FOR TAX YEAR 2019 FLORIDA WILDFLOWER FOUNDATION INC

Erin Perdue CPA LLC 322 E Central Blvd Suite 605 Orlando, FL 32801 (407)383-7668

-	99		Poturo	of Organization Ever	mnt Er	om Inco	mo T			ļ	OMB No. 1545-0047
Form	93		Return	of Organization Exer	прігі		mera	ax			2019
(Rev. 、	January	/ 2020)	Under section 501(c),	527, or 4947(a)(1) of the Interna	al Revenu	e Code (exc	ept priva	te foundati	ions)		2010
Departr	nent of t	he Treasury		er social security numbers on thi		-					Open to Public
		le Service		ww.irs.gov/Form990 for instructi							Inspection
_			ear, or tax year beginnin	2	<u>10-0′</u>	, 2019, a	and endir	ng	1	9-30	,2020
		pplicable:		rida Wildflower Foundation	Inc				D Empl		tification number
_	dress c	•	Doing business as								3700304
	ame cha	-	,	 box if mail is not delivered to street add 	ress)		Room/su		E Telep	ohone nu	
Ξ.	itial retu		225 S Swoope Aver					110)622-1606
		n/terminated		ince, country, and ZIP or foreign postal co	ode					ss receipt	
Ξ.	mended		Maitland, FL 32751	ncipal officer: Dena Wild				11(a) 1. 11 1	\$	· · · · · · · · ·	367,729 nates? Yes X No
	plicatio	n pending	Same as C above					H(a) Is this a H(b) Are all			
		pt status: X 50) < (insert no.) 4947(a)(1) or		27					
	ebsite:		lflowers.org) (Insert no.) 4947 (a)(1) of		021		1			nstructions)
				ociation Other ►		. Year of format	ion: 200		p exemptio State of le		
Par		Summary					1011. 200		State of le	garuonnic	
i ui	1		the organization's missi	on or most significant activities:	Top	otect, conr	hect and	h evnand	nativa	Florid	2
	'	-	-	ch, education, planting and		,		a cripana	nauve	TIONG	u
a)		<u>whanower</u> ne	ibitat tillougil leseart	in, education, planting and	CONSERV						
ance											
Activities & Governance	2	Check this hox	▶ ☐ if the organization	discontinued its operations or di	isnosod (of more than	25% of i	te not asse	ate		
Ň	3			rning body (Part VI, line 1a)				13 1101 2330	3		11
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4			s of the governing body (Part VI,					4		11
ies	5			calendar year 2019 (Part V, line		·····			5		3
tivit	6		f volunteers (estimate if r						6		25
Ac				Part VIII, column (C), line 12					7a		0
							•		7b		0
	0	Net unrelated t		10111 0111 990-1, inte 59				Prior Year	10		Current Year
	8	Contributions a	nd grants (Part VIII line	1h)					5,858		356,901
Ð	9		•	2g)					5,010		406
Revenue	10	-		.), lines 3, 4, and 7d)					1,813		10,422
Sev	11			es 5, 6d, 8c, 9c, 10c, and 11e)				I	1,010		0
_	12			must equal Part VIII, column (A),				342	2,681		367,729
	13		· ·	X, column (A), lines 1-3)					6,798		22,363
	14			(, column (A), line 4)		•			5,100		0
	15			benefits (Part IX, column (A), lir				171	1,752		180,933
es				column (A), line 11e)					.,		0
Expenses			ig expenses (Part IX, col			27,959					
Б	17			les 11a-11d, 11f-24e)			-	144	1,492		122,897
	18	•		equal Part IX, column (A), line 2					3,042		326,193
	19			18 from line 12					9,639		41,536
5			1				Begir	nning of Curre			End of Year
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)					-	1,653		784,208
Asse d Bal	21								9,042		48,919
Fund	22			line 21 from line 20					5,611		735,289
Par	t II	Signature									
				n, including accompanying schedules and			of my know	wledge and be	elief, it is		
true, c	orrect, a	and complete. Declar	ation of preparer (other than offi	cer) is based on all information of which pr	reparer has	any knowledge.					
		Dowit	2							01/2	2/2021
Sign		Signature o							Da	ate	
Here	e	, Board	Chair Dena S Wi	ld							
		Type or prin	t name and title								
		Print/Type prepar	er's name	Preparer's signature		Date		Check	if	PTIN	
Paid		Erin Perdue	9			01-13-202	1	self-em	nployed	PC	2249653
Prep	arer	Firm's name	Erin Perdu	e CPA LLC			F	irm's EIN 🕨			
Use	Only	Firm's address	322 E Cen	tral Blvd Suite 605			F	hone no.			
			Orlando FL	. 32801					407-3	383-76	68
May t	he IRS	discuss this re	tum with the preparer sh	own above? (see instructions)	<u></u>						X Yes No
For Pa	aperwo	ork Reduction A	ct Notice, see the separa	ate instructions.							Form 990 (2019)
EEA											

Form	990 (2019) Florida Wildflower Foundation Inc	59-3700304	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	To protect, connect and expand native Florida Wildflower habitat through research, education,		
	planting and conservation.		
	Did the second state of the second state of the state second second state of the second state of the state of the		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes	
	prior Form 990 or 990-EZ?		X NO
2	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	
			NO NO
4	If "Yes," describe these changes on Schedule O.	d by	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	the total expenses, and revenue, if any, for each program service reported.	ners,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 195,423 including grants of \$ ) (Revenue	\$	)
чa	Wildflower Education	Ψ	)
4b	(Code: ) (Expenses \$ 37,634 including grants of \$ ) (Revenue	\$	)
	Planting of Florida Flowering Plant Species Native to Florida with Emphasis on Herbaceous Annuals	· · ·	'
	and Perrennials.		
4c	(Code:) (Expenses \$25,665 including grants of \$) (Revenue	\$	)
	Wildflower Research		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  258,722		
		_	

Form	n 990 (2019) Florida Wildflower Foundation Inc	59-3700304	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			<u> </u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
Ũ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	5	G		v
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		V
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b				<u> </u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
с				<u> </u>
Ũ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d		110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
~	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
		<u>11e</u>		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	<u>11f</u>		X
12a				
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule.E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		x
10		10		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			V
00	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
b		20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Pa	rt IV Checklist of Required Schedules (continued)		1	
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
240	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		v
h	through 24d and complete Schedule K. If "No," go to line 25a			X
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2Ja	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		^
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part J	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	21		~
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		
52	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
54	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	. 355		~
50	related organization?If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			^
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	57		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Dor		50		
Par	Check if Schedule O contains a response or note to any line in this Part M			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	103	110
ia b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ū	reportable gaming (gambling) winnings to prize winners?	1c	x	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
0	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D D	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14a 14b		^
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
10	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		^
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		

Form 990 (2019)

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	าร.		
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
U	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	0		~
7a	one or more members of the governing body?	70		v
h		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		v
0	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website     Image: Another's website     Image: Upon request     Other (explain on Schedule O)			
10				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Elizabeth Roberts (407)622-1606, 225 S Swoope Ave, Suite 110, Maitland, FL 32751			

Form 990 (20	19) Florida Wildflower Foundation Inc	59-3700304	Page 7				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated Employees, and	1				
	Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the							
organization's	tax year.						

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours	box,	, unless	Pos ck me	son is	nan one s both ar /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Dena Wild	2.00									
Chairman/Director		X		X				0	0	0
(2) David Frakt Vice Chairman/Director	2.00	x		x				0	0	0
(3) Terry Zinn	2.00									
Past Chairman/Director		x		x				0	0	0
(4) Marissa Kaprow	2.00									
Treasurer/Director		x		x				0	0	0
(5) Eric Darden	2.00									
Director		x						0	0	0
(6) Nancy Bissett	2.00									
Director		X						0	0	0
(7) Anne MacKay	2.00									
Director		X						0	0	0
(8) Carolyn Schaag	2.00									
Director		Х						0	0	0
(9) David Price	2.00									
Director		Х						0	0	0
(10)Melissa Hunt	2.00									
Director		Х						0	0	0
(11) Jaret Daniels	2.00									
Director		Х						0	0	0
<u>(12)</u>										
<u>(13)</u>				+						
<u>(14)</u>				+						

Part \	Section A. Officers, Directors, Trustees,	Key Employ	ees, ar	nd Hi	ghe	st C	omper	nsate	ed Employees (co	ntinued)				
	(A) Name and title	(B) Average hours per week (list any	box, offic	unles	Pos eck m s pers I a dir	son is	an one both an (trustee)	1	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amo of other compensatio from the			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	-	anization ed organi:		
15)														
1 <u>6</u> )														
17)														
18)														
19)														
20)														
21)														
22)														
2 <u>3</u> )														
24)														
25)														
С	Subtotal Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)	Α						•	0	0			0	
2	Total number of individuals (including but not limit reportable compensation from the organization	ted to those I		oove	) wh	o re	ceived	d mo	re than \$100,000	of	1			
	Did the organization list any former officer, direct		ev em	plove	e. c	or hid	ahest	com	pensated			Yes	No	
	employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sum of re	le J for such	individ	ual							3		X	
	organization and related organizations greater th	an \$150,000	)? If "Y	es," (							4		X	
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	compensatio	on from	any			-				5		X	
Sectio	n B. Independent Contractors												<u> </u>	
	Complete this table for your five highest compensa compensation from the organization. Report comp													
	(A) Name and business addres	ss							(B) Description of service	ces	(C) Comper			
	Total number of independent contractors (includin	a boot a of Pari												

Form 990 (2019)

Form 9	90 (20	/	Wildflower Fo	bunda	tion Inc			59-370030	)4 Page 9
Part	VIII	Statement of Reve							
		Check if Schedule O co	ontains a respons	se or n	ote to any line in th	nis Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns		1a					
	b	Membership dues		1b	9,031				
nts	с	Fundraising events		1c		]			
Gra	d	Related organizations		1d		_			
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contr	ributions)	1e		_			
s, G imila	f	All other contributions, gif	-						
ltion er S		and similar amounts not in		1f	347,870	4			
Oth	g	Noncash contributions inc							
Con	.	lines 1a-1f		1g	\$				
	h	Total. Add lines 1a-1f		• • • •	►	356,901			
					Business Code				
a)		Program Service Fees			611710	406			406
Program Service Revenue	b								
Sel	C								
Rev	d								
l	e								
<u>а</u>		All other program service				400			
	g	Total. Add lines 2a-2f			•	406			
	3	Investment income (includi			and	10 400	10 400		
	4	other similar amounts) Income from investment of			pode •	10,422	10,422		
	5	Royalties	•	a proc	eeds ►				
		Royanies	(i) Rea		(ii) Personal				
	6a	Gross rents	6a	1	(II) Fersonal	-			
		Less: rental expenses	6b			-			
		Rental income or (loss)	6c			-			
		Net rental income or (loss)			►				
		, , , , , , , , , , , , , , , , , , ,	(i) Securiti		(ii) Other				
	/a	Gross amount from sales of assets	()		(,	1			
	h	other than inventory	7a						
Ð	0	Less: cost or other basis and sales expenses	7b			-			
enue	c		7c			-			
Rev		Net gain or (loss)	· · · ·		•				
Other Rever	8a	Gross income from fundra	ising						
ŧ		events (not including \$							
		of contributions reported o	on line						
		1c). See Part IV, line 18		8a					
	b	Less: direct expenses		8b					
		Net income or (loss) from	-	ts	····· ►				
	9a	Gross income from gaming	-						
		activities, See Part IV, line		9a	-	_			
		Less: direct expenses		9b					
	С	Net income or (loss) from	gaming activities		▶ <u>• • • • • • • • • • • • • • • • • • •</u>				
	10a	Gross sales of inventory, I							
		returns and allowances		10a	-	-			
	1	Less: cost of goods sold		10b					
	C	Net income or (loss) from	sales of inventor	y					
					Business Code				
sno je	11a								
enu	b								
Miscellanous Revenue	c d	All other revenue							+
Ϊ		Total. Add lines 11a-11d			►				
		Total revenue. See instruc				367,729	10,422	0	406
								0	

	Form	990	(2019)	
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### Florida Wildflower Foundation Inc

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to a	any line in this Part IX			Σ
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	22,363	22,363		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	92,883	75,070	11,198	6,615
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	88,050	79,532	4,504	4,014
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	7,867	6,762	737	368
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	10,200	8,670	1,020	510
7	Travel	4,906	4,364	3	539
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	1,823	1,550	182	91
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Contracted Services	44,208	32,665		11,543
b	Printing and Copying	12,494	4,248	8,215	31
с	Memberships	1,698	1,336	17	345
d	Sponsorships	1,025	1,025		
e	All other expenses	38,676	21,137	13,636	3,903
5	Total functional expenses. Add lines 1 through 24e	326,193	258,722	39,512	27,959
26	Joint costs. Complete this line only if the	0_0,100			
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Form 9	990 (20	(19) Florida Wildflower Foundation Ir	nc		59	9-3700	304 Page 11
Part	X	Balance Sheet					
		Check if Schedule O contains a response or note to any	line in	this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			165,985	1	133,045
	2	Savings and temporary cash investments			152,875	2	274,314
	3	Pledges and grants receivable, net		•••		3	
	4	Accounts receivable, net		-		4	
	5	Loans and other receivables from any current or former	officer,	director,			
		trustee, key employee, creator or founder, substantial co	ntribute	or, or 35%			
		controlled entity or family member of any of these perso	ns .			5	
	6	Loans and other receivables from other disqualified pers	ons (a	s defined			
		under section 4958(f)(1)), and persons described in sect				6	
	7	Notes and loans receivable, net		F C C C C C F		7	
Assets	8	Inventories for sale or use		-		8	
Ass	9	Prepaid expenses and deferred charges			555	9	3,191
	10a	Land, buildings, and equipment: cost or other					,
		basis. Complete Part VI of Schedule D	10a	10,713			
	b	Less: accumulated depreciation	10b	10,713	924	10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11			369,048	12	372,658
	13	Investments - program-related. See Part IV, line 11		F	;	13	- ,
	14	Intangible assets		-		14	
	15	Other assets. See Part IV, line 11		5,266	15	1,000	
	16	Total assets. Add lines 1 through 15 (must equal line 3			694,653	16	784,208
	17	Accounts payable and accrued expenses		792	17	11,841	
	18	Grants payable		-		18	,
	19	Deferred revenue		-	7,000	19	37,078
	20	Tax-exempt bond liabilities		-	.,	20	
	21	Escrow or custodial account liability. Complete Part IV o		dule D		21	
	22	Loans and other payables to any current or former office					
ities		trustee, key employee, creator or founder, substantial co					
Liabilities		controlled entity or family member of any of these perso				22	
	23	Secured mortgages and notes payable to unrelated thir		-		23	
	24	Unsecured notes and loans payable to unrelated third p	•			24	
	25	Other liabilities (including federal income tax, payables t		T T			
	-	parties, and other liabilities not included on lines 17-24).					
		of Schedule D			1,250	25	
	26	Total liabilities. Add lines 17 through 25			9,042	26	48,919
		Organizations that follow FASB ASC 958, check here		X	-,	-	
		and complete lines 27, 28, 32, and 33.					
es	27	Net assets without donor restrictions			685,611	27	735,289
anc	28	Net assets with donor restrictions			;-	28	,
Bal		Organizations that do not follow FASB ASC 958, check	nere				
pur		and complete lines 29 through 33.					
ц	29	Capital stock or trust principal, or current funds				29	
its o	30	Paid-in or capital surplus, or land, building, or equipment				30	
Isse	31	Retained earnings, endowment, accumulated income, or				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	685,611	32	735,289
Z	33	Total liabilities and net assets/fund balances			694,653	33	784,208
EEA						I	Form 990 (2019)

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Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 12)       1         2       Total expenses (must equal Part IX, column (A), line 25)       2         3       Revenue less expenses. Subtract line 2 from line 1       3         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4	326 41 685	,729 ,193 ,536 ,611 841 ,301
1       Total revenue (must equal Part VIII, column (A), line 12)       1         2       Total expenses (must equal Part IX, column (A), line 25)       2         3       Revenue less expenses. Subtract line 2 from line 1       3	326 41 685	,193 ,536 ,611 841
2       Total expenses (must equal Part IX, column (A), line 25)       2         3       Revenue less expenses. Subtract line 2 from line 1       3	326 41 685	,193 ,536 ,611 841
3 Revenue less expenses. Subtract line 2 from line 1	41 685	,536 ,611 841
	685	,611 841
4 Net assets or fund balances at beginning of year (must equal Part X. line 32. column (A))		841
· · · · · · · · · · · · · · · · · · ·	7	
5 Net unrealized gains (losses) on investments 5	7	,301
6 Donated services and use of facilities		
7 Investment expenses		
8 Prior period adjustments		
9 Other changes in net assets or fund balances (explain on Schedule O)		0
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
32, column (B))	735	,289
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in		
Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	ı	Х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
reviewed on a separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
separate basis, consolidated basis, or both:		
X Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on		
Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
Single Audit Act and OMB Circular A-133? 3a	ı 📃	Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

SCH	EDUL	ΕA
(Form	990 or	990-EZ)

## Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

0	pen	to	Public

•		of the Treasury venue Service	•	Go to www.irs.gov	/Form990 for instructior	ns and the l	atest infor	mation.	Inspection
Name of the organization Employer identification number						n number			
Flo	rida V	Wildflower Fo						59-3700304	
	art I			· · · ·	inizations must com			See instructions.	
The	orga				s 1 through 12, check on	-			
1					urches described in sect				
2					Schedule E (Form 990 o				
3				•	n described in section 1		. ,		
4			•	erated in conjunctio	n with a hospital describ	ped in secti	on 170(b)(	1)(A)(iii). Enter the	
_		•	e, city, and state:	<i>C</i>	· · · ·				
5		-	n operated for the ben (1)(A)(iv). (Complete F	-	university owned or oper	ated by a g	jovernmen	al unit described in	
6		A federal, state	e, or local government	or governmental u	init described in section	170(b)(1)(/	4)(v).		
7		An organizatio	n that normally receive	es a substantial part	t of its support from a go	vernmental	unit or fror	m the general public	
		described in s	ection 170(b)(1)(A)(vi)	. (Complete Part II.	)				
8		A community t	rust described in secti	on 170(b)(1)(A)(vi)	. (Complete Part II.)				
9		An agricultura	l research organizatior	n described in secti	on 170(b)(1)(A)(ix) oper	ated in cor	junction w	ith a land-grant college	)
		or university of	r a non-land-grant colle	ege of agriculture (s	see instructions). Enter th	ne name, cit	ty, and stat	e of the college or	
	_	university:							
10	Х	An organizatio	n that normally receive	es: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		•		•	subject to certain except		,		
					siness taxable income (I		,	rom businesses	
			•		section 509(a)(2). (Com		,		
11		•	•	•	test for public safety. Se				
12		•	•		the benefit of, to perform				
				-	bed in section 509(a)(1)				
	-		•		he type of supporting org				•
	а				ised, or controlled by its		-	.,	ig
			• • • • •		appoint or elect a majo	rity of the c	irectors or	trustees of the	
	h	•	j organization. You mu	•		ith ito ounn	orted orgo	nization(a) by boying	
	b			•	Introlled in connection w		-		
			on(s). You must compl		on vested in the same pe			nanage the supported	
	с		()		ization operated in conn	oction with	and funct	ionally integrated with	
	C	_ ,			u must complete Part IV				
	d		• • • •	,	rganization operated in				)
	u				generally must satisfy a c				)
			, ,	0	Part IV, Sections A and		•		
	е				determination from the I			Type II. Type III	
	-		•		ntegrated supporting org		,	· ) · · , · ) ···	
	f								
	g		lowing information abo						
	(i	i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10		r governing	support (see	other support (see
					above (see instructions))	docum	ient?	instructions)	instructions)
						Yes	No		
(^)									
(A)									
(B)									
								<u> </u>	<u> </u>
(C)									
(D)									
(E)									

Total

Sche	dule A (Form 990 or 990-EZ) 2019 Florida Wildf	lower Founda	tion Inc			59-370030	4 Page 2
	art II Support Schedule for Organization			170(b)(1)(A)	(iv) and 170(	b)(1)(A)(vi)	
	(Complete only if you checked th						lify under
	Part III. If the organization fails to				•	•	5
Se	ction A. Public Support				•	,	
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
Ŭ	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
$\frac{6}{80}$	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(a) 2013	(b) 2010	(0) 2017	(0) 2010	(8) 2019	(1) 10(a)
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
~	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the org					section 501(c)	
	organization, check this box and stop here						▶ _
	ction C. Computation of Public Support P						
. –	Public support percentage for 2019 (line 6, c	.,	•	( ) )		14	%
15	Public support percentage from 2018 Sched					15	%
16a	a 33 1/3% support test - 2019. If the organizat						
	box and stop here. The organization qualifier						▶ □
k	33 1/3% support test - 2018. If the organizat						_
	this box and stop here. The organization qua			-			. ▶ 🗌
17a	a 10%-facts-and-circumstances test - 2019. If	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact		tances" test. T	he organizatio	n qualifies as a	publicly suppo	orted
	organization						►
Ł	o 10%-facts-and-circumstances test - 2018. If	-					e
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization meet				organization qu	alifies as a pub	licly
	supported organization						▶ □
18	Private foundation. If the organization did no	t check a box	on line 13, 16a	i, 16b, 17a, or	17b, check this	s box and see	
	instructions						▶ □

Sched	ule A (Form 990 or 990-EZ) 2019 Florida Wildf	lower Foundati	ion Inc			59-3700304	Page 3
Par	t III Support Schedule for Organizati	ions Describe	d in Section	509(a)(2)			
	(Complete only if you checked the	he box on line	e 10 of Part I	or if the orgar	nization failed	l to qualify unde	er Part II.
	If the organization fails to qualify						
Sec	tion A. Public Support			, <b>,</b>		,	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees	(0) _0.0	(,	(0) = 0 = 0	(0) = 0 + 0	(0) _0.0	(.)
	received. (Do not include any "unusual grants.")	329,389	268,213	327,253	315,859	357,742	1,598,456
	Gross receipts from admissions, merchandise	020,000	200,210	021,200	010,000	007,742	1,000,400
2	sold or services performed, or facilities						
	furnished in any activity that is related to the	5 400	4 000	5 000	45.040	100	07.000
	organization's tax-exempt purpose	5,496	1,029	5,398	15,010	406	27,339
	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5	334,885	269,242	332,651	330,869	358,148	1,625,795
	Amounts included on lines 1, 2, and 3			,	,		
	received from disqualified persons						
	Amounts included on lines 2 and 3						
	received from other than disqualified						
	•						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1,625,795
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🛛 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	334,885	269,242	332,651	330,869	358,148	1,625,795
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	23,215	9,082	16,732	8,621	9,581	67,231
	Unrelated business taxable income (less	- / -	- /	-, -	- / -	- ,	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	23,215	9,082	16,732	8,621	9,581	67,231
	Net income from unrelated business	23,215	9,002	10,732	0,021	9,501	07,231
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	358,100	278,324	349,383	339,490	367,729	1,693,026
14	First five years. If the Form 990 is for the org	anization's first	, second, third	, fourth, or fifth	tax year as a	section 501(c)(3)	)
	organization, check this box and stop here						▶ 🗌
	tion C. Computation of Public Support Po						
	Public support percentage for 2019 (line 8, c		ed by line 13.	column (f))		15	96.03 %
	Public support percentage from 2018 Schedu					16	95.55 %
	tion D. Computation of Investment Incom					10	
	Investment income percentage for 2019 (line			ne 13 column	(f))	17	4.00 %
	Investment income percentage from 2018 Sc				(•//•••••	18	4.00 %
					o 15 io moro 4		
	33 1/3% support tests - 2019. If the organiza						_
	17 is not more than 33 1/3%, check this box						
	33 1/3% support tests - 2018. If the organiza						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did not	t check a box o	n line 14, 19a,	or 19b, check	this box and s	ee instructions .	<u></u> ▶ [_]

Part	A (Form 990 or 990-EZ) 2019 Florida Wildflower Foundation Inc 59-370030	+	r'	age
un	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectio	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P		,	
ecti	on A. All Supporting Organizations	art v.)		
			Yes	Ν
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	_		
~	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	0		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0-		
<u>-</u>	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		_
ua	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40		
Ŀ	supporting organizations)? If "Yes," answer 10b below.	10a		_
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	104		
	determine whether the organization had excess business holdings.)	10b		

Sched	ule A (Form 990 or 990-EZ) 2019 Florida Wildflower Foundation Inc 59-3700304		P	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Vee	N1-
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the extension energies for the herefit of any supported extension other than the supported	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	I		
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
0	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	U		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.		0110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.	(000	Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2019 Florida Wildflower Foundation Inc		59-3700	)304 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organiza	ations r	nust complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	-	ated Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019 Florida Wildflower Foundation In Part V Type III Non-Functionally Integrated 509(a)(3)		59-3700 ons (continued)	)304 Page 7
Section D - Distributions		,,,	Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		
2 Amounts paid to perform activity that directly furthers exemp			
organizations, in excess of income from activity	· · · · · · · · · · · · · · · · · · ·		
<ul> <li>3 Administrative expenses paid to accomplish exempt purpose</li> </ul>	es of supported organization	tions	
4 Amounts paid to acquire exempt-use assets	o or oupported organiza		
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
	a argonization in rooman	aiva	
8 Distributions to attentive supported organizations to which th	le organization is respon	Sive	
(provide details in Part VI). See instructions.			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount		(11)	(
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2019		_	
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributions of prior years			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from			
Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
a Evapor from 2010			
EEA		Cabad	ule A (Form 990 or 990-EZ) 2019
		Sched	NIG A (10111 330 01 330-EZ) 2019

Schedule A (Forr	n 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B					
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990, Form 990-EZ, or Form 990-PF.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	2019			
Name of the organization	ר Em	ployer identification number			
Florida Wildflower Fo	undation Inc	59-3700304			
Organization type (check	k one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

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

### General Rule

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

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization

Page 2 Employer identification number

Florida Wildflower Foundation Inc

59-3700304

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	Gary Henry 1126 Brandt Drive Orlando, FL 32803	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCH	SCHEDULE D Supplemental Financial Statements				OMB No. 1545-0047
(For	m 990)		anization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2019
Depart	tment of the Treasury		Attach to Form 990.		Open to Public
	al Revenue Service of the organization	► Go to www.irs.gov/Form990	0 for instructions and the latest information.	Employer identification n	Inspection
	da Wildflower Fo	undation Inc		59-3700304	umber
Pa		ons Maintaining Donor Advised Funds	s or Other Similar Funds or Accounts.		
		if the organization answered "Yes" on			
			(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number at en	d of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	•	n inform all donors and donor advisors in w	on's exclusive legal control?		☐ Yes ☐ No
6	•		visors in writing that grant funds can be used		
U	•	purposes and not for the benefit of the dono			
		ssible private benefit?			🗌 Yes 🗌 No
Pa		ation Easements.			
	Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 7.		
1	Purpose(s) of cons	ervation easements held by the organizatio	n (check all that apply).		
		f land for public use (e.g., recreation or edu	cation) Preservation of	a historically import	ant land area
	Protection of n		Preservation of	a certified historic s	tructure
•	Preservation o				
2			conservation contribution in the form of a co		
а		st day of the tax year. nservation easements		2a Held at t	he End of the Tax Year
b				2a 2b	
c	•	vation easements on a certified historic struct		2c	
d		vation easements included in (c) acquired at			
	historic structure lis	ted in the National Register		2d	
3	Number of conserv	vation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the	
	tax year ►				
4		where property subject to conservation ease			
5	0	ion have a written policy regarding the peric	<b>0</b>		
c	-	preement of the conservation easements it h		on occomente durin	
6		nous devoted to monitoring, inspecting, na	ndling of violations, and enforcing conservati	on easements during	j trie year
7	Amount of expense	 as incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conservation e	asements during the	vear
	► \$				your
8	·	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	l)(B)(i)	
	and section 170(h)			,,,,,,	🗌 Yes 🗌 No
9	In Part XIII, describ	e how the organization reports conservatio	n easements in its revenue and expense stat	ement, and	
	balance sheet, and	include, if applicable, the text of the footnote	e to the organization's financial statements th	at describes the	
		ounting for conservation easements.			
Pa		-	Art, Historical Treasures, or Other S	Similar Assets.	
10		e if the organization answered "Yes" of		alanaa ahaat warka	
1a	-		, not to report in its revenue statement and b c exhibition, education, or research in further		
		Part XIII the text of the footnote to its finan			
b			, to report in its revenue statement and balar	nce sheet works of	
	•	•	exhibition, education, or research in furtheran		
		g amounts relating to these items:			
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		► \$	
	(ii) Assets include	d in Form 990, Part X		▶ \$	
2	If the organization	received or held works of art, historical treas	sures, or other similar assets for financial gai		
		required to be reported under FASB ASC 9			
a		on Form 990, Part VIII, line 1		► \$	
<u>b</u>		Form 990, Part X		▶ \$	
⊢or F	aperwork Reduction	Act Notice, see the Instructions for Form 99	ðU.	Scl	nedule D (Form 990) 2019

F	F	Δ
ᄂ	-	~

Sched	ule D (Form 990) 2019 Florida Wildflower Fo	oundation Inc					59-37003	304	Page 2
Pai	t III Organizations Maintaining Co	ollections of Art,	, Historica	al Treas	ures, or O	ther Si	milar Assets (c	continued)	
3	Using the organization's acquisition, accession	, and other records,	, check any	of the follo	owing that ma	ake signi	ficant use of its	·	
	collection items (check all that apply):				0	0			
а									
				_	-	program	3		
b	Scholarly research		e	Other					
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they fu	urther the o	organization's	s exempt	purpose in Part		
	XIII.								
5	During the year, did the organization solicit or r	eceive donations of	art, historio	cal treasur	es, or other s	imilar			
	assets to be sold to raise funds rather than to I	pe maintained as pa	art of the or	ganization	's collection?			🗌 Yes	No No
Pa	t IV Escrow and Custodial Arrange	ements.		-					
	Complete if the organization a		on Form	990. Pa	art IV. line	9. or re	ported an amo	ount on Fo	rm
	990, Part X, line 21.			,	,	-,			
10	Is the organization an agent, trustee, custodian	or other intermedia	ry for contri	hutions or	othor accoto	not			
1a			-			not			
					•				∐ No
b	If "Yes," explain the arrangement in Part XIII and	nd complete the follo	owing table	:					
							Am	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Forr		1 for occrr	ow or quet	odial account	·	,	Yes	No
	6		-						
b	If "Yes," explain the arrangement in Part XIII. C	neck here if the ex	planation h	as been pr	ovided on Pa	art XIII .			
Pa			_						
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line	<u>10.</u>			
	_	(a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and								
	losses								
Ь	Grants or scholarships								
d	· · ·								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	t year end balance	(line 1g, co	lumn (a)) l	held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment   %								
С	Term endowment ► %								
U		l agual 100%							
0-	The percentages on lines 2a, 2b, and 2c should					6 (b			
3a	Are there endowment funds not in the possess	sion of the organizat	tion that are	e neid and	administered	tor the			
	organization by:								es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Sche	dule R?				3b	
4	Describe in Part XIII the intended uses of the o	organization's endo	wment fund	ls.					
Pa	t VI Land, Buildings, and Equipme								
	Complete if the organization a		on Form	990 Pa	art IV line	11a S	ee Form 990	Part X line	10
							ĺ		
	Description of property	(a) Cost or oth		. ,	r other basis	.,	Accumulated	(d) Book v	aiue
		(investm	ony	(1	other)	de	sprecialiUII		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment				10,713		10,713		
е	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	ual Form 990. Par	t X. colum	n (B), line	10c.)		•		
		,	,	<u>,                                    </u>	,		-		

Schedule D (Form 990) 2019

Schedule D (Form		oundation Inc		59	-3700304	Page 3
Part VII	Investments - Other Securities. Complete if the organization answere	ad "Ves" on For	m 990 Part IV lir	o 116 See For	m 990 Part X	line 12
	· · · ·		(b) Book value		(c) Method of valuation	
	(a) Description of security or category (including name of security)		(b) BOOK value	Cost	or end-of-year market	
(1) Financial	derivatives					
•	eld equity interests					
(3) Other			44.474			
(AB)roker C (B)Mutual F	Cash Account		11,471 72,992	FMV FMV		
	ge Traded Products		288,195	FMV		
(D)			200,100			
(E)						
(F)						
(G)						
(H)						
	in (b) must equal Form 990, Part X, col. (B) line 1	2.)►	372,658			
Part VIII	Investments - Program Related. Complete if the organization answere	d "Voc" on For	m 000 Port IV/ lir	0 110 Soo For	m 000 Part V	lino 12
	· · · ·					
	(a) Description of investment		(b) Book value	Cost	(c) Method of valuation or end-of-year market v	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) Total (Colum	n (b) must equal Form 990, Part X, col. (B) line 1	3.)				
Part IX	Other Assets.	5.j P				
	Complete if the organization answere	ed "Yes" on For	m 990, Part IV, lir	ne 11d. See For	m 990, Part X,	, line 15.
-	· · · ·	Description	`			ook value
(1)Security	Deposit					1,000
(2)						
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 1	5.)		•		1,000
Part X	Other Liabilities.					
	Complete if the organization answere	ed "Yes" on For	m 990, Part IV, lir	ne 11e or 11f. Se	e Form 990, I	Part X,
	line 25.	1				
<u>1.</u>	(a) Description of liability	(b) Book	value			
	income taxes					
(2)						
(3) (4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 25.) .					
	r uncertain tax positions. In Part XIII, provide the te		-			
	liability for uncertain tax positions under FASB A	SC 740. Check here	e if the text of the footr	ote has been provid		
FFA					Schodulo D /	Form 990) 2019

Sched	hedule D (Form 990) 2019 Florida Wildflower Foundation Inc 59				Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements	s With	n Revenue per Retu	urn.	
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	375,871	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	841		
b	Donated services and use of facilities	2b	7,301		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	8,142
3	Subtract line 2e from line 1			3	367,729
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	367,729		
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	ith Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990,	, Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements			1	326,193
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1	3	326,193		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	326,193
Pa	t XIII Supplemental Information.				

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

SCHEDULE I	1	Gra	nts and Other A	Assistance to C	Organizations,		I	OMB No. 1545-0047
(Form 990)			2019					
		Complete i	f the organization answ	ered "Yes" on Form 9 Attach to Form 990.	90, Part IV, line 21 or 2	22.	(	Open to Public
Department of the Treasury Internal Revenue Service			<ul> <li>Go to www.irs.go</li> </ul>		est information.			Inspection
Name of the organization			Ŭ				Employer identification r	umber
Florida Wildflower Fo							59-3700304	
		rants and Assistand			and the family and the second second			
-		o substantiate the amour rants or assistance?	-	-		assistance, and		X Yes 🗌 No
2 Describe in Part IV	√ the organization's pro	cedures for monitoring t	he use of grant funds in	n the United States.				
		-			mplete if the organi	zation answered "Yes"	on Form 990,	
Part IV, I	ine 21, for any recipi	ient that received mo	re than \$5,000. Part	II can be duplicate	d if additional space	is needed.		
1 (a) Name and addre or gover		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Institute for Regio			,			ouner)		
100 East Linton Blvd								Promote
Delray Beach, FL 334	183	74-2336458		5,000		Cash		Wildflowers
(2) Agginovation LLC	,							
PO Box 444								Promote
Ryde, CA 95680		45-5268730		5,000		Cash		Wildflowers
(3)								
(4)								
(5)								
(6)								
(-)								
(7)								
(8)								
(0)								
(9)								
(10)								
2 Enter total number	of section 501(c)(3) a	nd government organiza	tions listed in the line 1	table			•	
		listed in the line 1 table					▶	

Schedule I (Form 990) (2019) Florida Wildflower Foundation Inc

Part III	rt III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.							
	Part III can be duplicated if additional	space is needed	J.					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
1								
2								
3								
4								
5								
6								
7								
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							

59-3700304

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ		OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions on		2019		
	Form 990 or 990-EZ or to provide any additional information.		Open to Public		
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Inspection		
Name of the organization			dentification number		
Florida Wildflower Found	lation Inc	59-3700	304		
01. Form 990 governing	body review (Part VI, line 11)				
The annual 990 is review	red by the Board of Directors before it is filed.				
U2. CEO, executive direc	tor, top management comp (Part VI, line 15a)				
A committee of directors	reviews compensation of the executive director and makes a				
recommendation to the fu	ull board				
03. Governing document	s, etc, available to public (Part VI, line 19)				
All governing documents	, conflicts of interest policy, and financial statements are				
available to the public up	on request.				
04. List of other fees for	services expenses (Part IX, line 11g)				
None Noted					
05. List of other expense	s (Part IX, line 24e)				
Other \$21,761					
Supplies \$11,988					
Payroll \$4,927					
06. General explanation	attachment				
Part X, Line 2					
The Foundation has been	n classified as an Other-Than-Private Foundation and is tax exempt				
under Section 501(c)(3)	of the internal revenue code. The Foundation is subject to a tax				
on income from any un-	lated husiness				
on income from any unre					

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization	Employer identification number	
Florida Wildflower Foundation Inc	59-3700304	
The Foundation adopted the recognition requirements for uncertain income tax positions as		
required by accounting principles generally accepted in the United States of America, with		
no cumulative effect adjustment required. Income tax benefits are recognized for income		
tax positions taken or expected to be taken in a tax return, only when it is determined		
that the income tax position will more-likely-than-not be sustained upon examination by		
the taxing authorities. Part X Line 2 (Continued)		
The Foundation has analyzed tax positions taken for filing with the Internal Revenue		
Service and all state jurisdictions where it operates. The Foundation believes that income		
tax filing positions will be sustained upon examination and does not enticipate and		
adjustments that would result in a material adverse effect on the Foundation's financial		
position, results of operations of cash flows. Accordingly, the Foundation has not		
recorded and reserves or related accruals for interest and penalties for uncertain income		
tax positions as of September 30, 2020 and 2019.		

990	Overflow Statement	Page 1
Name(s) as shown on return Florida Wildflower Foundation Inc		FEIN 59-3700304
		000100001
	2	
Description		Amount
Other Supplies		<u>\$6,719</u> 10,213
Payroll Expenses		4,205
	Total:	\$21,137
Description		Amount
Other		<u>\$ 12,538</u>
Supplies		<u>66</u> 7
Payroll	Total:	<u>43</u> 1 \$ <u>13,636</u>
		T
		•
Othor		<u>Amount</u> \$ 2,504
Supplies		1,108
Payroll		<u>29</u> 1
	Total:	\$ <u>3,903</u>