PREAMBLE

1. In order to properly conduct its operations, all directors, advisors, and employees of the Fish & Wildlife Foundation of Florida, Inc. (hereafter, "Foundation") must be independent and impartial, and their positions must not be used for private gain. Accordingly, the Florida Legislature requires in Section 112.3251, Florida Statutes, that the law protect against any conflict of interest that may arise and establish standards for the conduct of the Foundation's directors, advisors, and employees in situations where potential for a conflict is present.
2. It is the policy of the state that the Foundation's directors, advisors, and employees shall not have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature that is substantial conflict with the property discharge of their duties for the Foundation. To implement this policy and strengthen public faith in the Foundation and the people associated with it, a code of ethics is present which sets forth the standard of conduct that apply to the Foundation's directors, advisors, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Florida Statutes, and are required by Section 112.3251, Florida Statutes, to be observed by the Foundation's directors, advisors, and employees.

1. **Prohibition of Solicitation or Acceptance of Gifts:** The Foundation's directors, advisors, and employees shall not solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based on any belief that a vote, official action, or judgment of the director, advisor, or employee would be influenced by the item of value.
2. **Prohibition of Accepting Compensation Given to Influence a Vote:** The Foundation's directors, advisors, and employees shall not accept any compensation, payment, or thing of value in any situation where they know, or with reasonable care, should know that this compensation, payment, or thing of value was given to influence a vote or other official action in which the Foundation director, advisor, or employee was expected to participate in their official capacity.

3. **Salary and Expenses:** The Foundation's directors or advisors shall not be prohibited from voting on a matter affecting their salary, expenses, or other compensation as a Foundation director or advisor, as provided by law.
4. **Prohibition of Misuse of Public Position:** The Foundation's directors, advisors, and employees shall not corruptly use or attempt to use their official position or any property or resource which may be within their trust, or perform official duties, to secure a special privilege, benefit, or exemption.
5. **Prohibition of Misuse of Privileged Information:** The Foundation's directors, advisors, and employees shall not disclose or use information not available to members of the general public and gained through their official position for their own personal gain or benefit or for the personal gain or benefit of any other person or business entity.
6. **Post Office/Employment Restrictions:** A person who has been elected to any Foundation board or office or who is employed by the Foundation may not personally represent another person or entity for compensation before the governing body of the Foundation of which they were a director, advisor, or employee for a period of two years after they vacate that office or employment position.
7. **Prohibition of Employees Holding Office:** No person may be, at one time, both a Foundation employee and a Foundation director at the same time.
8. **Requirements to Abstain From Voting:** The Foundation directors or advisors shall not vote in official capacity upon any measure that would affect their special private loss or gain, or which they know would affect the special private gain or loss of any principal (or, where the principal is a business entity, the parent organization or subsidiary of the principal) by whom they are retained, or which they know would inure to the special private gain or loss of a relative or business associate of the Foundation director or advisor. When abstaining, the Foundation director or advisor shall, prior to the vote being taken, make every reasonable effort to disclose the nature of their 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 Foundation director or advisor to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

LANIGAN & ASSOCIATES, P. C.
2630 CENTENNIAL PLACE, SUITE 1
TALLAHASSEE, FL 32308

FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.
P O BOX 11010
TALLAHASSEE, FL 32302

|||||

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

Fish & Wildlife Foundation of Florida,
Inc.
P O Box 11010
Tallahassee, FL 32302

Prepared By:

Lanigan & Associates, P. C.
2630 Centennial Place, Suite 1
Tallahassee, FL 32308

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2023

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **FISH & WILDLIFE FOUNDATION OF FLORIDA, INC.**

EIN or SSN
59-3277808

Name and title of officer or person subject to tax **WILL BRADFORD
COO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

| | | | |
|------------------------------------|-------------------------------------|-------------------------------------------------------------------------------|------------------------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>25,779,317.</u> |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize LANIGAN & ASSOCIATES, P. C. to enter my PIN 61763
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

58040768320

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Type or print | Name of exempt organization or other filer, see instructions. FISH & WILDLIFE FOUNDATION OF FLORIDA, INC. | Taxpayer identification number (TIN) 59-3277808 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 11010 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32302 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

WILL BRADFORD

• The books are in the care of ▶ **620 S MERIDIAN STREET - TALLAHASSEE, FL 32399**

Telephone No. ▶ **850-404-6129** Fax No. ▶ **850-921-5786**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization FISH & WILDLIFE FOUNDATION OF FLORIDA, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P O BOX 11010 City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE, FL 32302 F Name and address of principal officer: WILL BRADFORD SAME AS C ABOVE | D Employer identification number 59-3277808 E Telephone number 850-922-1066 G Gross receipts \$ 45,912,386. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WILDLIFEFLORIDA.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1994 M State of legal domicile: FL |

Part I Summary

| | | | | | |
|------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------|--------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: PROVIDE ASSISTANCE, FUNDING, AND PROMOTIONAL SUPPORT TO CONTRIBUTE TO THE HEALTH AND WELL-BEING OF | | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 20 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 19 | |
| | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 10 | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 0 | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. | |
| | 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 2,650,991. | 12,818,024. |
| 9 | | Program service revenue (Part VIII, line 2g) | 8,423,242. | 11,184,052. | |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,312,654. | 1,672,675. | |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -103,311. | 104,566. | |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,283,576. | 25,779,317. | |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 4,963,147. | 6,360,441. |
| | | 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), lines 5-10) | 844,642. | 1,006,964. | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 67,270. | | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,124,853. | 2,247,062. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 6,932,642. | 9,614,467. | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 5,350,934. | 16,164,850. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 47,933,575. | 56,399,088. | |
| | 21 | Total liabilities (Part X, line 26) | 674,633. | 873,944. | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 47,258,942. | 55,525,144. | |

Part II Signature Block

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

| | | | | | |
|-------------------------------|-----------------------------------------------------------------------------------|--------------------------------|-------------------------------|-------------------------------------------------|--------------------------|
| Sign Here | Signature of officer WILL BRADFORD, COO Type or print name and title | Date | | | |
| Paid Preparer Use Only | Print/Type preparer's name JOHN KEILLOR | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P01315239 |
| | Firm's name ▶ LANIGAN & ASSOCIATES, P. C. | Firm's EIN ▶ 58-1304721 | | | |
| | Firm's address ▶ 2630 CENTENNIAL PLACE, SUITE 1 TALLAHASSEE, FL 32308 | | Phone no. 850-893-8418 | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FISH & WILDLIFE FOUNDATION OF FLORIDA WORKS CLOSELY WITH THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION TO ENSURE THE CONSERVATION OF FLORIDA'S FISH AND WILDLIFE RESOURCES BY IDENTIFYING CRUCIAL PROJECTS, FUNDING THESE PROJECTS, AND EDUCATING THE PUBLIC

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,406,315. including grants of \$) (Revenue \$ 6,268,752.) IN FLORIDA, THE GOPHER TORTOISE IS LISTED AS THREATENED. BOTH THE TORTOISE AND ITS BURROW ARE PROTECTED UNDER STATE LAW. GOPHER TORTOISES MUST BE RELOCATED BEFORE ANY LAND CLEARING OR DEVELOPMENT TAKES PLACE, AND PROPERTY OWNERS MUST OBTAIN PERMITS FROM THE FLORIDA FISH & WILDLIFE CONSERVATION COMMISSION (FWC) BEFORE CAPTURING AND RELOCATING TORTOISES. THE FISH & WILDLIFE FOUNDATION OF FLORIDA IS THE RECIPIENT ORGANIZATION FOR THESE MITIGATION PERMIT FEES AND DISTRIBUTES THEM BACK TO FWC UPON REQUEST.

4b (Code:) (Expenses \$ 2,600,990. including grants of \$) (Revenue \$ 2,788,224.) THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION (FWC) DIVISION OF HUNTING AND GAME MANAGEMENT'S HUNTER SAFETY AND PUBLIC SHOOTING RANGE SECTION HAS SUCH POWERS, DUTIES, RESPONSIBILITIES, AND FUNCTIONS AS ARE NECESSARY TO PROVIDE HUNTER SAFETY TRAINING AND CERTIFICATION WHICH NECESSITATES THE DEVELOPMENT AND MANAGEMENT OF PUBLIC SHOOTING RANGES INCLUDING THE ONE AT TENOROC FISH MANAGEMENT AREA, TRIPLE N WILDLIFE MANAGEMENT AREA, PALM BEACH COUNTY AND IN BAY COUNTY. THE FISH & WILDLIFE FOUNDATION OF FLORIDA MANAGES THE FUNDS FOR THOSE RANGES.

4c (Code:) (Expenses \$ 705,740. including grants of \$ 621,924.) (Revenue \$ 451,525.) THE FISH & WILDLIFE FOUNDATION OF FLORIDA (FOUNDATION) FUNDED 22 GRANTS FROM "CONSERVE WILDLIFE" LICENSE PLATE REVENUES TO THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION (FWC) FOR AGENCY PROJECTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,278,675. including grants of \$ 5,738,517.) (Revenue \$ 1,780,117.)

4e Total program service expenses 8,991,720.

Part IV Checklist of Required Schedules

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 19 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶** _____
WILL BRADFORD - 850-404-6129
620 S MERIDIAN STREET, TALLAHASSEE, FL 32399

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|----------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ANDREW WALKER PRESIDENT/CEO | 40.00 | | | X | | | 210,901. | 0. | 24,930. | |
| (2) JAMES W BRADFORD COO | 40.00 | | | X | | | 166,692. | 0. | 26,507. | |
| (3) MICHELLE ASHTON DIRECTOR OF COMMUNICATIONS | 40.00 | | | | | X | 111,734. | 0. | 21,276. | |
| (4) ADAM PUTNAM BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) CARLOS ALFONSO CHAIR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) STEPHEN SWINDAL BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) KATHY BARCO TREASURER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) DONNA RAWSON BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) CONNIE PARKER SECRETARY | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) IGNACIO BORBOLLA BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) RICHARD A. CORBETT BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) PRESTON L. FARRIOR VICE-CHAIR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) JOHN R. POPE BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) TUCKER FREDERICKSON BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) SETH MCKEEL, JR. BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) STEVE CRISAFULLI BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) DAPHNE WOOD BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |

FISH & WILDLIFE FOUNDATION OF FLORIDA, INC.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) LAURA RUSSELL 2ND VICE CHAIR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) PAUL E. AVERY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) JERRY PATE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) ERIC SUTTON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) JOSHUA KELLAM BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) ROBERT A. SPOTTSWOOD BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 489,327. | 0. | 72,713. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 489,327. | 0. | 72,713. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.

Form 990 (2021)

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------|----------------|------------------------------------|----------------------------|----------------------------------------------------|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 1,649,339. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 11,168,685. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 12,818,024. | | | |
| Program Service Revenue | 2 a IMPERILED SPECIES | Business Code | 900099 | 6,268,752. | 6,268,752. | | |
| | b SHOOTING RANGE | | 900099 | 2,788,224. | 2,788,224. | | |
| | c PROJECTS, WORKSHOPS, CAMPS | | 900099 | 2,127,076. | 2,127,076. | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 11,184,052. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 1,878,094. | | 1878094. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | 355. | 355. | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 19,927,650. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 20,133,069. | | | | |
| | c Gain or (loss) | 7c | -205,419. | | | | |
| d Net gain or (loss) | | | -205,419. | | -205,419. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a INDIRECT FUNDRAISING REVENUE | Business Code | 900099 | 112,869. | 112,869. | | |
| | b LOSS ON DISPOSAL OF ASSET | | 900099 | -1,250. | -1,250. | | |
| | c MISCELLANEOUS | | 900099 | -7,408. | -7,408. | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 104,211. | | | |
| 12 Total revenue. See instructions | | | 25,779,317. | 11288618. | 0. | 1672675. | |

FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.

Form 990 (2021)

59-3277808 Page 10

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 6,360,441. | 6,360,441. | | |
| 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 | 368,718. | 188,046. | 180,672. | |
| 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 | 431,136. | 333,277. | 97,859. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 151,625. | 98,825. | 52,800. | |
| 10 Payroll taxes | 55,485. | 36,164. | 19,321. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 62,316. | 41,656. | 20,660. | |
| c Accounting | 22,995. | 15,372. | 7,623. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 251,203. | 249,415. | 1,788. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 1,307,972. | 1,307,090. | 882. | |
| 12 Advertising and promotion | 166,720. | 117,261. | 49,459. | |
| 13 Office expenses | 33,663. | 26,006. | 7,657. | |
| 14 Information technology | 38,645. | 25,384. | 13,261. | |
| 15 Royalties | | | | |
| 16 Occupancy | 42,209. | 39,869. | 2,340. | |
| 17 Travel | 40,600. | 7,509. | 33,091. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 40,058. | 19,589. | 20,469. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 35,061. | 31,581. | 3,480. | |
| 23 Insurance | 12,314. | 8,026. | 4,288. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a MERCHANT ACCOUNT FEES | 88,013. | 84,881. | 3,132. | |
| b OTHER FUNDRAISING EXPENS | 67,270. | | | 67,270. |
| c MISCELANEOUS EXPENSES | 37,093. | 1,266. | 35,827. | |
| d BUSINESS REGISTRATION F | 930. | 62. | 868. | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 9,614,467. | 8,991,720. | 555,477. | 67,270. |
| 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)

FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|---------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 8,039,411. | 2 | 19,130,830. |
| | 3 Pledges and grants receivable, net | 284,317. | 3 | 123,163. |
| | 4 Accounts receivable, net | 804,106. | 4 | 620,395. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 15,725. | 9 | 51,720. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 191,785. | | |
| | b Less: accumulated depreciation | 10b 90,252. | 118,543. | 10c 101,533. |
| | 11 Investments - publicly traded securities | 38,638,585. | 11 | 36,341,524. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 32,888. | 15 | 29,923. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 47,933,575. | 16 | 56,399,088. | |
| Liabilities | 17 Accounts payable and accrued expenses | 674,633. | 17 | 873,944. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 674,633. | 26 | 873,944. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 3,141,059. | 27 | 2,757,844. |
| | 28 Net assets with donor restrictions | 44,117,883. | 28 | 52,767,300. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 47,258,942. | 32 | 55,525,144. |
| | 33 Total liabilities and net assets/fund balances | 47,933,575. | 33 | 56,399,088. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|----------------------------------------------------------------------------------------------------------------|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 25,779,317. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,614,467. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 16,164,850. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 47,258,942. |
| 5 | Net unrealized gains (losses) on investments | 5 | -7,906,571. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 7,923. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 55,525,144. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **FISH & WILDLIFE FOUNDATION OF FLORIDA, INC.** Employer identification number **59-3277808**

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 7123317. | 7281205. | 8517788. | 7586685. | 19199645. | 49708640. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 183,077. | 37,512. | 37,512. | 55,620. | 41,620. | 355,341. |
| 4 Total. Add lines 1 through 3 | 7306394. | 7318717. | 8555300. | 7642305. | 19241265. | 50063981. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 50063981. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | 7306394. | 7318717. | 8555300. | 7642305. | 19241265. | 50063981. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 359,648. | 599,342. | 613,370. | 858,194. | 1878449. | 4309003. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 54372984. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 6,550,643. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 92.08 | % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 93.32 | % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 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 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 11 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 on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>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.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | |
| 1 | | |

Section D. All 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, (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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| 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? <i>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.</i> | | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.

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

| Section D - Distributions | | Current Year |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| 1 | Distributable amount for 2021 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2021 | | |
| a | From 2016 | | |
| b | From 2017 | | |
| c | From 2018 | | |
| d | From 2019 | | |
| e | From 2020 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2021 distributable amount | | |
| i | Carryover from 2016 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2021 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2017 | | |
| b | Excess from 2018 | | |
| c | Excess from 2019 | | |
| d | Excess from 2020 | | |
| e | Excess from 2021 | | |

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

**FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.**

Employer identification number

59-3277808

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization FISH & WILDLIFE FOUNDATION OF FLORIDA, INC. | Employer identification number 59-3277808 |
|------------------------------------------------------------------------------------|-----------------------------------------------------|

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 | FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES 2900 APALACHEE PARKWAY TALLAHASSEE, FL 32399-0500 | \$ 1,206,909. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | FLORIDA POWER & LIGHT COMPANY 13830 CIRCA CROSSING DRIVE LITHIA, FL 33547 | \$ 1,021,754. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | EPG TWO RIVERS HOLDINGS VI 111 S. ARMENIA AVE. STE. 201 TAMPA, FL 33609 | \$ 262,191. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | THE VILLAGES DEVELOPMENT CO. 3619 KIESSEL ROAD THE VILLAGES, FL 32663 | \$ 552,171. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | FOX ROCK CAPITAL 150 NEWPORT AVENUE EXTENSION QUINCY, MA 02171 | \$ 1,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | GARNER & CONNIE KOONS 400 BEACH DR. NE #703 ST. PETERSBURG, FL 33701 | \$ 8,500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization FISH & WILDLIFE FOUNDATION OF FLORIDA, INC. | Employer identification number 59-3277808 |
|--------------------------------------------------------------------------------|-----------------------------------------------------|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

| | |
|--------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization FISH & WILDLIFE FOUNDATION OF FLORIDA, INC. | Employer identification number 59-3277808 |
|--------------------------------------------------------------------------------|-----------------------------------------------------|

Part III 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 organizations 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 | |
|-----------------------------------------|------------------------------------------|
| 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 | |
|-----------------------------------------|------------------------------------------|
| 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 | |
|-----------------------------------------|------------------------------------------|
| 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 | |
|-----------------------------------------|------------------------------------------|
| 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization FISH & WILDLIFE FOUNDATION OF FLORIDA, INC. Employer identification number 59-3277808

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 5,601,554. | 4,465,939. | 4,216,341. | 93,261. | |
| b Contributions | 106,637. | 55,180. | 18,390. | 3,973,522. | 93,333. |
| c Net investment earnings, gains, and losses | -902,240. | 1,080,435. | 231,208. | 149,558. | -72. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 4,805,951. | 5,601,554. | 4,465,939. | 4,216,341. | 93,261. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 15,140. | | 15,140. |
| b Buildings | | | | |
| c Leasehold improvements | | 29,950. | 14,665. | 15,285. |
| d Equipment | | 143,895. | 75,587. | 68,308. |
| e Other | | 2,800. | | 2,800. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 101,533. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) Federal income taxes | |
| (2) | |
| (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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 | 17,671,086. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -7,906,571. | |
| b | Donated services and use of facilities | 2b | 41,620. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | -243,280. | |
| e | Add lines 2a through 2d | 2e | | -8,108,231. |
| 3 | Subtract line 2e from line 1 | 3 | | 25,779,317. |
| 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 | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | | 25,779,317. |

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.

| | | | | |
|---|----------------------------------------------------------------------------------|----|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 9,404,884. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 41,620. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | -251,203. | |
| e | Add lines 2a through 2d | 2e | | -209,583. |
| 3 | Subtract line 2e from line 1 | 3 | | 9,614,467. |
| 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 | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | | 9,614,467. |

Part XIII Supplemental Information.

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.

PART V, LINE 4:

ENDOWMENT FUNDS ARE TO BE USED FOR THE MAINTENANCE AND LAND STEWARDSHIP OF PROJECTS ESTABLISHED BY TRUST OR FUND AGREEMENTS ENTERED INTO BY VARIOUS GRANTORS FOR THE PROTECTION OF NATURAL RESOURCES.

PART X, LINE 2:

THE ORGANIZATION HAS IMPLEMENTED THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FASB ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND

Part XIII Supplemental Information (continued)

PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF
JUNE 30, 2022, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT
QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

MANAGEMENT FEES -251,203.

FUNDRAISING EXPENSE

UNAMORTIZED DISCOUNT ON PLEDGE 7,923.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -243,280.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE

MANAGEMENT FEES -251,203.

MTF EXPENSES

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.** Employer identification number **59-3277808**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------------|----------------|----------------------------------------|---------------------------------|-----------------------------------------|--------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------|
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 80,725. | 0. | | | SUPPORT FOR CAPTIVE BREEDING OF ENDANGERED FLORIDA GRASSHOPPER SPARROWS |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 46,000. | 0. | | | ASSESSMENT OF THE EPIDEMIOLOGY OF A NEUROMUSCULAR DISORDER IMPACTING BOBCATS AND THE |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 103,752. | 0. | | | DIAMONDBACK TERRAPIN BYCATCH IN BLUE CRAB TRAPS AND IMPACTS OF BYCATCH REDUCTION DEVICES |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 60,000. | 0. | | | MODIFY DUMPSTERS TO BE BEAR-RESISTANT |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 25,000. | 0. | | | CONTINUED MONITORING OF TURTLE BUNYAVIRUS AND REFINEMENT OF TISSUE SUBMISSION GUIDELINES FOR |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 27,744. | 0. | | | SCARING BEARS OUT OF COMMUNITIES |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.

Schedule I (Form 990)

59-3277808

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------|
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 25,000. | 0. | | | UNDERSTANDING EFFECTIVENESS OF ECONOMICAL ON-SITE CONSERVATION OPTIONS FOR |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 65,960. | 0. | | | CONTINUED RESEARCH ON MUSSEL PROPAGATION TECHNIQUES AND STOCKING NATIVE MUSSELS TO RESTORE |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 37,358. | 0. | | | CORAL REEF RESTORATION ENHANCEMENT USING A POTENTIAL CORALLIVORE PREDATOR THE SPOTTED |
| GRAY FISHTAG RESEARCH INC 803 SW 14TH CT POMPANO BEACH, FL 33060 | 47-2063764 | | 15,000. | 0. | | | GRAY FISHTAG RESEARCH |
| REEF ENVIRONMENTAL EDUCATION FOUNDATION, INC. - PO BOX 370246 - KEY LARGO, FL 33037 | 65-0270064 | | 20,000. | 0. | | | A CITIZEN SCIENCE SMILE (SIZE MATTERS: INNOVATIVE LENGTH ESTIMATE) PROJECT |
| LOGGERHEAD MARINELIFE CENTER INC. 14200 US HIGHWAY ONE JUNO BEACH, FL 33408 | 59-2445926 | | 25,000. | 0. | | | LOGGERHEAD MARINE CENTER FLOATING CLASSROOM (SPONSORSHIP) |
| FLORIDA STATE PARKS FOUNDATION INC. - 1700 NORTH MONROE STREET, SUITE 11, #200 - TALLAHASSEE, FL 32303 | 59-3207818 | | 27,119. | 0. | | | UNDERWATER REEF OBSERVATION PROJECT AT JOHN PENNEKAMP CORAL REEF STATE PARK |
| UNIVERSO MARINO CORP 4001 SW 129TH AVE MIAMI, FL 33175 | 81-0696426 | | 2,000. | 0. | | | LIONFISH TOURNAMENT |
| AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS & AQUARIUMS INC - 8403 COLESVILLE ROAD - SILVER SPRING, MD 20910 | 55-0526930 | | 10,000. | 0. | | | AZA COORDINATOR TRAVEL IN 2022 |

Schedule I (Form 990)

FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.

Schedule I (Form 990)

59-3277808

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------|
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 2,500. | 0. | | | 2022 MARINE TURTLE PERMIT HOLDER MEETING |
| LADIES LETS GO FISHING FOUNDATION INC - PO BOX 550429 - FT. LAUDERDALE, FL 33355 | 47-5053530 | | 10,000. | 0. | | | LADIES, LET'S GO FISHING |
| REMOVING THE BARRIERS INITIATIVE 237 GOLDEN BOUGH ROAD LAKE WALES, FL 33898 | 27-4461020 | | 6,440. | 0. | | | NATURE FOR ALL -- A BUDDY PADDLE INITIATIVE |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 68,000. | 0. | | | ASSESSMENT OF THE EPIDEMIOLOGY OF A NEUROMUSCULAR DISORDER IMPACTING BOBCATS AND THE |
| REEF RENEWAL USA INC 4002 W STATE ST STE 200 TAMPA, FL 33609 | 83-4404613 | | 30,000. | 0. | | | EASTERN DRY ROCKS RESTORATION |
| ALACHUA COUNTY 408 W UNIVERSITY AVE GAINESVILLE, FL 32601 | 59-6000501 | | 20,000. | 0. | | | FERTILIZER AND AQUIFER ACTIONS BEHAVIOR CHANGE CAMPAIGN |
| FRIENDS OF BLUE SPRING STATE PARK 2100 WEST FRENCH AVENUE ORANGE CITY, FL 32763 | 57-1199346 | | 5,500. | 0. | | | EDUCATING THE PUBLIC ABOUT CONSERVATION AND A MAJOR RESTORATION OF THE BLUE SPRING STATE PARK |
| UNIVERSITY OF CENTRAL FLORIDA 12424 RESEARCH PARKWAY SUITE 400 ORLANDO, FL 32826 | 59-2924021 | | 35,000. | 0. | | | EVALUATING AND ANALYZING MICROPLASTICS IN FLORIDA SPRINGS |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 34,099. | 0. | | | EVALUATION OF COMMON SNOOK MOVEMENT PATTERNS ASSOCIATED WITH THERMAL REFUGIA IN CRYSTAL RIVER, |

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FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|
| CLEARWATER MARINE AQUARIUM RESEARCH INSTITUTE - 249 WINDWARD PASSAGE - CLEARWATER, FL 33767 | 59-2086737 | | 23,439. | 0. | | | DETERMINING CHANGES IN UTILIZATION OF OCKLAWAHA RIVER SYSTEM BY MANATEES IN RESPONSE TO |
| HOWARD T. ODUM FLORIDA SPRINGS INSTITUTE - 23695 W US 27 - HIGH SPRINGS, FL 32643 | 46-1663401 | | 14,000. | 0. | | | FLORIDA SPRINGS FIELD SCHOOL 2022 |
| CLEARWATER MARINE AQUARIUM RESEARCH INSTITUTE - 249 WINDWARD PASSAGE - CLEARWATER, FL 33767 | 59-2086737 | | 16,388. | 0. | | | MONITORING MANATEE AND RECREATIONAL USE OF THE SILVER RIVER |
| HOWARD T. ODUM FLORIDA SPRINGS INSTITUTE - 23695 W US 27 - HIGH SPRINGS, FL 32643 | 46-1663401 | | 10,200. | 0. | | | KINGS BAY SPRINGSWATCH |
| HOWARD T. ODUM FLORIDA SPRINGS INSTITUTE - 23695 W US 27 - HIGH SPRINGS, FL 32643 | 46-1663401 | | 40,000. | 0. | | | ECOLOGICAL HEALTH AND RECREATION ASSESSMENT OF THE RAINBOW SPRINGS SYSTEM |
| HOWARD T. ODUM FLORIDA SPRINGS INSTITUTE - 23695 W US 27 - HIGH SPRINGS, FL 32643 | 46-1663401 | | 7,000. | 0. | | | FLORIDA SPRINGS FRIENDLY YARDS |
| ALACHUA COUNTY 408 W UNIVERSITY AVE GAINESVILLE, FL 32601 | 59-6000501 | | 8,300. | 0. | | | SPRINGS PROTECTION AND MANATEE-MONITORING THROUGH CITIZEN SCIENCE AND EDUCATIONAL OUTREACH |
| ALACHUA CONSERVATION TRUST 7204 SE CR 234 GAINESVILLE, FL 32641 | 59-2919630 | | 20,794. | 0. | | | SIMPLE THINGS FOR OUR SPRINGS PHASE III |
| UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE TAMPA, FL 33602 | | | 22,143. | 0. | | | IDENTIFYING SOURCES OF CHANGING WATER CHEMISTRY IN THE UPPER FLORIDAN AQUIFER |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|
| ALACHUA COUNTY 408 W UNIVERSITY AVE GAINESVILLE, FL 32601 | 59-6000501 | | 14,000. | 0. | | | SANTA FE SPRINGSHED TROGLOBITIC SURVEYS |
| FLORIDA FOREST SERVICE 6089 OLD BAGDAD HIGHWAY MILTON, FL 32570 | | | 5,500. | 0. | | | OPERATION OUTDOOR FREEDOM - BLACKWATER FOOD PLOTS 2022 |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 4,000. | 0. | | | YOUTH DOVE, QUAIL, SQUIRREL, TURKEY AND WILD HOG HUNTING |
| THE COLDWATER NATIONALS 9623 HWY 4 MILTON, FL 32570 | | | 8,500. | 0. | | | THE COLDWATER NATIONALS 3 DAY FIELD TRIAL |
| SOUTHWEST FLORIDA COUNCIL, BSA 1801 BOY SCOUT DRIVE FORT MYERS, FL 33907 | 59-1150488 | | 7,030. | 0. | | | EXPANSION OF YOUTH SHOOTING SPORTS SAFETY EDUCATION WITHIN THE SOUTHWEST FLORIDA COUNCIL |
| FLORIDA FOREST SERVICE 6089 OLD BAGDAD HIGHWAY MILTON, FL 32570 | | | 25,000. | 0. | | | OPERATION OUTDOOR FREEDOM CONTINUATION BLACKWATER FEMALE DORM CONSTRUCTION |
| UNITED WATERFOWLERS FLORIDA, INC. 45 POPLAR ROAD TEQUESTA, FL 33469 | | | 2,400. | 0. | | | UNITED WATERFOWLERS-FL SPECIAL YOUTH AND WOUNDED WARRIOR DUCK HUNTS |
| SOUTHEASTERN DOG HUNTERS ASSOCIATION - 2698 GORDON LAND RD - MILTON, FL 32570 | 46-0931992 | | 4,500. | 0. | | | 6TH ANNUAL RUMBLE IN THE SWAMP YOUTH SMALL GAME HUNT WITH HOUNDS & CLAY SHOOTING OUTDOORS WEEKEND |
| SOUTHEASTERN DOG HUNTERS ASSOCIATION - 2698 GORDON LAND RD - MILTON, FL 32570 | 46-0931992 | | 1,000. | 0. | | | APALACHICOLA NATIONAL FOREST CLEAN UP DAY 2022 |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|-------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------------------|
| SEASONS OF HOPE OUTDOORS, INC 1205 BUENA VISTA BLVD PANAMA CITY, FL 32401 | 47-2707052 | | 4,500. | 0. | | | HUNT 4 HALEE YOUTH DEER HUNT |
| TRINITY SPORTSMAN MINISTRIES 723 W RUSSELL DR PLANT CITY, FL 33563 | 30-0325515 | | 10,676. | 0. | | | BOW FISHING EXPANSION PROGRAM |
| FLORIDA FRONTIERSMEN INC 1000 OLD FORT MEADE RD HOMELAND, FL 33847 | 59-2849758 | | 4,219. | 0. | | | FLORIDA FRONTIERSMEN BIG GAME 2 |
| LOXAHATCHEE RIVER DISTRICT 2500 JUPITER PARK DRIVE JUPITER, FL 33458 | 59-1455126 | | 6,000. | 0. | | | NATURE CENTER ARCHERY PROGRAMS |
| NATIONAL WILD TURKEY FEDERATION 770 AUGUSTA ROAD EDGEFIELD, SC 29824 | | | 25,000. | 0. | | | FWC/NWTF/FFS WILD TURKEY COST SHARE PROGRAM |
| SPORTSABILITY ALLIANCE (FLORIDA DISABLED OUTDOORS ASSOCIATION) - 3035 ELIZA ROAD - TALLAHASSEE, FL 32308 | 59-3051552 | | 25,000. | 0. | | | ALLOUT ADVENTURE OUTREACH AND MOBILITY PROGRAM 22 |
| TRI-STATE CHRISTIAN FELLOWSHIP 100 CHRISTIAN CAMP ROAD DEFUNIAK SPRINGS, FL 32433 | 59-2966414 | | 14,900. | 0. | | | BRINGING IT ALL TOGETHER |
| LAKE AURORA CHRISTIAN ASSEMBLY (CAMP) - 237 GOLDEN BOUGH ROAD - LAKE WALES, FL 33898 | 59-1466706 | | 4,101. | 0. | | | ON TARGET ADAPTIVE ARCHERY |
| CENTRAL FLORIDA COUNCIL, BOY SCOUTS OF AMERICA - 1951 SOUTH ORANGE BLOSSOM TRAIL - APOPKA, FL 32703 | 59-0624376 | | 12,304. | 0. | | | CAMP LA-NO-CHE SHOOTING SPORTS PROGRAMS |

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|----------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------|
| BLACKWATER FOX HUNTERS ASSOCIATION 5035 NEAL JONES ROAD JAY, FL 32565 | 84-2353888 | | 6,000. | 0. | | | 58TH ANNUAL 2022 BLACKWATER FOX HUNTERS ASSOCIATION FIELD TRIAL & BENCH SHOW |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 22,620. | 0. | | | INCREASING TARGETED HUNTER PARTICIPATION IN MONITORING FOR THE ALWAYS FATAL DISEASE OF DEER: |
| SONFISHER CALVARY CHAPEL MERRITT ISLAND - 3500 NORTH COURTENAY PKWY - MERRITT ISLAND, FL 32953 | 59-2093178 | | 3,953. | 0. | | | PHASE II: ENHANCE SONFISHERS ARCHERY PROGRAM AND CORRELATING WILDLIFE CONSERVATION |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 14,000. | 0. | | | FWC 2022 R3 SUMMIT - INTERNATIONAL HUNTER EDUCATION ASSOCIATION / FLORIDA FISH AND WILDLIFE |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 10,000. | 0. | | | ADVERTISING AND MARKETING FUNDS FOR BECOMING AN OUTDOORS WOMAN (BOW) PROGRAM |
| FLORIDA HUNTERS AND COMMUNITY WHO CARE INC-- DBA FLORIDA HUNTERS FOR THE HUNGRY - 32111 TRILBY RD - DADE CITY, FL 33523 | 83-2473144 | | 10,000. | 0. | | | FLORIDA HUNTERS FOR THE HUNGRY INC |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 15,000. | 0. | | | ADVANCING RECRUITMENT, RETENTION, AND REACTIVATION FOR LGBTQ+ HUNTERS |
| DUCKS UNLIMITED 41 HIMSELF CT PRINCETON, NC 27569 | 13-5643799 | | 5,000. | 0. | | | DUCKS UNLIMITED FLORIDA FFA WOOD DUCK BOX SEMINAR |
| CLOUD NINE OUTDOORS INC. 1403 DRUID RD E CLEARWATER, FL 33756 | 81-1404393 | | 3,050. | 0. | | | FROM CLASSROOM TO DINNER ON THE TABLE |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------|
| 10 CAN, INC. PO BOX 1122 NEWBERRY, FL 32669 | | | 25,000. | 0. | | | PROVERB 31 OUTDOORSMAN |
| SUWANNEE RIVER AREA COUNCIL BOY SCOUT OF AMERICA - 2032 THOMASVILLE ROAD - TALLAHASSEE, FL 32308 | 59-0624370 | | 7,155. | 0. | | | REBOOTING SUWANNEE RIVER AREA COUNCIL WALLWOOD SCOUT RESERVATION ARCHERY PROGRAM |
| BACK COUNTRY HUNTERS AND ANGLERS 4841 LAKE PARK DR TALLAHASSEE, FL 32311 | | | 11,837. | 0. | | | FLORIDA BHA ARCHERY INTRO & 3D CHALLENGE |
| THE FUTURE OF HUNTING IN FLORIDA, INC. - P.O. BOX 271388 - TAMPA, FL 33688 | 20-5116774 | | 15,000. | 0. | | | FHF'S NEW HUNTERS PROGRAM FOR 2022-23 HUNTING SEASON |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 50,000. | 0. | | | ROLLING MEADOWS IMPOUNDMENT VEGETATION MANAGEMENT |
| DUCKS UNLIMITED - ORLANDO CHAPTER ONE WATERFOWL WAY MEMPHIS, TN 38120 | 13-5643799 | | 2,500. | 0. | | | DUCKS UNLIMITED ORLANDO WOOD DUCK PROJECT |
| CURRENT PROBLEMS P.O. BOX 357098 GAINESVILLE, FL 32635 | 59-3255550 | | 1,000. | 0. | | | DEBRIS REMOVAL FROM WILDLIFE MANAGEMENT AREAS |
| SOUTHEASTERN DOG HUNTERS ASSOCIATION - 2698 GORDON LAND RD - MILTON, FL 32570 | 46-0931992 | | 2,500. | 0. | | | YOUTH BUCK N RUT HUNT 2022 |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 SOUTH MERIDIAN STREET - TALLAHASSEE, FL 32399 | 59-3105845 | | 30,000. | 0. | | | TITLE SPONSORSHIP OF THE FLORIDA NASP (NATIONAL ARCHERY IN THE SCHOOLS PROGRAM) STATE TOURNAMENT |

Schedule I (Form 990)

FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
| | | | | | |
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| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION MONITORS ITS GRANTS THROUGH A FAIRLY RIGOROUS REPORTING SYSTEM. EACH GRANT RECIPIENT IS REQUIRED TO SUBMIT ANNUAL REPORTS THAT INCLUDE BOTH PROGRAMMATIC AND FINANCIAL DATA. GRANT RECIPIENTS RECEIVE AN AUTOMATED REMINDER TWO WEEKS BEFORE EACH REPORT IS DUE. THE FOUNDATION ALSO EXPECTS A FINAL PROJECT REPORT WITHIN 90 DAYS OF PROJECT COMPLETION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSESSMENT OF THE EPIDEMIOLOGY OF A
NEUROMUSCULAR DISORDER IMPACTING BOBCATS AND THE ENDANGERED FLORIDA
PANTHER PHASE 2

NAME OF ORGANIZATION OR GOVERNMENT:

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: DIAMONDBACK TERRAPIN BYCATCH IN BLUE
CRAB TRAPS AND IMPACTS OF BYCATCH REDUCTION DEVICES ON COMMERCIAL
LANDINGS OF MARKETABLE CRABS

NAME OF ORGANIZATION OR GOVERNMENT:

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUED MONITORING OF TURTLE
BUNYAVIRUS AND REFINEMENT OF TISSUE SUBMISSION GUIDELINES FOR DIAGNOSTIC
VALIDITY PHASE 2.

NAME OF ORGANIZATION OR GOVERNMENT:

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNDERSTANDING EFFECTIVENESS OF
ECONOMICAL ON-SITE CONSERVATION OPTIONS FOR PROTECTED SPECIES, AND MUTUAL
BENEFITS FOR RESIDENTS OF FLORIDA.

NAME OF ORGANIZATION OR GOVERNMENT:

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUED RESEARCH ON MUSSEL
PROPAGATION TECHNIQUES AND STOCKING NATIVE MUSSELS TO RESTORE POPULATIONS
IN LAKE TRAFFORD AND IMPROVE WATER QUALITY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: CORAL REEF RESTORATION ENHANCEMENT
USING A POTENTIAL CORALLIVORE PREDATOR THE SPOTTED SPINY LOBSTER,
PANULIRUS GUTTATUS

NAME OF ORGANIZATION OR GOVERNMENT:

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSESSMENT OF THE EPIDEMIOLOGY OF A
NEUROMUSCULAR DISORDER IMPACTING BOBCATS AND THE ENDANGERED FLORIDA
PANTHER PHASE 2

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF BLUE SPRING STATE PARK

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATING THE PUBLIC ABOUT
CONSERVATION AND A MAJOR RESTORATION OF THE BLUE SPRING STATE PARK
HEADSPRING AND RUN

NAME OF ORGANIZATION OR GOVERNMENT:

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF COMMON SNOOK MOVEMENT
PATTERNS ASSOCIATED WITH THERMAL REFUGIA IN CRYSTAL RIVER, FLORIDA

NAME OF ORGANIZATION OR GOVERNMENT:

CLEARWATER MARINE AQUARIUM RESEARCH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: DETERMINING CHANGES IN UTILIZATION
OF OCKLAWAHA RIVER SYSTEM BY MANATEES IN RESPONSE TO ENVIRONMENTAL
DECLINATION IN OTHER MANATEE USE AREAS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ALACHUA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRINGS PROTECTION AND

MANATEE-MONITORING THROUGH CITIZEN SCIENCE AND EDUCATIONAL OUTREACH IN
THE SPRINGS HEARTLAND

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHWEST FLORIDA COUNCIL, BSA

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANSION OF YOUTH SHOOTING SPORTS

SAFETY EDUCATION WITHIN THE SOUTHWEST FLORIDA COUNCIL OF THE BOY SCOUTS
OF AMERICA

NAME OF ORGANIZATION OR GOVERNMENT:

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING TARGETED HUNTER

PARTICIPATION IN MONITORING FOR THE ALWAYS FATAL DISEASE OF DEER: CHRONIC
WASTING DISEASE (CWD)

NAME OF ORGANIZATION OR GOVERNMENT:

SONFISHER CALVARY CHAPEL MERRITT ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: PHASE II: ENHANCE SONFISHERS ARCHERY

PROGRAM AND CORRELATING WILDLIFE CONSERVATION EDUCATION - NORTHEAST
REGION

NAME OF ORGANIZATION OR GOVERNMENT:

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: FWC 2022 R3 SUMMIT - INTERNATIONAL

HUNTER EDUCATION ASSOCIATION / FLORIDA FISH AND WILDLIFE CONSERVATION
COMMISSION

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **FISH & WILDLIFE FOUNDATION OF FLORIDA, INC.**

Employer identification number
59-3277808

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|-------------------------------------|
| 1b | | |
| 2 | | |
| 4a | | <input checked="" type="checkbox"/> |
| 4b | | <input checked="" type="checkbox"/> |
| 4c | | <input checked="" type="checkbox"/> |
| 5a | | <input checked="" type="checkbox"/> |
| 5b | | <input checked="" type="checkbox"/> |
| 6a | | <input checked="" type="checkbox"/> |
| 6b | | <input checked="" type="checkbox"/> |
| 7 | | <input checked="" type="checkbox"/> |
| 8 | | <input checked="" type="checkbox"/> |
| 9 | | |

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

Schedule J (Form 990) 2021

FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.

59-3277808

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ANDREW WALKER PRESIDENT/CEO | (i) | 195,901. | 15,000. | 0. | 6,327. | 18,603. | 235,831. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JAMES W BRADFORD COO | (i) | 160,417. | 6,275. | 0. | 5,001. | 21,506. | 193,199. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.

Employer identification number
59-3277808

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FLORIDA'S FISH AND WILDLIFE RESOURCES AND THEIR HABITATS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ABOUT THE NEED TO CONSERVE FISH AND WILDLIFE RESOURCES. OUR PROJECTS
WILL BE GUIDED BY STRONG CONSERVATION SCIENCE AND BE FOR THE BENEFIT
AND EDUCATION OF PEOPLE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SUPPORT TO THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION AND
OTHER FISH AND WILDLIFE CONSERVATION GROUPS AND ASSOCIATED PROJECTS.

EXPENSES \$ 4,278,675. INCL GRANTS OF \$ 5,738,517. REVENUE \$ 1,780,117.

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

A PDF OF THE FORM 990 IS EMAILED TO ALL BOARD MEMBERS FOR THEIR REVIEW.
THEY HAVE THE OPPORTUNITY TO RESPOND PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE EXECUTIVE COMMITTEE REVIEWS THE CONFLICT OF INTEREST ATTESTATIONS
EXECUTED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE REVIEWS ANNUALLY AND MAKES RECOMMENDATIONS TO
THE BOARD OF DIRECTORS.

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

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

Schedule O (Form 990) 2021

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization FISH & WILDLIFE FOUNDATION OF FLORIDA, INC. | Employer identification number 59-3277808 |
|---------------------------------------------------------------------------------|-----------------------------------------------------|

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE CONTRACT SERVICES:

| | |
|--------------------------------------------------------|------------|
| PROGRAM SERVICE EXPENSES | 1,307,090. |
| MANAGEMENT AND GENERAL EXPENSES | 882. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,307,972. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,307,972. |

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|-------------------------------|--------|
| DISCOUNT ON PLEDGE RECEIVABLE | 7,923. |
|-------------------------------|--------|

990 PART XII LINE 2C

THE ORGANIZATION HAS A STANDING COMMITTEE OF NO LESS THAN 3 MEMBERS OF THE BOARD OF DIRECTORS KNOWN AS THE FINANCE AND AUDIT COMMITTEE. IT HAS THE RESPONSIBILITY OF MAINTAINING COMMUNICATION AND OVERSIGHT OF THE OUTSIDE AUDITORS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **FISH & WILDLIFE FOUNDATION OF FLORIDA, INC.** Employer identification number **59-3277808**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------|----|
| | | | | | | Yes | No |
| FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 59-3105845, P O BOX 11010, TALLAHASSEE, FL 32302-3010 | ENSURE THE CONSERVATION OF FLORIDA'S FISH AND WILDLIFE RESOURCES. | FLORIDA | 115 (1) | N/A | | | X |
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FISH & WILDLIFE FOUNDATION OF FLORIDA,

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|-------------------------------------------------------|----|
| | | | | | | | | Yes | No |
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**FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|----------------------------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| FLORIDA FISH AND WILDLIFE CONSERVATION (1) COMMISSION | B | 512,459. | ACTUAL COSTS |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

FISH & WILDLIFE FOUNDATION OF FLORIDA,
INC.

Schedule R (Form 990) 2021

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--------------------------------------------|-------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------|----|------------------------------------|------------------------------------------|----------------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-----------------------------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 13 | ASUS TOUCHSCREEN LAPTOP | 01/12/17 | SL | 5.00 | | 16 | 1,284. | | | | 1,284. | 1,155. | | 129. | 1,284. |
| 14 | EPSON POWERLITE PROJECTOR | 03/31/17 | SL | 5.00 | | 16 | 776. | | | | 776. | 659. | | 117. | 776. |
| 15 | DELL LATI5588OUN3 W/ DELL DOCKING STATION | 02/23/18 | SL | 5.00 | | 16 | 1,170. | | | | 1,170. | 780. | | 234. | 1,014. |
| 16 | DELL LATI55880BTX WITH DELL DOCKING STATION | 05/23/18 | SL | 5.00 | | 16 | 1,374. | | | | 1,374. | 848. | | 275. | 1,123. |
| 17 | DELL XPS AND DOCKING STATION | 07/01/18 | SL | 5.00 | | 16 | 1,561. | | | | 1,561. | 937. | | 312. | 1,249. |
| 18 | LOGITECH RALLY VIDEO CONFERENCING KIT W/6 MIC POD | 08/08/19 | SL | 5.00 | | 16 | 3,412. | | | | 3,412. | 1,308. | | 682. | 1,990. |
| 19 | APPLE MBA 13.3 SPACE GRAY | 10/27/19 | SL | 5.00 | | 16 | 1,337. | | | | 1,337. | 423. | | 267. | 690. |
| 20 | LENOVO YOGA C940-14IIL; PF13NBOG & MS OFFICE SUITE | 12/13/19 | SL | 5.00 | | 16 | 1,330. | | | | 1,330. | 421. | | 266. | 687. |
| 21 | DELL LATI5500BTX, W/DELL DOCKING STATION | 02/27/20 | SL | 5.00 | | 16 | 1,691. | | | | 1,691. | 451. | | 338. | 789. |
| 22 | APPLE MACBOOK AIR 13", MS OFFICE HOME BUSINESS 2019 | 06/30/20 | SL | 5.00 | | 16 | 1,988. | | | | 1,988. | 398. | | 398. | 796. |
| 23 | LEONVO THINKPAD E15 GEN 2 15.6" W/LOGITECH MOUSE | 09/28/21 | SL | 5.00 | | 16 | 1,736. | | | | 1,736. | | | 260. | 260. |
| 24 | DELL LATI5520BTX, W/DELL DOCKING STATION | 02/01/22 | SL | 5.00 | | 16 | 1,225. | | | | 1,225. | | | 102. | 102. |
| 25 | DELL XPS 15 (9510) | 02/01/22 | SL | 5.00 | | 16 | 1,199. | | | | 1,199. | | | 100. | 100. |
| 26 | GENERAC GENERATOR | 12/10/19 | SL | 5.00 | | 16 | 3,464. | | | | 3,464. | 1,098. | | 693. | 1,791. |
| 27 | TWO (2) 300 GAL VERTICAL TANKS (35" X 87") | 01/13/20 | SL | 5.00 | | 16 | 1,126. | | | | 1,126. | 338. | | 225. | 563. |
| 28 | APEX MONITORING SYSTEM | 03/05/20 | SL | 5.00 | | 16 | 3,780. | | | | 3,780. | 1,008. | | 756. | 1,764. |
| 29 | CERTAPRO PAINTERS OF ORLANDO - PAINT ALL WALLS OF WAREHOU | 12/12/19 | SL | 5.00 | | 16 | 5,250. | | | | 5,250. | 1,663. | | 1,050. | 2,713. |
| 30 | CERTAPRO PAINTERS OF ORLANDO - PAINT CORAL BED TUBS AND C | 12/19/19 | SL | 5.00 | | 16 | 5,750. | | | | 5,750. | 1,725. | | 1,150. | 2,875. |

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|----------------------------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 31 | ORLANDO ELECTRIC - QUAD RECEPTACLES, GFI FOR ALL NEW | 02/07/20 | SL | 5.00 | | 16 | 16,500. | | | | 16,500. | 4,675. | | 3,300. | 7,975. |
| 32 | ORLANDO ELECTRIC - TRANSFER SWITCH FOR GENERATOR | 03/31/20 | SL | 5.00 | | 16 | 2,450. | | | | 2,450. | 613. | | 490. | 1,103. |
| 33 | ONE (1) 5 TON A/C UNIT | 11/15/19 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 883. | | 500. | 1,383. |
| 34 | ASUS Q324UA-BHI7T17 | 01/11/17 | SL | 5.00 | | 16 | 1,284. | | | | 1,284. | 1,156. | | 128. | 1,284. |
| 35 | EPSON POWER POWERLITE 1771W PROJECTOR W/HDMI ADAPTER & 1 | 03/25/17 | SL | 5.00 | | 16 | 776. | | | | 776. | 659. | | 117. | 776. |
| | * TOTAL 990 PAGE 10 DEPR | | | | | | 62,963. | | | | 62,963. | 21,198. | | 11,889. | 33,087. |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | | 58,803. | | | 0. | 58,803. | 21,198. | | | 32,625. |
| | ACQUISITIONS | | | | | | 4,160. | | | 0. | 4,160. | 0. | | | 462. |
| | DISPOSITIONS/RETIRED | | | | | | 0. | | | 0. | 0. | 0. | | | 0. |
| | ENDING BALANCE | | | | | | 62,963. | | | 0. | 62,963. | 21,198. | | | 33,087. |
| | ENDING ACCUM DEPR | | | | | | | | | | | 33,087. | | | |
| | ENDING BOOK VALUE | | | | | | | | | | | 29,876. | | | |

| Type and Entity: PRE-2018 NOL FED | | DETAIL CARRYOVER SCHEDULE | | | | | | | | | | |
|-----------------------------------|---------------------------|---------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Section 382 Annual Limitation | | Section 382 Carryover | | | | | | | | | | |
| Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A | 2012 | 5,910. | | | | | | | | | | |
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