

Return of Organization Exempt From Income Tax

2006

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning 2006, **and ending** 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization WILDLIFE CORAL SPRINGS NATURE CENTER + HOSPITAL
 Number and street (or P O box if mail is not delivered to street address) Room/suite
3000 SPORTSPLEX DRIVE
 City or town, state or country, and ZIP + 4
CORAL SPRINGS, FL 33065-7501

D Employer identification number 6510595837

E Telephone number (954) 752-9453

F Accounting method. Cash Accrual
 Other (specify) ▶

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (if "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ scwgrassnaturecenter.org

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 207972

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue					
1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a	<u>118241</u>		
b	Direct public support (not included on line 1a)	1b			
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	<u>20749</u>		
e	Total (add lines 1a through 1d) (cash \$ <u>82640</u> noncash \$ <u>50350</u>)	1e		<u>138990</u>	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		<u>23707</u>	
3	Membership dues and assessments	3		<u>8130</u>	
4	Interest on savings and temporary cash investments	4		<u>9202</u>	
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
8d		8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				<u>Statement 1</u>
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	<u>24488</u>		
b	Less: direct expenses other than fundraising expenses	9b	<u>4441</u>		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		<u>20047</u>	
10a	Gross sales of inventory, less returns and allowances	10a	<u>2849</u>		<u>Statement 2</u>
b	Less: cost of goods sold	10b	<u>1239</u>		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		<u>1610</u>	
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		<u>202292</u>	
13	Program services (from line 44, column (B))	13		<u>68611</u>	
14	Management and general (from line 44, column (C))	14		<u>22763</u>	
15	Fundraising (from line 44, column (D))	15		<u>31313</u>	
16	Payments to affiliates (attach schedule)	16		<u>0</u>	
17	Total expenses. Add lines 16 and 44, column (A)	17		<u>122627</u>	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		<u>73605</u>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		<u>459027</u>	
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		<u>532632</u>	

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	47000	15667	15667	15666
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	17846	16061		1725
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes	4961	2427	1199	1335
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	23024	19164	2052	1868
34	Telephone	3531	1430	1390	711
35	Postage and shipping	1427	72	39	1310
36	Occupancy	2475	7120	1346	449
37	Equipment rental and maintenance				
38	Printing and publications	3372	1230	270	1272
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	5240		5240	Statement 2
43	Other expenses not covered above (itemize).				
a	INSURANCE	5224	4629	1195	
b	DONOR WALL	5745			5745
c	LICENSES & DUES	540	50	365	125
d	CREDIT CARD FEES	743	370		373
e	MISCELLANEOUS	349	325		74
f					
g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	122,627	68,611	22,763	31,313

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	33872	45	128711
	46 Savings and temporary cash investments	327485	46	260273
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	4691	52	227
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 195231		
b Less: accumulated depreciation (attach schedule) <i>Statement 4</i>	57b 52410	94344	57c 143421	
58 Other assets, including program-related investments (describe ►)			58	
59 Total assets (must equal line 74). Add lines 45 through 58	460392	59	532632	
Liabilities	60 Accounts payable and accrued expenses	1365	60	1702
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65	1365	66	1702	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	283000	67	429646
	68 Temporarily restricted	176027	68	101234
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	459027	73	530930	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	460392	74	532632	

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b _____		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members	85c _____	
	d Section 162(e) lobbying and political expenditures	85d _____	
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e _____	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f _____	
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g _____	
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h _____	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a _____	
	b Gross receipts, included on line 12, for public use of club facilities	86b _____	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a _____	
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b _____	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<input checked="" type="checkbox"/>
88b	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<input type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
89b	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<input checked="" type="checkbox"/>
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ _____	
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ _____	
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<input checked="" type="checkbox"/>
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<input type="checkbox"/>
90a	List the states with which a copy of this return is filed ▶ <u>FLORIDA</u>		
90b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	_____	<u>2</u>
91a	The books are in care of ▶ <u>JOAN KOHL</u> Telephone no. ▶ <u>(954) 752-9453</u> Located at ▶ <u>3000 SPORTSPLEX DR CORAL SPRINGS, FL</u> ZIP + 4 ▶ <u>33065-7501</u>		
91b	b 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<input checked="" type="checkbox"/>

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). *N/A*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- -----				
b	----- -----				
c	----- -----				
Totals					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- -----				
b	----- -----				
c	----- -----				
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		Yes	No

Please Sign Here	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.			
	Signature of office: <i>Gregory W. Warrick</i>	Date: <i>2-15-07</i>		
Paid Preparer's Use Only	Type or print name and title: <i>GREGORY W. WARRICK, TREASURER</i>			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CORAL SPRINGS NATURE CENTER + WILDLIFE HOSP

Employer identification number

0510595237

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		✓
b	Lending of money or other extension of credit?		✓
c	Furnishing of goods, services, or facilities?		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <i>see PART V-A FORM 990</i>	✓	
e	Transfer of any part of its income or assets?		✓
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		✓
b	Did the organization have a section 403(b) annuity plan for its employees?		✓
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		✓
b	Did the organization make any taxable distributions under section 4966?		✓
c	Did the organization make a distribution to a donor, donor advisor, or related person?		✓
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . ▶		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	107661	36772	21148	29379	194966	
16 Membership fees received	8045	6240	5595	0	19880	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	40910	20213	46910	21951	129984	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4234	1775	2223	3819	12051	
19 Net income from unrelated business activities not included in line 18.						
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23 Total of lines 15 through 22	160850	65006	75276	55149	356221	
24 Line 23 minus line 17	119940	44793	28966	33198	226897	
25 Enter 1% of line 23	1609	650	759	551		
26 Organizations described on lines 10 or 11:					26a	4538
a Enter 2% of amount in column (e), line 24					26b	75462
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26c	226897
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26d	27513
d Add: Amounts from column (e) for lines: 18 12051 19 22 26b 75462					26e	139324
e Public support (line 26c minus line 26d total)					26f	61%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))						
27 Organizations described on line 12:						
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:						
(2005) (2004) (2003) (2002)						
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:						
(2005) (2004) (2003) (2002)						
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c	
d Add Line 27a total and line 27b total					27d	
e Public support (line 27c total minus line 27d total)					27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h	%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Statement 1
Form: 990
Page: 1
Part: I
Question: 9

CORAL SPRINGS NATURE CENTER & WILDLIFE HOSPITAL
65-0595837

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Annual Gala Dinner	\$24,488.00	\$0.00	\$24,488.00	\$4441.00	\$20,047.00
Total	\$24,488.00	\$0.00	\$24,488.00	\$4441.00	\$20,047.00

Statement 2
Form: 990
Page: 2
Part: II
Question: 42

CORAL SPRINGS NATURE CENTER & WILDLIFE HOSPITAL
65-0595837

Depreciation and Depletion

Asset	Current Depreciation
Various	\$5,240.00
Total	\$5,240.00

Statement 3

Form: 990

Page: 3

Part. III

Question:

CORAL SPRINGS NATURE CENTER & WILDLIFE HOSPITAL

65-0595837

The organization's primary exempt purpose is to educate the public about the environment, particularly Florida's native wildlife and ecology, and just as importantly, the care, feeding and rehabilitation of injured, sick or orphaned wildlife.

Program Service Accomplishments

Accomplishment	Program Service Expense
Educational Programs: Monthly nature lecture series in partnership with Sawgrass Springs Middle School, 8 weeks of nature and wildlife summer camp held on-site attended by over 120 children, At-Risk Youth program in partnership with the city of Coral Springs supporting over 100 youngsters, visits to local schools and senior centers with our wildlife outreach program which focuses on Florida's native wildlife and ecology. Grants and Allocations: \$0.00	\$44,004.00
Emergency Medical Care: The care, feeding and rehabilitation of several hundred injured or orphaned wild animals. The procurement, storage and application of supplies used for the injured animals. Grants and Allocations: \$0.00	\$14,462.00
Habitat Creation and Maintenance: The provision of facilities for the care and housing of the sick and injured wildlife of Broward and south Palm Beach counties. Also, the creation of habitats for the unreleaseable animals which are used to help educate the general public about the plight of the animals. Grants and Allocations: \$0.00	\$10,145.00
Total:	\$68,611.00

Statement 4
Form: 990
Page: 4
Part: IV
Question: 57

CORAL SPRINGS NATURE CENTER & WILDLIFE HOSPITAL
65-0595837

Schedule of Land, Buildings & Equipment

Description	Cost	Accumulated Depreciation	Book Value
Buildings & Equipment	\$195,831.00	\$52,410.00	\$143,421.00
Total	\$195,831.00	\$52,410.00	\$143,421.00

Statement 5
Form: 990
Page: 5
Part. V-A
Question

CORAL SPRINGS NATURE CENTER & WILDLIFE HOSPITAL
65-0595837

Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Hours	Compensation	Benefits	Expenses
Joan Kohl 3000 Sportsplex Drive Coral Springs, FL 33065	President	50	\$47,000.00	\$0.00	\$0.00
Dorothy Molski 3000 Sportsplex Drive Coral Springs, FL 33065	Secretary	10	\$ 0.00	\$0.00	\$0.00
Greg Warrick 3000 Sportsplex Drive Coral Springs, FL 33065	Treasurer	10	\$ 0.00	\$0.00	\$0.00
Donald Kohl 3000 Sportsplex Drive Coral Springs, FL 33065	Vice President	25	\$ 0.00	\$0.00	\$0.00
Linda Peterson 3000 Sportsplex Drive Coral Springs, FL 33065	Board Member	5	\$ 0.00	\$0.00	\$0.00
Laura Kradman 3000 Sportsplex Drive Coral Springs, FL 33065	Board Member	5	\$ 0.00	\$0.00	\$0.00
Totals			\$47,000.00	\$0.00	\$0.00

Statement 6
Form: 990
Page: 6
Part: V-A
Question: 75b

CORAL SPRINGS NATURE CENTER & WILDLIFE HOSPITAL
65-0595837

Relationships

Person 1/Role	Person 2/Role	Relationship
Joan Kohl President	Donald Kohl Vice President	Joan Kohl (President) and Donald Kohl (Vice President) are husband and wife.

Statement 7
Form: 990
Page: 8
Part: VIII
Question:

CORAL SPRINGS NATURE CENTER & WILDLIFE HOSPITAL
65-0595837

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of exempt Purposes
93a	The summer camp, nature lecture series, At-Risk youth programs and other educational programs allows the Nature Center the ability to teach the general public about the Florida ecology, about its native wildlife and flora, and to convey the responsibility of environmental stewardship.
94	Membership dues allow the general public to join an organization that provides information about Florida's native wildlife via the newsletter and other printed material.
95	Interest on savings are used for the construction and maintenance of habitats for injured animals being rehabilitated and for habitats for animals that cannot be released due to the severity of their injuries.
101	The income from special fundraising events is used for the maintenance of the Nature Center buildings which house the sick and injured wildlife in the hospital building and which support the staff and educational programs in the administration building.
102	The profit from the sales of inventory is used for the maintenance of the Nature Center buildings which house the sick and injured wildlife in the hospital building and which support the staff and educational programs in the administration building.

Statement 8
Form. 990
Page: 1
Part: I
Question: 10c

CORAL SPRINGS NATURE CENTER & WILDLIFE HOSPITAL
65-0595837

Sales of Inventory

Description	Amount
Nature center T – shirts	\$250.00
Nature souvenir knick knacks	\$1165.00
Ceramic animals	\$247.00
Nature related books	\$120.00
Miscellaneous	\$1067.00
Total:	\$2849.00
