### EXTENDED TO NOVEMBER 15, 2021

Form **99**0

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

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

Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning

		<u> </u>					
<b>B</b> c	heck if	C Name of organization			D Employer identifi	cation number	
	Addre	USARK FLORIDA, INC.					
	_chang _Name _chang				84-27577	17	
$\vdash$	Initial return	( 50 ) ( 7 ) ( 7 )	) Room/	/suite	E Telephone number		
	Final return	5120 C TAKETAND DETVE	3	Suite	863-640-		
	termir ated	,	code	$\dashv$	G Gross receipts \$	282,138.	
	Amen	ded TAKETAND ET 22812		İ	H(a) Is this a group r		
	Applic	-	NESKI		for subordinates		
	pendi	ng			<b>H(b)</b> Are all subordinates i	····· — —	
ΙT	ax-ex	empt status: 501(c)(3) X 501(c) ( 6 ) (insert no.) 4	947(a)(1) or	527		list. See instructions	
J۷	Vebsi	te: NWW.USARKFL.ORG	. , , ,		H(c) Group exemption		
		forganization: X Corporation Trust Association Other	▶ L			M State of legal domicile: FL	
	ırt I	Summary	•		·	-	
Ф	1	Briefly describe the organization's mission or most significant activities:	TO REPR	ESE	NT THE BEST	INTEREST	
Governance		OF BUSINESSES AND INDIVIDUALS WHO AF	RE INVOL	VED	IN THE OWN	ERSHIP,	
rus	2	Check this box if the organization discontinued its operations	or disposed of	more	than 25% of its net a	ssets.	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			3	16	
	4	Number of independent voting members of the governing body (Part VI,	, line 1b)		4	16	
es		Total number of individuals employed in calendar year 2020 (Part V, line				0	
iviti		Total number of volunteers (estimate if necessary)				0	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.	
					Prior Year	Current Year	
ne	l	Contributions and grants (Part VIII, line 1h)			23,000.	282,138.	
Revenue	l .	Program service revenue (Part VIII, line 2g)			0.	0.	
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.	
	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			23,000.	282,138.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),			23,000.	202,130.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		-	0.	0.	
			F 10)	-	0.	0.	
ses		Salaries, other compensation, employee benefits (Part IX, column (A), line Professional fundraining foca (Part IX, column (A), line 11a)			0.	0.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.		•	0.	
Ä		Total fundraising expenses (Part IX, column (D), line 25)  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,301.	253,034.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,301.		
		Revenue less expenses. Subtract line 18 from line 12			21,699.		
or es		Tieveride lede experiedes edubitade into 10 from into 12			inning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		100	25,099.	54,203.	
ASS J Ba	21	Total liabilities (Part X, line 26)			0.	0.	
E L	22	Net assets or fund balances. Subtract line 21 from line 20			25,099.	54,203.	
Pa	rt II	Signature Block		•			
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying	g schedules and s	tateme	nts, and to the best of m	y knowledge and belief, it is	
true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all inform	ation of which pre	eparer l	nas any knowledge.		
Sigr	า	Signature of officer			Date		
Here	е	ELIZABETH WISNESKI, PRESIDENT					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		ا	ate Check [	PTIN	
Paid -		DEANA M. LOVE			self-employ		
	arer	Firm's name DASZKAL BOLTON LLP	•		Firm's EIN	65-0406502	
Use	Only	Firm's address 4455 N MILITARY TRAIL, #201	L			(1) 2(7 1040	
		JUPITER, FL 33458-4828			Phone no. (5	61) 367-1040	
Mav	the II	RS discuss this return with the preparer shown above? See instructions				X Yes No	

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO REPRESENT THE BEST INTEREST OF BUSINESSES AND INDIVIDUALS WHO ARE
	INVOLVED IN THE OWNERSHIP, POSSESSION, TRANSFER, SALE, EDUCATION,
	SCIENTIFIC STUDY, CONSERVATION AND ANY OTHER LEGAL ACTIVITY ASSOCIATED
	WITH LIVE ANIMALS AND WORKING WITH LIVE ANIMALS IN FLORIDA AND BEYOND.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
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 \$ 249,289 • including grants of \$) (Revenue \$ 282,138 • )
	SUCCESSFULLY OVERTURNED LEGISLATION THAT EFFECTIVELY PROHIBITED THE
	OWNERSHIP AND TRADE OF CERTAIN ANIMALS IN THE STATE OF FLORIDA.
	(Code: ) (Expenses \$ 0 • including grants of \$ 0 • ) (Revenue \$ 0 • )
4b	(Code: ) (Expenses \$ 0 \cdot including grants of \$ 0 \cdot ) (Revenue \$ 0 \cdot ) (Revenue \$ 0 \cdot ) \cdot  EDUCATED THE PUBLIC ON THE LAWS AND BILLS IN THE STATE OF FLORIDA
	RELATED TO OUR INDUSTRY AND ADVOCATED FOR THE RESPONSIBLE PRIVATE
	OWNERSHIP AND TRADE OF LIVE ANIMALS IN THE STATE OF FLORIDA.
4c	(Code:) (Expenses \$
4-1	Other pregram convices (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses   249,289.
	Form <b>990</b> (2020)

# Form 990 (2020) USARK FLORIDA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<del></del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		-17	F
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
_	Part VI	11a		X
р	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<del>                                     </del>
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	✓			

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Form 990 (2020) USARK FLORIDA, INC.
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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		l ,	L
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	A
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		l ,	_
	Schedule L, Part I	25b	N/	A
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? If "Yes," complete Schedule L, Part II	26		Х
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			١
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			7.7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			X
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Λ
33				х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		X
25.2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		<del></del>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
-	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T 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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			$\overline{\Omega}$	/ ·

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### 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 2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Va	any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		<del></del>
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  N/A	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  N/A			
a		9a		
b 10	, , , , , , , , , , , , , , , , , , , ,	9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12			
a 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:			
	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? $N/A$	13a		
	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			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		$\vdash$
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		X
	excess parachute payment(s) during the year?	15		<u> </u>
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		
	ii res, compiete i umi 4720, somedule o.	Form	990	(2020

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   16			
	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 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Sec	tion 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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL		,	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records   ET TARRELL - 863-581-6757			
	ELIZABETH WISNESKI - 863-581-6757 5120 S LAKELAND DR., STE 3, LAKELAND, FL 33813			
	5120 S LAKELAND DR., STE 3, LAKELAND, FL 33813			

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

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

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

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

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

(A)	(B)	organization compensa (C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ono	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer an	a a a	irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	Institutional trustee		99/	mpen		(***-27 1033-141130)		and related
	below	dualt	ntiona	_	oldm	st co	Je.			organizations
	line)	Individual trustee or director	Institi	Officer	Key employee	Highest compensated employee	Former			· ·
(1) EUGENE BESSETTE	2.00									
DIRECTOR		Х						0.	0.	0.
(2) MICHAEL COLE	2.00									
SECRETARY		Х		Х				0.	0.	0.
(3) BILLY HEALY	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) ELIZABETH WISNESKI	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) BRIAN LOVE	2.00									
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL LAYMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) ERIC RUSSELL	2.00									
TREASURER		Х		Х				0.	0.	0.
(8) AMIR SOLEYMANI	2.00									
DIRECTOR		Х						0.	0.	0.
(9) CHRIS NETTLES	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) IVAN ALFONSO	2.00								_	
DIRECTOR		Х						0.	0.	0.
(11) MICHAEL BERRERRA	2.00									
DIRECTOR		Х						0.	0.	0.
						<u> </u>				
		1								
		-								
		-								
					_	-				
	1			ı	l	1	1	1		

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one h an	( <b>D)</b> Reportable compensation from	Reportable compensation from related		(F) Estimate amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC			e ion ed
		=	=	0	Ž	Ξē						
										_		
1b Subtotal							<u> </u>	0.	(	).		0.
c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.		).		0.
d Total (add lines 1b and 1c)							no re		^	<u>/ •  </u>		0.
3 Did the organization list any former officer,	director, trust	ee, I	key e	emp	loye	e, o	r hig	ghest compensated emp	oloyee on		Yes	No
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl		the organization	3		X
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>										4		X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or st	uch	pers	son .				5	i	X
Complete this table for your five highest co the organization. Report compensation for	=	-							· · · · · · · · · · · · · · · · · · ·	ensatio	n from	
(A) Name and business			ONI					( <b>B</b> ) Description of s		Com	(C) pensatio	n
							_					
2 Total number of independent contractors (i	-	ot li	mite	d to		_	stec	d above) who received m	nore than			
\$100,000 of compensation from the organization	zation >				•	0				For	m <b>990</b> (2	2020)

032008 12-23-20

Pa	I L V	/ 1111			a in this Dort VIII			
			Check if Schedule O contains a respons	e or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
t s	1	a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues 1b					
β, E G			Fundraising events 1c					
ar A			Related organizations 1d					
s, G			Government grants (contributions) 1e					
ion			All other contributions, gifts, grants, and					
but			similar amounts not included above 11	282,138.				
ÖĘ		а	Noncash contributions included in lines 1a-1f					
auc		_	Total. Add lines 1a-1f	<b>b</b>	282,138.			
				Business Code				
ø	2	а						
Program Service Revenue		b						
Se		С						
eve		d						
ogr		е						
<u> </u>		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)	<b>&gt;</b>				
	4		Income from investment of tax-exempt bond	proceeds >				
	5		Royalties	<b></b>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
Revenue			and sales expenses <b>7b</b>					
eve		С	Gain or (loss) 7c					
er R			Net gain or (loss)	<b>•</b>				
Othe	8	а	Gross income from fundraising events (not					
٥			including \$ of					
			contributions reported on line 1c). See					
		L-	Part IV, line 18 Less: direct expenses  8					
			Less: direct expenses	•				
	۵		· · · ·	<b>P</b>				
	9	a	Gross income from gaming activities. See Part IV, line 19	a				
		h	Less: direct expenses					
			Net income or (loss) from gaming activities	_				
	10		Gross sales of inventory, less returns					
		_	and allowances 10	)a				
		b	Less: cost of goods sold					
			Net income or (loss) from sales of inventory	<u> </u>				
<u></u>			, , , , , ,	Business Code				
e so	11	а						
Miscellaneous Revenue		b						
e e		С						
Ais.		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions	<b></b>	282,138.	0.	0.	0.

	TIX Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	249,289.		249,289.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2 4 4 5		2 4 4 5	
13	Office expenses	3,145.		3,145.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а	LICENSE AND DUES	600.	<del></del>	600.	<del></del>
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	253,034.	0.	253,034.	0.
26	<b>Joint costs.</b> 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 COD 00 0 (ACC 050 700)			i l	

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		25,099.	1	54,203.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of th			5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9				9	
	10a	Land, buildings, and equipment: cost or other	·			
		basis. Complete Part VI of Schedule D	. 10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must ed		25,099.	16	54,203.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet	e Part IV of Schedule D		21	
es	22	Loans and other payables to any current or fo	ormer officer, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
ja de		controlled entity or family member of any of the	nese persons		22	
_	23	Secured mortgages and notes payable to unr	The state of the s		23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,	• •			
		parties, and other liabilities not included on lin	les 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
S		Organizations that follow FASB ASC 958, c	heck here ▶ Ш			
ű		and complete lines 27, 28, 32, and 33.				
ala	27				27	
В	28	Net assets with donor restrictions			28	
Fund Balances		Organizations that do not follow FASB ASC	958, check here ▶ 🔼			
٥	00	and complete lines 29 through 33.		Λ	00	0.
ets	29	Capital stock or trust principal, or current fund	F	3,400.	29	3,400.
\SS(	30	Paid-in or capital surplus, or land, building, or	F	21,699.	30	50,803.
Net Assets or	31	Retained earnings, endowment, accumulated	F	25,099.	31	54,203.
Z	32	Total net assets or fund balances	25,099.	32	54,203.	
	33	Total liabilities and net assets/fund balances		4J,UJJ.	33	54,203.

Pa	rt 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	28	32,1	.38		
2	Total expenses (must equal Part IX, column (A), line 25)	2			34.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7			-		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	ļ	54,203			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		20				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O	).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit				
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				