

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation  
 or Section 4947(a)(1) Trust Treated as Private Foundation**

OMB No. 1545-0052

**2019**

**Open to Public Inspection**

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 ▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

**For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019**

Name of foundation WHITE OAK CONSERVATION FOUNDATION INC		<b>A Employer identification number</b> 46-4249512	
Number and street (or P.O. box number if mail is not delivered to street address) 227 W MONROE ST NO 5000	Room/suite	<b>B Telephone number</b> (see instructions) (312) 244-6980	
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>24,546,407</u>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>			

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	704,478				
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B					
	<b>3</b> Interest on savings and temporary cash investments					
	<b>4</b> Dividends and interest from securities					
	<b>5a</b> Gross rents					
	<b>b</b> Net rental income or (loss)					
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10					
	<b>b</b> Gross sales price for all assets on line 6a					
	<b>7</b> Capital gain net income (from Part IV, line 2)			0		
	<b>8</b> Net short-term capital gain				0	
	<b>9</b> Income modifications					
	<b>10a</b> Gross sales less returns and allowances					
<b>b</b> Less: Cost of goods sold						
<b>c</b> Gross profit or (loss) (attach schedule)						
<b>11</b> Other income (attach schedule)	553,452		0	553,452		
<b>12 Total.</b> Add lines 1 through 11	1,257,930		0	553,452		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	0		0	0	
	<b>14</b> Other employee salaries and wages	2,042,158		0	1,850,302	
	<b>15</b> Pension plans, employee benefits	360,457		0	33,864	326,593
	<b>16a</b> Legal fees (attach schedule)	451		0	42	409
	<b>b</b> Accounting fees (attach schedule)					
	<b>c</b> Other professional fees (attach schedule)					
	<b>17</b> Interest					
	<b>18</b> Taxes (attach schedule) (see instructions)					
	<b>19</b> Depreciation (attach schedule) and depletion	669,871		0	669,871	
	<b>20</b> Occupancy					
	<b>21</b> Travel, conferences, and meetings	69,118		0	6,493	62,625
	<b>22</b> Printing and publications	2,306		0	217	2,089
	<b>23</b> Other expenses (attach schedule)	3,416,564		0	320,980	3,095,584
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	6,560,925		0	1,223,323	5,337,602
	<b>25</b> Contributions, gifts, grants paid	10,000				10,000
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	6,570,925		0	1,223,323	5,347,602	
<b>27</b> Subtract line 26 from line 12:						
<b>a Excess of revenue over expenses and disbursements</b>	-5,312,995					
<b>b Net investment income</b> (if negative, enter -0-)			0			
<b>c Adjusted net income</b> (if negative, enter -0-)				0		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	64,336	5,457	5,457
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ <u>40,708</u>			
	Less: allowance for doubtful accounts ▶ _____	56,485	40,708	40,708
	<b>4</b> Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ <u>26,131,689</u>			
Less: accumulated depreciation (attach schedule) ▶ <u>1,631,447</u>	18,326,218	24,500,242	24,500,242	
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .				
<b>14</b> Land, buildings, and equipment: basis ▶ _____				
Less: accumulated depreciation (attach schedule) ▶ _____				
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	18,447,039	24,546,407	24,546,407	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	188,754	106,252	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons	21,993,372	33,946,439	
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	22,182,126	34,052,691	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	-3,735,087	-9,506,284	
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	-3,735,087	-9,506,284		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	18,447,039	24,546,407		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>			
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)		<b>1</b>	-3,735,087
<b>2</b> Enter amount from Part I, line 27a . . . . .		<b>2</b>	-5,312,995
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____		<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .		<b>4</b>	-9,048,082
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____		<b>5</b>	458,202
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .		<b>6</b>	-9,506,284

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		<b>2</b>
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{			<b>3</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	3,501,585	37,187	94.161535
2017	2,935,027	88,074	33.324557
2016			
2015			
2014			

<b>2</b> Total of line 1, column (d)	<b>2</b>	127.486092
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	63.743046
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	89,774
<b>5</b> Multiply line 4 by line 3	<b>5</b>	5,722,468
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	0
<b>7</b> Add lines 5 and 6	<b>7</b>	5,722,468
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	5,347,602

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes questions about exempt foundations, tax under section 511, and tax due/overpayment. Sub-table for credits/payments (6a-6d).

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and other activities. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A
14 The books are in care of FRANKLIN MONROE ADMINISTRATIVE SERV Telephone no. (312) 244-6980
Located at 227 W MONROE ST SUITE 5000 CHICAGO IL ZIP+4 60606
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -check here and enter the amount of tax-exempt interest received or accrued during the year. 15
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.
1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here.
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? If "Yes," list the years 20, 20, 20, 20
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement-see instructions.)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20, 20, 20, 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
THE HASKELL COMANY 111 RIVERSIDE AVE JACKSONVILLE, FL 32202	PLANNING/CONSTRUCTION	4,707,661
FELD ENTERTAINMENT 800 FELD WAY PALMETTO, FL 34221	ANIMAL CARE/TRANSITION SERVICES	2,000,000
BURNHAM CONSTRUCTION 11413 ENTERPRISE E MACCLENNY, FL 32063	CONSTRUCTION	565,023
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> WILDLIFE SERVICE PROGRAMS	4,730,409
<b>2</b> CONSERVATION EDUCATION PROGRAMS	1,840,516
<b>3</b> _____	
<b>4</b> _____	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> _____	
<b>2</b> _____	
All other program-related investments. See instructions.	
<b>3</b> _____	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	91,141
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	91,141
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	91,141
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	1,367
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	89,774
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	4,489

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	5,347,602
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	5,347,602
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	5,347,602

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .				
<b>b</b> Total for prior years: 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____				
<b>a</b> Applied to 2018, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2019 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. 2016-05-12

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	0	0	0	0	0
<b>b</b> 85% of line 2a . . . . .	0	0	0	0	0
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	5,347,602	3,501,585	2,935,027	2,109,081	13,893,295
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	5,347,602	3,501,585	2,935,027	2,109,081	13,893,295
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .	24,546,407	18,447,039	16,300,022	15,491,356	74,784,824
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .	24,546,407	18,447,039	16,300,022	15,491,356	74,784,824
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					0
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					0
<b>(4)</b> Gross investment income . . . . .					0

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> WILDLIFE CONSERVATION GLOBAL 1615 RIVERSIDE AVE JACKSONVILLE, FL 32204		PC	OKAPI CONSERVATION PROJECT	10,000
<b>Total</b> . . . . .			▶ <b>3a</b>	10,000
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	0



Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows 1a(1), 1a(2), 1b(1) through 1b(6), 1c.

a Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1) Cash.
(2) Other assets.
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Schedule table with 4 columns: (a) Line No., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee, Date (2020-11-16), Title

May the IRS discuss this return with the preparer shown below (see instr.) Yes No

Paid Preparer Use Only

Table for Paid Preparer Use Only with fields: Print/Type preparer's name, Preparer's Signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

**TY 2019 Legal Fees Schedule****Name:** WHITE OAK CONSERVATION FOUNDATION INC**EIN:** 46-4249512

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	451	0	42	409

# TY 2019 Loans from Officers Schedule

**Name:** WHITE OAK CONSERVATION FOUNDATION INC

**EIN:** 46-4249512

<b>Item No.</b>	1
<b>Lender's Name</b>	MARK WALTER
<b>Lender's Title</b>	DIRECTOR
<b>Original Amount of Loan</b>	839000
<b>Balance Due</b>	33946439
<b>Date of Note</b>	2015-01
<b>Maturity Date</b>	2018-06
<b>Repayment Terms</b>	ON DEMAND
<b>Interest Rate</b>	0.000000000000
<b>Security Provided by Borrower</b>	N/A
<b>Purpose of Loan</b>	TO FUND OPERATING ACTIVITIES
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

**TY 2019 Other Decreases Schedule****Name:** WHITE OAK CONSERVATION FOUNDATION INC**EIN:** 46-4249512

<b>Description</b>	<b>Amount</b>
RETAINED EARNINGS	458,202

# TY 2019 Other Expenses Schedule

**Name:** WHITE OAK CONSERVATION FOUNDATION INC

**EIN:** 46-4249512

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONTRACT SERVICES	134,684	0	12,653	122,031
REPAIRS AND MAINTENANCE	202,280	0	19,004	183,276
EDUCATIONAL SUPPLIES	9,183	0	863	8,320
INSURANCE	50,171	0	4,713	45,458
INTERNET AND COMPUTER SUPPLIES	5,252	0	493	4,759
AUDIO AND VISUAL EXPENSES	3,616	0	340	3,276
POSTAGE, MAILING SERVICE	14,321	0	1,345	12,976
OFFICE SUPPLIES	243	0	23	220
CONSUMABLES	2,569	0	241	2,328
SUPPLIES	5,426	0	510	4,916

**Other Expenses Schedule**

<b>Description</b>	<b>Revenue and Expenses per Books</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TELEPHONE, TELECOMMUNICATIONS	6,245	0	587	5,658
ANIMAL TRANSPORT	14,833	0	1,394	13,439
VETERINARY MEDICAL DRUGS	41,496	0	3,898	37,598
VETERINARY MEDICAL SUPPLIES	36,228	0	3,404	32,824
VETERINARY LABORATORY SUPPLIES	19,881	0	1,868	18,013
ANIMAL FEED AND SUPPLEMENTS	553,058	0	51,959	501,099
LABORATORY SERVICES	69,008	0	6,483	62,525
CHEMICALS	11,383	0	1,069	10,314
HAZARDOUS WASTE DISPOSAL	1,169	0	110	1,059
DUES, SUBSCRIPTIONS AND MEMBERSHIPS	42,810	0	4,022	38,788

**Other Expenses Schedule**

<b>Description</b>	<b>Revenue and Expenses per Books</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
EDUCATION/ CERTIFICATIONS	11,732	0	1,102	10,630
OTHER COSTS	14,036	0	1,319	12,717
EQUIP RENTAL AND MAINTENANCE	7,662	0	720	6,942
UTILITIES	95,283	0	8,952	86,331
FUELS	58,083	0	5,457	52,626
BUSINESS EXPENSES	5,912	0	555	5,357
ANIMAL CARE SERVICES	2,000,000	0	187,896	1,812,104

**TY 2019 Other Income Schedule****Name:** WHITE OAK CONSERVATION FOUNDATION INC**EIN:** 46-4249512**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
TOURS, CAMPS AND WILDLIFE SERVICES	553,452		553,452

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2019**

Name of the organization  
WHITE OAK CONSERVATION FOUNDATION INC

**Employer identification number**  
46-4249512

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (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 other 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
 WHITE OAK CONSERVATION FOUNDATION INC

**Employer identification number**  
 46-4249512

**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
—	See Additional Data Table	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)

Name of organization WHITE OAK CONSERVATION FOUNDATION INC	Employer identification number 46-4249512
---	--

<b>Part II Noncash Property</b>			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization  
WHITE OAK CONSERVATION FOUNDATION INC

Employer identification number  
46-4249512

**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 information once. See instructions.) ▶ \$ \_\_\_\_\_  
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	
_____ _____		_____ _____	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-4249512

**Name:** WHITE OAK CONSERVATION FOUNDATION INC

Form 990 Schedule B, 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	AB AND GR PORTER PO BOX 16270 _____ FERNANDINA BEACH, FL 32035	_____ \$ 700	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
2	ALAN MOLK AND HELEN DICKENS 4545 S MONACO ST 435 _____ DENVER, CO 80237	_____ \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
3	AMELIA BAY BEVERAGE SYSTEMS 1594 REGATTA DR _____ FERNANDINA BEACH, FL 32034	_____ \$ 1,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
4	AMY S POHLMAN-WILNER 4515 ORTEGA FARMS CIR _____ JACKSONVILLE, FL 32210	_____ \$ 350	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
5	ANDREW WILLIAMS AND REBECCA CHRISTO 2706 OAKRIDGE AVE _____ MADISON, WI 53704	_____ \$ 500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
6	ANGIE SUGGS PO BOX 15321 _____ PANAMA CITY, FL 32406	_____ \$ 10	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
<u>7</u>	AVERY CARDEN 1267 RIP TIDE BLVD <hr/> JACKSONVILLE BEACH, FL 32250	\$ 50	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>8</u>	BILL AND SUSAN GUSSMAN 101 DEMERE RETREAT LN <hr/> ST SIMONS ISLAND, GA 31522	\$ 1,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>9</u>	BOB AND DEB MCTEIR 1803 5TH ST NW <hr/> HICKORY, NC 28601	\$ 1,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>10</u>	BOB AND EVE MCCLINTOCK 2308 FIDDLERS LN <hr/> ATLANTIC BEACH, FL 32233	\$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>11</u>	BRIDGET A BYRNE 1408 CERRO GORDO ST <hr/> LOS ANGELES, CA 90026	\$ 300	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>12</u>	C CAMERON GREENE 1306 BEACH AVE <hr/> ATLANTIC BEACH, FL 32233	\$ 250	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
13	CAMP YOUNTS FOUNDATION	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	PO BOX 813		
	FRANKLIN, VA 23851		
14	CARA AND SCOTT BAITY 3527 OAK ST	\$ 1,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	JACKSONVILLE, FL 32205		
15	CAROL BAILEY-WHITE 7701 TIMBERLIN PARK BLVD APT 821	\$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	JACKSONVILLE, FL 32256		
16	CAROL L COPITHORNE 9 MOSS OAKS DRIVE	\$ 50	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	AMELIA ISLAND, FL 32034		
17	CAROLE GIANELLI 581705 WHITE OAK ROAD	\$ 50	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	YULEE, FL 32097		
18	CHARLES AND DIANE KUNZ 3711 STONEYBROOK DR	\$ 588	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	DURHAM, NC 27706		

Form 990 Schedule B, 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
19	CHARLES PHILLIPS 325 ARMSTRONG LN <hr/> GENEVA, IL 60134	<hr/> \$ 50	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
20	CURTIS HINGSON 10926 HOUNDWELL WAY <hr/> JACKSONVILLE, FL 32225	<hr/> \$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
21	DANIEL HENNING 750 HAMMOND DRIVE BLDG ONE-200 <hr/> SANDY SPRINGS, GA 30328	<hr/> \$ 2,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
22	DAVID GROSSMAN AND KATHERINE TOMFOR 1840 N ORCHARD <hr/> CHICAGO, IL 60614	<hr/> \$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
23	DEANNA WITT 1494 SHADYSIDE LN <hr/> ST LOUIS, MO 63146	<hr/> \$ 36	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
24	DEPUY FAMILY FOUNDATION TRUST 32 ALEXANDER ST <hr/> ALEXANDRIA, VA 22314	<hr/> \$ 1,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
25	DIANE RAND AND PETER WALMAN 2207 SHERIDAN AVE S <hr/> MINNEAPOLIS, MN 55405	<hr/> \$ 25	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
26	DAVID NEWTON 100 STEEPLECHASE LANE <hr/> WINCHESTER, VA 22602	<hr/> \$ 250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
27	SHARMILLA ANAND 12926 THE WOODS DR S <hr/> JACKSONVILLE, FL 32246	<hr/> \$ 25	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
28	ALISON AND INDIA SANJUAN VANNINI 13031 HIGHLANDS VIEW DR 601 <hr/> TRUCKEE, CA 96161	<hr/> \$ 250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
29	EDWARD LEWIS 29138 GRANDVIEW MANOR <hr/> YULEE, FL 32097	<hr/> \$ 144	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
30	ELISABETH BUCHANAN 16 HARRIS ST <hr/> BROOKLINE, MA 02446	<hr/> \$ 5	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
31	ELIZABETH KING 109 DILWORTH ST	\$ 50	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	SAINT MARYS, GA 31558		
32	ELLEN YAMAGUCHI 181 E 73RD ST APT 11A	\$ 1,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	NEW YORK, NY 10021		
33	ERIC STONESTREET PO BOX 6507	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	CHICAGO, IL 60606		
34	ERIC VANTASSEL 4520 HUNTINGTON RD	\$ 125	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	JACKSONVILLE, FL 32210		
35	FAITH MARTIN 58 SEA WINDS LN E	\$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	PONTE VEDRA BEACH, FL 32082		
36	FELD ENTERTAINMENT 80 PALMETTO WAY	\$ 350,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	PALMETTO, FL 34221		

Form 990 Schedule B, 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
37	FRANCES MCFARLAND 112 ELLA LANE  DALTON, GA 30720	\$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
38	FRANK H BARKER 149 TWELVE OAKS LANE  PONTE VEDRA BEACH, FL 32082	\$ 500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
39	GREGORY GAAR 2619 W SUNSET DR  TAMPA, FL 33629	\$ 25	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
40	JACK AND BONNIE MOLLEN 2300 FRONT ST 201  MELBOURNE, FL 32901	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
41	JAMES AKERS 840 BERNESE CT  REYNOLDSBURG, OH 42068	\$ 25	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
42	JAMES BERG 33073 SUNNY PARKE CIRCLE  FERNANDINA BEACH, FL 32034	\$ 50	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
43	JAMES GRANT 10710 PLUM HOLLOW DRIVE JACKSONVILLE, FL 32225	\$ 250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
44	JAMES H HUTCHISON 501 OLD COUNTRY CT ST AUGUSTINE, FL 32092	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
45	ANONYMOUS DONOR 581705 WHITE OAK ROAD YULEE, FL 32097	\$ 2,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
46	JANE COLLINS 1433 PHILIPS MANOR ROAD FERNANDINA BEACH, FL 32034	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
47	JANE HIRT 2144 W FARRAGUT AVE CHICAGO, IL 60625	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
48	JESSIE BALL DUPONT FUND 40 E ADAMS ST STE 300 JACKSONVILLE, FL 32202	\$ 295	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
49	JOAN JACKSON 4 UPLAND RD <hr/> BALTIMORE, MD 21210	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
50	JOE AND CAROL WOLFF 1646 N PELHAM RD <hr/> ATLANTA, GA 30324	<hr/> \$ 1,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
51	JOHN AND KATHY MCILVAINE 8217 BAY TREE LANE <hr/> JACKSONVILLE, FL 32256	<hr/> \$ 2,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
52	JOHN GRAVES 3724 PLAYERS CLUB DR <hr/> SOUTHPORT, NC 28461	<hr/> \$ 1,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
53	JOHN ROTH PO BOX 1499 <hr/> SANFORD, NC 27331	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
54	JUDY CLARK 607 GREENFIELD LN <hr/> SAINT MARYS, GA 31558	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
55	JULIE MACRAE 400 BEACHVIEW DRIVE <hr/> VERO BEACH, FL 32963	<hr/> \$ 1,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
56	JULIE MORRISON 3303 SEA MARSH RD <hr/> AMELIA ISLAND, FL 32034	<hr/> \$ 50	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
57	KAREN AND EDWARD WAHL 13014 MCINTOSH LAKES LN <hr/> DOVER, FL 33527	<hr/> \$ 700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
58	KATHERINE BANK 640 SWEET LEAF PL <hr/> CHESAPEAKE, VA 23320	<hr/> \$ 10	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
59	KATHRYN A AND STEPHEN D SJUGGERUD 3980 S FLETCHER AVE <hr/> FERNANDINA, FL 32034	<hr/> \$ 1,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
60	KATHRYN MCCOLLUM 95214 WILLET WAY <hr/> AMELIA ISLAND, FL 32034	<hr/> \$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
61	KATHRYN OLIVER 24473 HARBOUR VIEW DR <hr/> PONTE VEDRA BEACH, FL 32082	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
62	KATHRYN VALLENCOURT 2729 HOLLY POINT RD E <hr/> ORANGE PARK, FL 32073	<hr/> \$ 2,750	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
63	KATHY ATRIA 3550 N 55TH AVE <hr/> HOLLYWOOD, FL 33021	<hr/> \$ 50	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
64	KATY AND VIC LAMANTIA 409 W WING ST <hr/> ARLINGTON HEIGHTS, IL 60005	<hr/> \$ 250	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
65	KAY CORNWELL 3211 FRANKLIN ST 114 <hr/> WISCONSIN RAPIDS, WI 54494	<hr/> \$ 275	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
66	KELSEY IRVINE 86096 SPRING MEADOW AVE <hr/> YULEE, FL 32097	<hr/> \$ 75	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	KIM EYRING PO BOX 490 <hr/> KALAHEO, HI 96741	<hr/> \$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
68	KRISTA AUSTIN 5438 N WAYNE AVE <hr/> CHICAGO, IL 60640	<hr/> \$ 250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
69	KRISTIN AND FRANK LONEGRO 8041 WHISPER LAKE LANE WEST <hr/> PONTE VEDRA BEACH, FL 32082	<hr/> \$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
70	LARRY FLEMING 1648 PERSHING RD <hr/> JACKSONVILLE, FL 32205	<hr/> \$ 500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
71	LARRY NEWKIRK 3066 BEAUCLERC OAKS DR S <hr/> JACKSONVILLE, FL 32257	<hr/> \$ 500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
72	LAURA DORE 14441 N ROCK SPRINGS LN <hr/> ORO VALLEY, AZ 85755	<hr/> \$ 25	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	LEN AND LYNNE PELLETIERE 2405 BOXWOOD LN <hr/> AMELIA ISLAND, FL 32034	<hr/> \$ 1,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
74	LOIS RAGSDALE 13923 ATHENS DR <hr/> JACKSONVILLE, FL 32223	<hr/> \$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
75	LOUISE MCKILLOP 835 SADDLE RIDGE TRACE <hr/> ROSWELL, GA 30076	<hr/> \$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
76	LUCAS MEERS 1 1161 PEACH TREE CIRCLE N <hr/> JACKSONVILLE, FL 32207	<hr/> \$ 565	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
77	LYNN KEENE 67 STONEY BROOK LANE <hr/> WOODBINE, GA 31569	<hr/> \$ 400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
78	LYNN M ARIZZI 417 PORTSIDE DRIVE <hr/> AMELIA ISLAND, FL 32034	<hr/> \$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	MADONNA MAJER 11 PERSIMMON CT <hr/> RINGOES, NJ 08551	<hr/> \$ 200	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
80	MARGARET CLARK 2041 OYSTER CREEK DR <hr/> ENGLEWOOD, FL 34224	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
81	MARLA M MILLER PO BOX 17005 <hr/> FERNANDINA BEACH, FL 32035	<hr/> \$ 200	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
82	MARTHA GOODRICH 170 MCBRIDE RD <hr/> MARTINEZ, GA 30907	<hr/> \$ 500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
83	MARY CLARK PO BOX 301 <hr/> RUSSELLVILLE, AR 72811	<hr/> \$ 50	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
84	MARY E GEMBERLING 569 CONNER CREEK <hr/> FISHERS, IN 46038	<hr/> \$ 1,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	MARY JEAN AND OLIVER TRAVERS FOUNDATION <hr/> 15815 YEOHO ROAD <hr/> SPARKS, MD 21152	<hr/> \$ 25,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
86	MELISSA FENTON <hr/> 581705 WHITE OAK ROAD <hr/> YULEE, FL 32097	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
87	MICHAEL ROBBINS <hr/> 2218 OSTRUM DR <hr/> WATERFORD, MI 48328	<hr/> \$ 350	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
88	MICHELLE HODGSON <hr/> 5807 MILLS POINT LN <hr/> RICHMOND, TX 77469	<hr/> \$ 25	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
89	MILES AND SARAH WILEY <hr/> 1611 SANDPIPER CT <hr/> SAINT MARYS, GA 31558	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
90	MITCH AND JAN HOBBS <hr/> 154 COASTAL OAK CIRCLE <hr/> PONTE VEDRA BEACH, FL 32082	<hr/> \$ 300	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	MR AND MRS DOUGLAS SCHIFFMAN 71 INDIGO LN <hr/> SPERRYVILLE, VA 22740	<hr/> \$ 1,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
92	MURREN HILL 1660 MISTY LAKE DR <hr/> FLEMING, FL 32003	<hr/> \$ 500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
93	NANCY MITCHELL 3 FOLSOM POND RD <hr/> WAYLAND, MA 01778	<hr/> \$ 17	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
94	NATE RAINER 7540 OLD KINGS RD S <hr/> JACKSONVILLE, FL 32217	<hr/> \$ 25	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
95	NETWORK FOR GOO 1140 CONNECTICUT AVE NW STE 700 <hr/> WASHINGTON, DC 20036	<hr/> \$ 20	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
96	PATRICIA NEFF 4695 CHARLIE SMITH SR HWY APT 125 <hr/> ST MARYS, GA 31558	<hr/> \$ 300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>97</u>	PATTY LATOZA 143 LAMERAUX RD <hr/> WINTER HAVEN, FL 33884	<hr/> \$ 75	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>98</u>	PAUL DANIELS 201 CASA SEVILLA AVE <hr/> ST AUGUSTINE, FL 32092	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>99</u>	PETER AND JUDY KOZAK 9831 DEL WEBB PWY UNIT 2306 <hr/> JACKSONVILLE, FL 32256	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>100</u>	PETER AND KATHLEEN TOVAR 140 DODDS LN <hr/> PRINCETON, NJ 08540	<hr/> \$ 250	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>101</u>	PETER AND MERRILEE CHAMBERLAIN 98 SNOWY EGRET <hr/> AMELIA ISLAND, FL 32034	<hr/> \$ 500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>102</u>	PHILIP BECTON 342 11TH STREET <hr/> ATLANTIC BEACH, FL 32233	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>103</u>	RANDY BATISTA AND LINDA LANIER 4307 SW 80TH ST <hr/> GAINESVILLE, FL 32608	<hr/> \$ 500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>104</u>	RAYONIER ONE RAYONIER WAY <hr/> WILDLIGHT, FL 32097	<hr/> \$ 2,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>105</u>	REBECCA STAFFORD 124 LONG POINT DR <hr/> AMELIA ISLAND, FL 32034	<hr/> \$ 1,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>106</u>	RICHARD AND MARIANNE B KIPPER PO BOX 529 <hr/> WOODY CREEK, CO 81656	<hr/> \$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>107</u>	RICHARD JOHNSON 49 TAURUS AVE <hr/> , NORTH HYKEHAM UK	<hr/> \$ 10	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>108</u>	ROBERT BELL 1729 NORTH FLETCHER AVE <hr/> FERNANDINA BEACH, FL 32034	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
<u>109</u>	SABEEN PERWAIZ 2131 POST ST <hr/> JACKSONVILLE, FL 32204	<hr/> \$ 200	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>110</u>	SANDRA HENDRICKS 54234 ROY BOOTH RD <hr/> CALLAHAN, FL 32011	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>111</u>	SANDRA WALLACE 929 WATERMAN RD NORTH <hr/> JACKSONVILLE, FL 32207	<hr/> \$ 150	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>112</u>	SARA BERMAN 9764 SAWGRASS DR E <hr/> PONTE VEDRA BEACH, FL 32082	<hr/> \$ 500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>113</u>	SHELIA DAVIDSON 382 S FLETCHER AVE 303 <hr/> FERNANDINA BEACH, FL 32034	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>114</u>	SHERYL TURNER 2011 OLD PIEDMONT RD <hr/> SAN JOSE, CA 95132	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
<u>115</u>	SMOKE RISE FOUNDATION INC <hr/> 1313 W 175TH ST <hr/> HOMEWOOD, IL 60430	<hr/> \$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>116</u>	ST MARYS MIDDLE SCHOOL <hr/> 205 MARTHA DRIVE <hr/> SAINT MARYS, GA 31558	<hr/> \$ 65	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>117</u>	STEPHEN SHURTER 2650 RACHEAL AVE <hr/> FERNANDINA BEACH, FL 32034	<hr/> \$ 450	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>118</u>	STEVEN AND SANDRA BECKER 2S413 CANTERBURY CT <hr/> GLEN ELLYN, IL 60137	<hr/> \$ 250	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>119</u>	STUART APPELBAUM 4232 RESERVOIR LANE <hr/> JACKSONVILLE, FL 32223	<hr/> \$ 25	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>120</u>	SUSAN AND SEAN PILON CHARITABLE FOUNDATION <hr/> PO BOX 23559 <hr/> ST PETERSBURG, FL 33742	<hr/> \$ 250	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>121</u>	SUSAN TAYLOR 207 LIGHTHOUSE CIRCLE <hr/> FERNANDINA BEACH, FL 32034	<hr/> \$ 50	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>122</u>	THE HARRELL FAMILY FUND 4 CARLTON ROAD <hr/> MARBLEHEAD, MA 01945	<hr/> \$ 500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>123</u>	TIMOTHY HOGG AND ADRIENE BAILEY 862821 N HAMPTON CLUB WAY <hr/> FERNANDINA BEACH, FL 32034	<hr/> \$ 2,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>124</u>	TODD LOCKHART 85064 AMAGANSETT DRIVE <hr/> FERNANDINA BEACH, FL 32034	<hr/> \$ 50	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>125</u>	TREVOR REDDING 1116 N JOHNSON ST <hr/> PLANT CITY, FL 33563	<hr/> \$ 10	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>126</u>	URSULA CHILDS 95105 ELDERBERRY LANE <hr/> FERNANDINA BEACH, FL 32034	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>127</u>	VALERIE BENNETT 3908 HUNTER TERRACE <hr/> JACKSONVILLE, FL 32207	<hr/> \$ 25	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>128</u>	VERNON SCOTT 632 11TH ST 5 <hr/> BROOKLYN, NY 11215	<hr/> \$ 50	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>129</u>	WILLIAM JUMP 4959 SUMMER BEACH BLVD <hr/> FERNANDINA BEACH, FL 32034	<hr/> \$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>130</u>	FISH AND WILDLIFE FOUNDATION OF FLORIDA <hr/> 100 EIGHTH AVE SE <hr/> ST PETERSBURG, FL 33701	<hr/> \$ 69,987	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>131</u>	FL FISH AND WILDLIFE <hr/> 298 SABAL PALM R <hr/> NAPLES, FL 34114	<hr/> \$ 31,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>132</u>	WALT DISNEY WORLD RESORT <hr/> 2214 JESSICA LANE <hr/> KISSIMMEE, FL 34744	<hr/> \$ 21,350	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	SEA WORLD PARKS AND ENTERTAINMENT	\$ 21,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	3605 BOUGAINVILLEA AVE		
	TAMPA, FL 33647		
134	NATIONAL GEOGRAPHIC	\$ 20,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	1145 17TH ST NW		
	WASHINGTON, DC 20036		
135	US FISH AND WILDLIFE SERVICES	\$ 17,624	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	1339 20TH ST		
	VERO BEACH, FL 32926		
136	FLORIDA FISH AND WILDLIFE CONSERVATION COMM	\$ 12,206	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	5050 W TENNESSEE ST		
	TALLAHASSEE, FL 32314		
137	DISNEY WORLDWIDE SERVICES INC	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	PO BOX 10000		
	LAKE BUENA VISTA, FL 32830		
138	ECS	\$ 4,320	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	2750 PROSPERITY AVE SUITE 600		
	FAIRFAX, VA 22031		

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<u>139</u>	HOUSTON ZOO <hr/> 1513 CAMBRIDGE ST <hr/> HOUSTON, TX 77030	<hr/> \$ 3,490	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>140</u>	CONSERVATION CENTERS FOR SPECIES SURVIVAL <hr/> 701 BRAZOS ST 16TH FLOOR <hr/> AUSTIN, TX 78701	<hr/> \$ 2,801	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>141</u>	INTERNATIONAL FUND FOR ANIMAL WELFARE <hr/> 1350 CONNECTICUT AVE NW <hr/> WASHINGTON, DC 20036	<hr/> \$ 1,850	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)