

RESOLUTION NO. 14-047

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF KEY WEST, FLORIDA, APPROVING THE ATTACHED CONCESSION AGREEMENT FOR THE WILDLIFE RESCUE FACILITY AT SONNY MCCOY INDIGENOUS PARK BETWEEN THE CITY OF KEY WEST AND KEY WEST WILD BIRD CENTER, INC.; PROVIDING FOR AN EFFECTIVE DATE

BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF KEY WEST, FLORIDA, AS FOLLOWS:

Section 1: That the attached Concession Agreement between the City and the Key West Wild Bird Center, Inc. is hereby approved.

Section 2: That this Resolution shall go into effect immediately upon its passage and adoption and authentication by the signature of the Presiding Officer and the Clerk of the Commission.

Passed and adopted by the City Commission at a meeting held this 19 day of February, 2014.

Authenticated by the Presiding Officer and Clerk of the  
Commission on 20 day of February, 2014.

Filed with the Clerk on February 20, 2014.

Mayor Craig Cates	<u>Yes</u>
Vice Mayor Mark Rossi	<u>Absent</u>
Commissioner Teri Johnston	<u>Yes</u>
Commissioner Clayton Lopez	<u>Yes</u>
Commissioner Billy Wardlow	<u>Yes</u>
Commissioner Jimmy Weekley	<u>Yes</u>
Commissioner Tony Yaniz	<u>Yes</u>

  
CRAIG CATES, MAYOR

ATTEST:

  
CHERYL SMITH, CITY CLERK

# EXECUTIVE SUMMARY

**TO:** Bob Vitas, City Manager  
**FROM:** Mark Finigan, Assistant City Manager - Administration  
**DATE:** February 4, 2014  
**SUBJECT:** Concession Agreement - Key West Wild Bird Center, Inc.



## Action statement:

This purpose of this resolution is to request approval by the City Commission of a Concession Agreement between the City of Key West and the Key West Wild Bird Center, Inc. Additionally, the City Commission is requested to allow the City Manager to execute the resulting Concession Agreement.

## Background:

The City of Key West and the Key West Wild Bird Center, Inc. recently concluded, specifically January 6, 2014, a successful five year relationship via a Concession Agreement. Under the previous and now proposed agreement the concessionaire is granted the right to operate a wild bird rehabilitative center on part of a City owned parcel known as Indigenous Park. Exhibit A. depicts the specific area of operation under the proposed concession agreement. The proposed agreement is for a five (5) year period. As part of the agreement the concessionaire is obligated to accept all healthy and unhealthy chickens which are delivered to the property by the general public. The concessionaire further is obligated to relocate all healthy chickens to a site, as approved by the City Manager or designee, outside of Key West no less than every two months. In exchange for managing the "chicken program" the City of Key West will compensate the concessionaire \$4,166.66 for the care, habitat maintenance, medical supplies and relocation expenses incurred by the concessionaire. The subsidy amount of \$4,166.66 is not subject to escalation or increase and in fact is the same amount provided for under the recently expired five year agreement.

Under the prior agreement, and called for under the proposed agreement, concessionaire provides continuous financial reporting for the expenses incurred in managing the chicken relocation segment of their business. It is clear from an inspection of the concessionaire's books and records over the last several years that the City's subsidy is in line with the actual cost incurred to properly and responsibly manage the "chicken program". In fact, when the City stopped managing the program back in the 2008/2009 time frame, the operating cost per annum when considering personnel, operating and capital requirements well exceeded the current day annual



subsidy. In short, the Key West Wild Bird Center, Inc. addresses the City's "chicken relocation" efforts in a much more efficient and cost effective manner.

**Financial Impact:**

The annual subsidy of \$4,166.66 is budgeted in the General Fund under line item 001-7201-572.34.

**Recommendation:**

Approve the Concession Agreement between the City of Key West and the Key West Wild Bird Center, Inc. and to allow the City Manager to execute same.



## CONCESSION AGREEMENT

This Concession Agreement made this 19 day of February, 2014 by and between The City of Key West, a municipal corporation, (hereinafter referred to as "City") and Key West Wild Bird Center, Inc., a non-profit corporation of the State of Florida, (hereinafter referred to as "Concessionaire").

Whereas, the City is the owner of the property described in Exhibit "A", attached hereto, located at 1801 White Street, Key West, in Monroe County, Florida (hereinafter referred to as the "Property"); and

Whereas, the City desires to make a portion of the Property available to the Concessionaire for the operation of a wildlife center, providing rehabilitation and release or rehabilitation and permanent educational habitat for injured wildlife; and

Whereas, the City requires relocation of chickens out of the City; and

Whereas, the Key West Wild Bird Center, Inc. in exchange for use of the subject property described above agrees to administer a chicken relocation program as agreed upon by both parties.

Now, therefore, the parties mutually agree as follows:

**1. Concession Use:** Operation of a wildlife center, providing rehabilitation and release or rehabilitation and permanent educational habitat for injured wildlife and relocation of chickens out of the City. The City grants Concessionaire the right to use the Property to operate Concessionaire's headquarters. Such use shall be limited to retrieving, rehabilitating, and releasing injured migratory birds, land mammals and reptiles and conducting educational classes dealing with migratory birds, land mammals and reptiles as well as administer the chicken relocation program.

The Concessionaire expressly agrees to accept all healthy and unhealthy chickens which are delivered to the Property by the general public or the City. The Concessionaire expressly agrees herein to relocate no less than every two months all healthy chickens housed on the Demised Premises to a location outside the City of Key West pursuant to the direction of the City Manager or his designee. In the event of an impending hurricane or other natural disaster, Concessionaire shall transport all chickens out of the City pursuant to the direction of the City Manager or his designee.

No later than 90 days from the effective date of this agreement, Concessionaire shall relocate all wildlife (to include chickens) to the aviary located on the Property. Thereafter, all wildlife (to include chickens) shall be housed in the aviary.

At the City's option and expense a free standing "holding" aviary for the chickens may be constructed as an alternative to relocating all wildlife (to include chickens) to the main aviary.



Concessionaire agrees to operate the facilities in accordance with all required US Fish and Wildlife and FWC permits and all wildlife shall be kept in accordance with the general requirements governing captive wildlife, pens, and caging as set forth in Rules 68A-6.004, 68A-6.0041 and 68A-6.0023, F.A.C.

Concessionaire further agrees to take all steps necessary to assure that all fecal material is contained and disposed of in accordance with all applicable permits and regulations.

**2. Demised Premises:** The buildings and grounds as outlined on "Exhibit A" attached hereto and incorporated herein. City reserves the right from time to time with good cause, upon at least sixty (60) days advance written notice to relocate Concessionaire to other Demised Premises within the Property, during the term of this Concession Agreement, so long as usable area so substituted equals or exceeds the usable area of the Demised Premises; provided however that Concessionaire shall have the right at its sole option and as its sole remedy, to terminate the Concession Agreement upon ninety (90) days advance written notice which right must be exercised, if at all, within fifteen (15) days after receipt of City's relocation notice, which relocation notice may be withdrawn by City within ten (10) days after City's receipt of Concessionaire's termination notice, in which event Concessionaire's attempted termination shall be null and void and the Agreement shall continue in full force and effect in accordance with its terms. In the event that the City shall relocate Concessionaire to other space within the Property, City shall pay the reasonable relocation costs of Concessionaire in connection therewith, but City shall not have any other liability with respect to any such relocation.

**3. Concession Term:** The City grants to Concessionaire the Property for a term of five years. This Agreement shall commence upon its execution.

**4. Concession Fees:** Concessionaire shall pay an annual fee of \$10.00 to the City. Concessionaire further agrees that any income derived from the rental of the pavilions must be utilized for the chicken re-location program.

The City expressly agrees herein to compensate Concessionaire for the care, habitat maintenance, medical supplies, and relocation of the chickens in the amount of \$4,166.66 per month for the entire term of the Agreement. Concessionaire shall maintain accounting records sufficient to segregate the aforementioned operating costs of the wildlife center from the Concessionaire's obligations pursuant to this paragraph. Concessionaire will provide the City a full annual report of such costs and effectiveness of the chicken location program. Monthly compensation will be reviewed annually by the City and the Concessionaire to ensure the costs of administering the chicken relocation program is fair and reasonable to both parties. Any change in the monthly compensation will require the agreement of both parties. Additionally, the monthly compensation amount is subject to continued appropriation in the City of Key West annual budget.

**5. Employees:** At its own expense, the Concessionaire shall furnish employees as may be necessary in the operation of the Concessionaire's activities pursuant to this Agreement. Employees of Concessionaire shall not accrue any of the rights or benefits of a City employee.



6. **Utilities:** With the exception of phone service and television, the City shall be responsible to pay for all public utility services utilized by Concessionaire on the Property in furtherance of this Agreement, including but not limited to electricity, water, solid waste and sewer service. Concessionaire expressly agrees herein to be responsible for payment of telephone and television service.

7. **Compliance with laws:** The Concessionaire agrees that it will, at its sole cost and expense, comply with all federal, state and local laws and ordinances and further agrees that it will abide by all applicable rules and regulations that are now in or hereafter may be enforced by all applicable rules and regulations that are now in or hereafter may be enforced by the City. 8. **Insurance:** At Concessionaire's sole cost and expense, Concessionaire will secure, pay for, and file with the City, during the entire Term hereof, an occurrence form commercial general liability policy, covering the Demised Premises and the operations of Concessionaire and any person conducting business in, on or about the Demised Premises in a at least the following minimum amounts with specification amounts to prevail if greater than minimum amount indicated. Notwithstanding any other provision of this Lease, Concessionaire shall provide the minimum limits of liability coverage as follows:

Commercial General Liability	\$2,000,000	Aggregate
	\$2,000,000	Products Aggregate
	\$1,000,000	Any One Occurrence
	\$1,000,000	Personal Injury
	\$300,000	Fire Damage/Legal

Concessionaire shall also procure the following insurance coverage:

- (i) "All risk" property insurance, including theft coverage, written at replacement cost value and a replacement cost endorsement insuring Concessionaire's improvements and betterments, fixtures, furnishings, equipment and any other property belonging to Concessionaire.
- (ii) Workers compensation coverage as required by the provisions of Florida statute.

Any consignment agreement used by Concessionaire must provide that consignor acknowledge that the City does not have any liability whatsoever for any damage which may be done to items left in the Demised Premises on consignment. The Concessionaire must provide the City with a copy of any consignment agreement used by Concessionaire regarding Demised Premises. City shall not be responsible for damage to any property belonging to Concessionaire or consignor. Concessionaire completely indemnifies the City with regard to any claims made by any consignor for any reason. From time to time during this Lease, at City's request, Concessionaire shall (i) procure, pay for and keep in full force and effect such other insurance as City shall require and (ii) increase the limits of such insurance as City may reasonably require.

Any general liability or other policy insuring the City does not provide any contributing or excess coverage for Concessionaire. The policies Concessionaire procures for Concessionaire's exposure are the only coverage available to Concessionaire.



Concessionaire shall furnish an original Certificate of Insurance indicating, and such policy providing coverage, to City named as "Additional Insured" on a PRIMARY and NON CONTRIBUTORY basis utilizing an ISO standard endorsement at least as broad as CG 2010 (11/85) or its equivalent, INCLUDING A "Waiver of Subrogation" clause in favor of City on all policies. Concessionaire will maintain the General Liability coverage summarized above with coverage continuing in full force including the "additional insured" endorsement until at least 3 years beyond the termination of this Lease.

Concessionaire's insurance policies shall be endorsed to give 30 days written notice to City in the event of cancellation or material change, using form CG 02 24, or its equivalent.

All policies of insurance required to be carried by Concessionaire pursuant to this Lease shall be written by responsible insurance companies authorized to do business in Florida with an AM Best rating of A-VI or better. Any such insurance required to be carried by Concessionaire hereunder may be furnished by Concessionaire under any blanket policy carried by it or under a separate policy therefore. Certificates shall be delivered to City prior to the commencement of the Term of this Lease and, upon renewals, but not less than sixty (60) days prior to the expiration of such coverage. In the event Concessionaire shall fail to procure such insurance, City may, at its option, procure the same for the account of Concessionaire, and the cost thereof shall be paid to City as an additional charge upon receipt by Concessionaire of bills therefore, together with an administrative fee equal to fifteen (15%) percent to cover the cost of the City's efforts to procure such policy.

Certificates of Insurance submitted to City will not be accepted without copies of the endorsements being requested. This includes additional insured endorsements, cancellation/material change notice endorsements, and waivers of subrogation. Copies of USL&H Act and Jones Act endorsements will also be required if necessary. **PLEASE ADVISE YOUR INSURANCE AGENT ACCORDINGLY.**

#### **9. Indemnification:**

Concessionaire does hereby agree to indemnify, defend, and save City, its respective officers, directors, agents and employees harmless from and against any and all liability for any injury to or death of any person or persons or damage to property (including adjoining property for environmental damage) in any way arising out of or connected with the conditions, use or occupancy of the Demised Premises, or in any way arising out of the activities of Concessionaire, its agents, employees, licensees or invitees on the Demised Premises and/or the building, including reasonable attorney's fees and court costs incurred by City in connection therewith, such legal expenses to include costs incurred in establishing the indemnification and other rights agreed to in this Paragraph, excepting, however, only liability caused by City's gross negligence in its failure to perform any of City's covenants, obligations or agreements of this Lease. Nothing herein is intended to waive the sovereign immunity afforded to City pursuant to Florida law, including section 768.28, Florida Statutes.

The indemnification obligations under this Section shall not be restricted in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for Concessionaire under Workers' Compensation acts, disability benefits acts, or other employee benefits acts, and shall extend to and include any actions brought by or in the name of any employee of Concessionaire or of any third party to whom Concessionaire may



subcontract work. This indemnification shall continue beyond the date of termination of the Agreement.

**10. Repair and maintenance:** The City shall be responsible for maintaining the structural and mechanical aspects of the improvements located on the Property, including plumbing and electrical. The Concessionaire shall be responsible for daily cleaning of the Property, to include the restrooms, and shall be responsible for the purchase of necessary supplies and/or materials to do so.

**11. Termination by City:** The City shall have the right to terminate this Agreement after the expiration of 90 days from the date written notice has been given by the City to the Concessionaire or upon the happening of any of the following:

- (a) The abandonment or discontinuance of operation by Concessionaire.
- (b) The failure of the Concessionaire to perform any of the terms and conditions of this Agreement after the expiration of 30 days from the date written notice has been given by the City to the Concessionaire to correct such default or breach.
- (c) In the event of emergency, the City requires use of the Property.

**12. Termination by Concessionaire:** The Concessionaire shall have the right to terminate this Agreement after the expiration of 90 days from the date written notice has been given by the Concessionaire to the City.

**13. Access to Pavilions:** Concessionaire expressly agrees herein that access by the general public to the McCoy Indigenous Park will be between the hours of 9:00 AM and 5:00 PM every day of the week including all holidays. Concessionaire shall have exclusive right to use and rent the two pavilions located on the property for the purpose of making them available to the public for scheduled events.

**14. Section 1.31:** Unless waived by the City commission, the Concessionaire must submit to the appropriate background check pursuant to Section 1.31 of the Key West Code of Ordinances. Compliance with Section 1.31 is a condition of the effective commencement of this Agreement.

**15. Assignment, Sub-lease, Transfer of Control:** This concession shall be a privilege to be held by the Concessionaire for the benefit of the public. The concession cannot under any circumstances be assigned, or control thereof be transferred, by any means whatsoever without the prior written consent of the City, and then only under such conditions as the City may establish. Any purported transfer of control of or sublease or assignment of this concession without prior written authorization by the City Commission shall be null and void. The authorization shall be at the absolute discretion of the City.

**16. City's Right of Entry:** The City or its agents shall have the right to enter upon the

Demised Premises at all reasonable times to examine the condition and use thereof, provided only that such right shall be exercised in such manner as not to interfere with the Concessionaire in the conduct of the Concessionaire's operations on said Demised Premises. If the said Demised Premises are damaged by fire, windstorm, or by any other casualty which caused the Demised Premises to be exposed to the elements, then the City may enter upon the Demised Premises to make emergency repairs. City may enter upon the Demised Premises to make renovations and repairs of a non-emergency nature by giving reasonable notice to the Concessionaire, and in such a manner as to minimize any inconvenience to both parties.

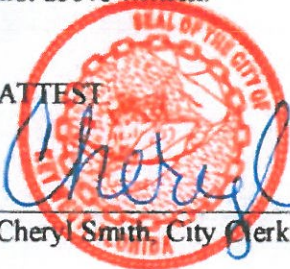
17. **Captions:** Headings labeling any provision herein are for convenience only, and shall not in any way be construed as affecting, limiting expanding, or stating the contents or intent of this Agreement.

18. **Entire Agreement:** This Agreement sets forth all the promises and agreements between City and Concessionaire. No subsequent alteration, amendment or change to this Agreement shall be binding upon City or Concessionaire unless reduced to writing and duly executed by both parties.

19. **Partial Invalidity:** If any provision of this Agreement is held to be invalid or unenforceable, all other provisions shall nevertheless continue in full force and effect.


20. **Governing Law:** This Agreement shall be construed and governed in accordance with the laws of the State of Florida.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written.

ATTEST  
  
Cheryl Smith, City Clerk


CITY OF KEY WEST

By:   
Bogdan Vitas, City Manager

ATTEST:  
  
ELLEN R. WESTBROOK

CONCESSIONAIRE:

Key West Wild Bird Center, Inc.

By:   
THOMAS F. SWEETS  
DIRECTOR  
KEY WEST WILDLIFE CENTER



# Exhibit "A"





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Exhibit A

Concession Agreement  
City of Key West & Key West Wild Bird Center, Inc.

Concession Area

Atlantic Blvd

White Street

© 2013 Google

Google earth

1994

Imagery Date: 3/7/2013

24°32'55.63" N 81°47'04.79" W elev. 3 ft eye alt. 507 ft



Key West Wildlife Center Board of Directors 2013

President

Debra Brittin  
21 Allamanda Terrace  
Key West FL 33040  
Owner/Operator  
Mermaids Boat Detailing  
Kaskaskia College  
A.D. in Dental Assisting Technology,

Treasurer

Esther P. Domian  
1125 Thomas Street  
Key West FL 33040  
Accountant  
Keys Federal Credit Union  
Hodges University  
B.S. in Management

Peggy Coontz

P.O. Box 2111  
Key West FL 33045  
Animal Care Director  
Key West Wildlife Center  
Berea College  
B.A. in Biology

Sarah Goodwin-Nguyen

2404 Seidenberg Avenue  
Key West 33040  
Tour Guide with Eco-Tours  
B.A. in Creative Writing and Literature  
The New School NYC

Jennifer J. Lopes

205 Telegraph Lane  
Self Employed  
Key West FL 33040  
B.A. Holyoke College  
M.B.A. University of Connecticut

Francis E. Masat

2102 Staples Avenue  
Key West FL 33040  
Professor Emeritus at Rowan University New  
Jersey  
P.H.D., University of Nebraska

Ellen Westbrook

2924 Fogarty Avenue  
Key West FL 33040  
Registered Nurse at Lower Keys Medical Center  
B.A. in Science and Nursing at University of  
Miami

Thomas Sweets

618 Ashe Street Apt. RR  
Key West FL 33040  
Executive Director  
Key West Wildlife Center  
B.F.A. in Painting at The School of the Art  
Institute of Chicago

Diane Johnson

17177 Bonita Lane West  
Sugarloaf FL 33042  
Project Manager (Retired)  
MBA University of Georgia



## **Key West Wildlife Center**

### **MISSION**

The Mission of The Key West Wildlife Center is to ensure the future of our diverse native wildlife by providing timely rescues and quality rehabilitation with the hope of release back to the wild.

The Key West Wildlife Center is located inside of the seven acre Sonny McCoy Indigenous Park at 1801 White Street in Key West Florida. We are open every day of the year from 9am-5pm. Visit and enjoy observing native flora and fauna while walking on the paved trail through the indigenous park. The nature walk includes a freshwater pond and two aviaries. The center is great spot for observing migratory birds in both the fall and spring. The Key West Wildlife Center operates a clinic on the property that enables us to provide treatment to injured and sick wildlife.

### **WHAT IS WILDLIFE REHABILITATION?**

The goal of wildlife rehabilitation is to provide professional care to sick, injured, and orphaned wild animals so ultimately they can be returned to their natural habitat. Occasionally, individual animals that have recovered from their injuries but are not able to survive in the wild are placed in educational settings if they meet a strict permitting criteria.

### **WILDBIRD & WILDLIFE SERVICES:**

The Key West Wildlife Center provides rescue and rehabilitative care to over 1200 native wild animals a year with a focus on wild birds. The Center also rescues Sea Turtles and responds in support of Florida Fish and Wildlife Conservation to get eyes on injured marine mammals and terrestrial mammals. We provide 24-hour emergency rescue services for wildlife from mile marker 0-15 in Key West. Our focus is on rescuing, rehabilitating, and returning our patients back to the wild. We have a small number of permanent residents who serve as wildlife ambassadors for environmental educational purposes. Presently the Key West Wildlife Center's annual budget for our wildlife rehabilitation program is approximately \$50,000.00 of which one hundred percent comes from donations.

### **CHICKEN SERVICES:**

While our wildlife rescue and rehabilitation services are solely funded through donations, our chicken services are funded by the City of Key West. Since 2009, the Wildlife Center has been part of a concession agreement with the City of Key West to provide rescue, medical, nutritional and relocation/adoption services for local feral chickens. Our annual budget for the City of Key West's chicken program is approximately \$49,000. We strive to provide the best possible environment for the chickens under our care with an emphasis on nutrition and cleanliness. We rescue many sick, orphaned, and injured local chickens as a result of car strikes, respiratory diseases, avian pox, botulism, cock-fighting injuries, broken legs, wing injuries, and eye injuries, just to name a few. Our center focuses on all aspects of optimal nutrition and a clean facility to help rehabilitate the sick and injured birds we rescue. We provide high protein chicken feed and add fresh produce as a dietary enhancement donated by St. Mary's Star of the Sea Mission. We provide medical care to help sick and injured birds get in optimal shape before we find them new homes. We also partner with the citizens of Key West to



provide solutions for chickens that are not wanted on their private property or businesses. Citizens or businesses can borrow humane chicken traps for a totally refundable security deposit of \$100.00 to trap chickens on their own property. It is the individuals or businesses responsibility to bring the chickens to the center in a timely manner. The chickens brought to us are provided care and then given new homes on the Florida mainland. For individuals or businesses who do not wish to trap the birds themselves, we also work with independent local Belinda Coyner who will trap chickens for a fee and then bring them to our center.

#### **WHERE DO THE CHICKENS GO?**

Since June of 2011 we have worked pro-actively to find a number of properties and partner with individuals on the Florida mainland who can provide care and good homes for Key West chickens. Some of our rescued chickens are housed on an organic orange orchard in Lake Worth to provide pesticide free bug control. There is a 3000 acre farm animal rescue ranch near Lake Okeechobee that also provides space for our birds. In August of 2012 we partnered with a ranch in the Fort Meyers area that has an eight acre property to provide a loving home for our chickens. These are just a few of the locations we have found where caring individuals maintain properties that provide ideal homes for the Key West chickens.

#### **EDUCATIONAL ACTIVITIES:**

The Key West Wildlife Center hosts many different educational activities during the year. We work closely with local non-profit Reef Relief by hosting a weekly educational program with a focus on environmental issues and respect for the environment with an emphasis on native versus non-native issues for their Summer Coral Camp. We host the Kindergarten class of Sigsbee Charter School in a tour every year to discuss issues relating to wild birds and the environment. Other schools that tour our facility include Key West Montessori and Home School groups. We host tours of our facility for the United States Navy, Coast Guard and various school and church youth groups in coordination with volunteer projects. We have presented educational programs to The Audubon Society of the Florida Keys concerning local Least Tern nesting populations. We presented a talk on our rescue and rehabilitation programs to The Mel Fisher Museum. We open our facility to behind the scenes tours for the Florida Keys Birding and Wildlife Festival as well as present an educational program at the Migration Mania Festival hosted annually by the Key West Botanical Garden.

#### **PAVILION RENTAL:**

We provide affordable party rental location for the Key West Community at the Pavilion in the Sonny McCoy Indigenous Park. We allow families a low cost rental fee in order to host birthday parties, wedding parties, bridal, and baby showers. These events are very popular and allow local working families to celebrate events year round at an affordable venue. These events are available to all in the community and are very well utilized by the local Cuban, Haitian, Bahamian, and Conch Communities. We also rent the Pavilion at little or no cost for the Southernmost Runners Club and the Southernmost Bocce Club for league play and awards ceremonies. We maintain a public restroom facility that is open every day of the year and in the evenings for holidays like the Fourth of July and festivals such as the Reggae Moon Splash and Bike Week.



### Non-Financial Considerations

Services provided to City of Key West in addition to those listed under current concession agreement.

1. Over 1200 wild birds rescued and rehabilitated each year for Key West community from Mile marker 0-15. This includes deceased birds removed from territory and disposed of through "Pet Heaven" disposal services
2. Rescue of live Sea Turtles and stranding/salvage/disposal services for deceased turtles through "Pet Heaven" animal disposal services.
3. Installing recirculating pump and filter system on two 250 gallon Pelican pools in order to save more than 500,000 gallons of City water a year.
4. Writing and winning "Together Green" grant which includes water conservation, park plantings and rainwater cisterns to be installed in order to further reduce city water usage.
5. Working closely with KWPD and KWFD when they need wildlife rescue services.
6. Sonny McCoy Indigenous Park services (outside current concession agreement boundaries):
  - Monitoring and excluding homeless activity and overnight homeless squatting in park working with KWPD "Quality of Life" officers.
  - Repairing park fence line perimeter damage due to homeless activity.
  - Eliminating introduction of non-native species being abandoned or released in park by community (Green Iguanas and non-native turtles).
  - Monitoring park for safety and health issues. (Fallen limbs, sidewalks, decks, standing water, etc.).
  - Monitoring and repairing leaks and breaks in antiquated park irrigation system to keep water system running.
  - Weeding
  - Mowing
  - Trimming
  - Painting and cleaning picnic tables and park benches on regular basis.
  - Path upkeep (scrubbing, weeding, marking shifting concrete for visitor safety, power washing).
  - Replacing pond signage and maintaining pond overlook deck.
  - Emptying and monitoring trash receptacles outside of concession agreement boundaries.
  - Coast Guard/Navy COMREL volunteers providing park cleaning as well as brush and fallen limb removal on a regular basis throughout calendar year
  - Maintaining safety monitoring of Indigenous Park parking lot.
  - Testing bacteria levels in turtle pond (through Flower Chemical Laboratories).
  - Installing air bubblers in pond to improve water quality.
  - Monitoring and preventing excessive homeless water and electricity usage inside park boundaries.
  - Providing access to public utilities in park in order for repair work, telephone, water, or power line maintenance during off hours.
  - Participating in legal options community service programs for offenders which includes park maintenance and path cleaning.



**New concession agreement wording/ideas:**

- If any new designs for Sonny McCoy Indigenous Park put forth do not include fencing around bathrooms and pavilion areas, the Key West Wildlife Center wishes to no longer have cleaning, maintenance, and homeless monitoring and exclusion duties assigned to our organization for these locations.
- If the City of Key West would consider allowing the Key West Wildlife Center to include the entire area of the Sonny McCoy Indigenous Park inside the perimeter fence as part of our concession agreement, since we already cover these areas unofficially at present, we would be interested to discuss administering it.

**Thomas F. Sweets**  
1304 Elizabeth Street  
Key West FL 33040  
727.455.4163

**Education:**       **International Academic Program**, Chemistry for Conservators, 1991.  
                          **The School of the Art Institute of Chicago**, BFA; Painting, 1990.

**Professional Affiliations/Certifications:**

- Organizational Member, **National Wildlife Rehabilitators Association (KWWC)**.
- **Member, US Coast Guard Area Committee** Wildlife Response Team 2011- 2013.
- United States Coast Guard Auxiliary **HAZWOPER** certified, 2012-2013.
- Certified Oiled Wildlife Care Training Florida Keys Community College 2010.
- **Save-A-Turtle** Beach Nesting Surveyor 2011-2013 (Pat Wells FWC Permit).
- Leader, **Save-A-Turtle Sea Turtle** Stranding/Salvage Team 2011-2013 (Pat Wells FWC Permit).
- **FWC Florida Shorebird Alliance** Rooftop Nesting surveyor 2012-2013.
- **Marathon Turtle Hospital** Rescue/Response team (Turtle Hospital FWC Permit). 2011-2013.

**Experience:**

- 6/11-present**       **Executive Director, The Key West Wildlife Center**, 1801 White Street, Key West FL. Responsible for running wildlife rescue and rehabilitation facility. Oversee administrative responsibilities including finances, payroll, purchasing, ordering, human resources, permitting, vendors, fundraising, and community relations. Administer City of Key West Community trapping program. Instruct public in using humane chicken traps in order to catch local chickens. Receive chickens from individuals and organizations enrolled in Community trapping program. Transport all chickens to new adoptive homes on Florida mainland. Continually source and monitor conditions for current and potential chicken adoption outlets. Manage volunteers and community service worker programs. Oversee wildlife rescue operations and personally handle 24 hour wildlife rescue hotline. Provide rescues, care, cleaning, and feeding for rehabilitating wildlife and chickens on premises. Conduct daily observation of animals to evaluate behavior patterns and general health condition. Assist with capture, handling, and when necessary, transport of wild birds in a safe and low stress manner. Release fully rehabilitated wildlife back to wild areas close to where they were rescued. Give tours of the facility and permanent aviary residents to educate the public about wildlife conservation.
- 11/09-6/11**       **Aviary Manager, The Key West Wildlife Center**, 1801 White Street, Key West FL. Responsible for wildlife rescues and maintaining wild bird aviary. Handled all after hours wildlife rescues and was responsible for answering 24 hour rescue hotline. Provided care for permanent resident education birds and wildlife rehabilitation patients. Oversaw cleaning, maintenance, feeding and daily general operations. Ordered all food and non-food supplies used in daily operations. Gave tours of facility and worked to educate the public about conservation issues related to wild birds.
- 6/09-11/09**       **Wildlife Rescue/Animal Care, The Key West Wildlife Center**, 1801 White Street, Key West, FL. Rescued wildlife and chickens on 24 hour on-call emergency basis. Provided rescues, care, cleaning, and feeding for all rehabilitating wildlife and chickens on premises. Conducted daily observation of animals in order to evaluate behavior patterns and general health condition. Assisted with capture, handling, and when necessary, transport of wild birds in a safe and low stress manner. Transported and released all rehabilitated wildlife.



Mary M. "Peggy" Coontz  
P.O. Box 2111., Key West, FL 33045  
coontzpeg@hotmail.com  
540-771-0053

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Wildlife care provider with over 15 years experience caring for a wide variety of species, with special emphasis on the rehabilitation of avian species and skilled in public relations involving wildlife encounters and education.

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## SUMMARY OF QUALIFICATIONS

Able to supervise and motivate staff and volunteers and quickly learn their strengths and weaknesses  
Familiar with working collaboratively with regulatory agencies like US Fish and Wildlife Service and other government agencies  
Competent computer skills; word processing and creating and managing computer data bases  
Excellent organizational skills  
Very skilled at handling public inquiries and wildlife encounter solutions  
Very comfortable conducting educational programs for people of all ages  
In depth knowledge of regional and worldwide flora and fauna  
Excellent wildlife rescue and handling skills  
Well versed in wildlife nutrition, behavior and diseases  
Completed basic Wildlife and Oil Spill Response Training (4 hours of OSHA training)  
Well aware of the unusual work schedule and long hours required for successful wildlife recovery

## PROFESSIONAL EXPERIENCE

### Animal Care Director Key West Wildlife Center

June 2011 - present  
Key West, FL

Oversee all aspects of animal care in both rehabilitative and educational settings for the Key West Wildlife Center.  
Responsible for initial examinations, diagnoses, and treatment for all wildlife and chicken patients admitted to avian clinic.  
Duties include ordering and administering all medications to animals under care, assessing treatment progress from admittance through rehabilitation to release back to the wild.

### Biological Science Technician (Wildlife) DOI/USGS/Patuxent Wildlife Research Center

May 2009 – June 2011  
Laurel, MD

Duties include working collaboratively with other staff members to provide quality care for the endangered species breeding program for the Whooping Cranes and Sandhill Cranes. Participate in the reintroduction and monitoring efforts for the Whooping Cranes. Conduct daily observation in order to monitor and evaluate the animal's behavior and health patterns. Assist with the daily record keeping and data entry important in any endangered species program.

### Wild Bird Rehabilitator Florida Keys Wild Bird Center

December 2008 – February 2009  
Tavernier, FL

Provided care for native birds with the goal of returning them to the wild. Managed the Wildlife Hospital and assisted with all aspects of facilities maintenance and animal housing.

### Wildlife Biologist / Director Blue Ridge Wildlife Center

April 2004 to October 2008  
Millwood, Virginia

Responsible for all aspects of the rehabilitation of native wildlife admitted to the Center. Managed the educational program including curriculum, animal care and record keeping for the Center. Responsible for all other duties necessary to operate the Center, including management of staff and volunteers, bookkeeping, fundraising and facility construction and maintenance.

### Raptor Biologist and Educational Program Specialist Greenway and Nature Center of Pueblo

September 1991 to 2004  
Pueblo, Colorado

Directly responsible for the rehabilitation and release of over 200 raptors, annually. Conducted and developed environmental educational programs for all ages. Assisted with facilities construction and maintenance and all other duties necessary to maintain the Raptor Center at the Nature Center.

### Instructor University of Southern Colorado

Odd semesters, 1996-1998  
Pueblo, Colorado

Taught mammalogy and ornithology at the undergraduate and graduate levels.

### Teaching Assistant North Carolina State University

Fall 1988, Spring 1989, Spring 1990 - Spring 1991  
Raleigh, North Carolina

Taught the laboratory for General Biology and Parasitology.

### Research Assistant Barren Grounds Bird Observatory

August – December 1989  
Jamberoo, NSW, Australia

Volunteered as a field research assistant at the observatory where we began a preliminary project on the endangered Eastern bristlebird and continued census projects developed by the RAOU. Also assisted in the RAOU bird banding scheme and nest records.

**Field Biologist**

Point Reyes Bird Observatory

Conducted breeding bird census and monitored nest sites on a 48 acre plot. Performed preliminary analysis on the field data and assisted in the bird banding project.

March – June 1988

Stinson Beach, California

**Raptor Rehabilitation Intern**

Greenway and Nature Center of Pueblo

Responsible for the care and relocation of injured wild birds of prey, including bald and golden eagles.

Conducted educational programs and assisted in various other duties necessary to run a facility such as record keeping and building maintenance.

March – August 1987

Pueblo, Colorado

**Substitute Teacher**

John Handley High School

Substitute teacher of biological and natural science classes for grades 9-12.

9/85-6/86, 11/86-3/87, 9/87-3/88

Winchester, Virginia

**Animal Rehabilitation Intern**

Animal Rehab Center, The Conservancy Nature Center, Inc.

Responsible for the rehabilitation and relocation of wildlife such as native raptors, shore birds and mammals.

Conducted educational programs and performed other duties for the maintenance of the center.

June - October 1986

Naples, Florida

**Volunteer Zookeeper**

National Zoological Park - Smithsonian Institute, Conservation and Research Center

Conducted behavioral observations and assisted in the feeding and health care of endangered species such as Golden Lion Tamarins, Tree Kangaroos and Tiger Quolls.

September 1985 - March 1986

Front Royal, Virginia

**EDUCATION**

**University of Southern Colorado**

Graduate course work in Applied Natural Science

January 1996 to 1999

Pueblo, Colorado

**North Carolina State University**

Graduate course work in zoology

August 1988 to April 1991

Raleigh, North Carolina

**B. A. Biology**

**Berea College**

Concentration of coursework in biology with special emphasis on taxonomy and ecology of animals and plants.

May 1985

Berea, Kentucky

**References**

Jonathan Male, Aviculturist  
Patuxent Wildlife Research Center  
12100 Beech Forest Rd.  
Laurel, MD 20708  
301-497-5752 (wk)  
[jonathan\\_male@usgs.gov](mailto:jonathan_male@usgs.gov)

Diana Miller  
8957 Mountain Park Rd.  
Beulah, CO 81023  
719-549-2349 (wk)  
[dmiller@natureandraptor.org](mailto:dmiller@natureandraptor.org)

Angela Allen  
22090 Woodwinds Dr.  
Leesburg, VA 20175  
703-963-5574 (cell)  
[maryangelam@aol.com](mailto:maryangelam@aol.com)

Jane Chandler, Flock Manager  
Patuxent Wildlife Research Center  
12100 Beech Forest Rd.  
Laurel, MD 20708  
301-497-5755 (wk)

**Professional Affiliations**

National Wildlife Rehabilitators Association  
International Wildlife Rehabilitation Council  
Raptor Research Foundation  
Association of Field Ornithologists

**Special Licenses and Permits**

Rabies Pre-exposure Vaccine  
Valid Florida Driver's License  
USFWS Migratory Bird Rehabilitation  
USFWS Migratory Bird Education  
FWC Wildlife Rehabilitation Permit  
FWC Captive Animal Permit

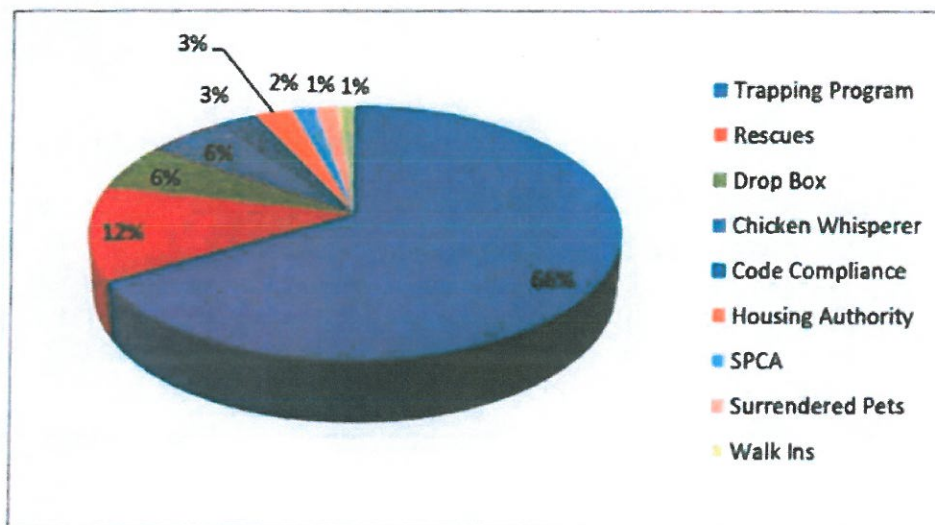


### Key West Wildlife Center Chicken Trapping Program 2013 Numbers

Chicken Trapping Program 2013 Total: 1050 Chickens

Trapping Program	699
Rescues	125
Drop Box	63
Chicken Whisperer	59
Code Compliance	29
Housing Authority	27
SPCA	19
Surrendered Pets	15
Walk Ins	14

Total Chicken Numbers 1050



**Key West Wildlife Center  
Chicken adoptions for 2013**

Name	Phone No.	Address	Business Name	Roosters	Hens
Georgia Duggins	386-738-7900	2160 W. Kentucky Ave., Deland, FL 32720		2	3
Jerry & Jane Moore	989-824-1693	3466 W Holland Lake Rd., Sidney, MI 48885		6	6
Tom Poore	772-589-7720	8040 130 St., Roseland, FL 32957		0	3
Theresa Carr	352-275-7958	188 SW Tomahawk Ave., Fort White, FL 32088		6	6
Mark Hensley		P.O. Box 1800, San Antonio, FL 33576		2	8
Melissa & Thomas Lull	484-889-4235	340 Buck Run Rd., East Fallowfield, PA 19320		3	3
Marion Levine	845-863-9676			0	3
Claudia Pella		6636 Snake Rd., Athen, AL 35611		2	12
Miles Smith	239-225-5676	22690 Holland Dr., Lehigh Acres, FL 33974	Key West Conch Farm	77	240
Misti Summersill	305-879-1460			5	20
Jim Frazier	954-658-0108	29100 NW 72 Ave., Okeechobee, FL	Peat Marsh Ranch	125	125
David Huran		St. Cloud, FL		0	3
Richard Porter		12150 SW 16 Ave., Ocala, FL 34473		0	5
Dolphin Research				0	2
Russ Adams	386-235-2000	365 Sagewood Dr., Port Orange, FL 32127		0	8
Bob & Michelle Allen	727-580-1755	Hwy 315, Cataula, GA	Led by Raith Farms	0	9
Ray Pack	305-849-1913			10	50
Liz Sherman	772-559-4904	3390 Buckingham Hammock Trail, Vero Beach, FL 32960		0	7
Deborah Mantione	727-410-6256	15264 Newport Rd., Clearwater, FL 33764		0	5
Glen & Natalie Anderson	305-495-7029	19925 SW 286 St., Homestead, FL 33036	Organic veggie farm	40	60
			<b>Sub total</b>	<b>278</b>	<b>578</b>
			<b>TOTAL</b>		<b>856</b>

**Total Chickens Taken in for 2013- 1050**

**194 died/or euthanized due to injury or illness**

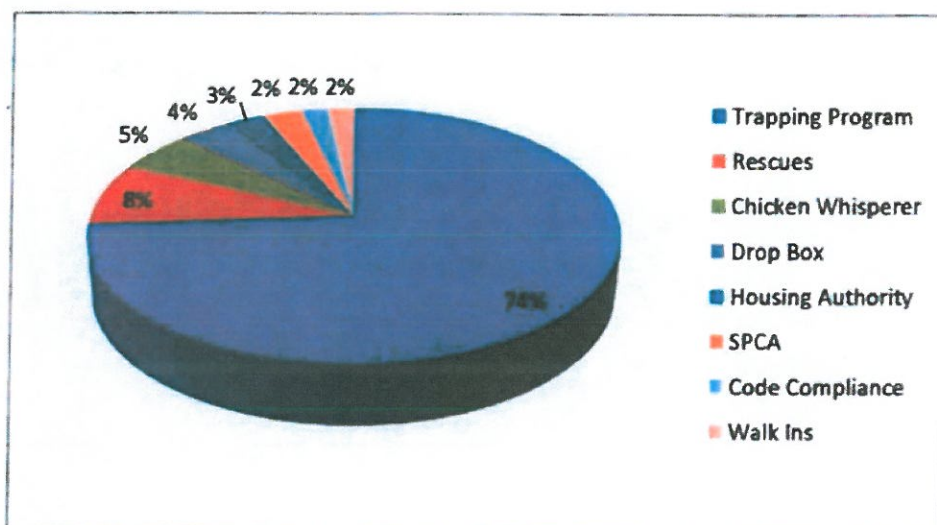


# Key West Wildlife Center Chicken Trapping Program 2012 Numbers

Chicken Trapping Program 2012 Total: 1328

Trapping Program	982
Rescues	104
Chicken Whisperer	69
Drop Box	51
Housing Authority	36
SPCA	35
Code Compliance	26
Walk Ins	25

Total Chicken Number 1328



**Key West Wildlife Center  
Chicken adoptions for 2012**

<b>Name</b>	<b>Phone Number</b>	<b>Address</b>	<b>Business Name</b>	<b>Roosters</b>	<b>Hens</b>
Glen Anderson	305-495-7029	18925 SW 286 St., Homestead, FL 33036	Organic veggie farm	10	50
Lloyd Brown	305-342-1075	12055 SW 240 <sup>th</sup> St, Princeton, FL 33032	Wildlife Rescue of Dade County	20	40
David ??	305-310-6820	7001 Lantana Rd., Lake Worth, FL 33461	Lakewood Growers	60	120
Jim Frazier	954-658-0108	29100 NW 72 Ave., Okeechobee, FL 34972	Peat Marsh Farm	100	200
Lauren ??	561-370-9776	14725 NW 268 <sup>th</sup> St., Okeechobee, FL 34972	Private Farm	15	30
Mitzi Summersill	305-879-1460	Near Miami (they pick up from us)	Horse farm	2	12
Richard ??	863-697-3158	14737 NW 268 <sup>th</sup> St., Okeechobee, FL, 34972		60	120
Miles Smith	239-225-5676	22690 Holland Dr., Lehigh Acres, FL 33974	Key West Conch Farm	40	60
			<b>Sub total</b>	<b>307</b>	<b>732</b>
			<b>TOTAL</b>		<b>1039</b>

**Total chickens taken in for 2012 – 1328**

**289 died or euthanized due to injury or illness**

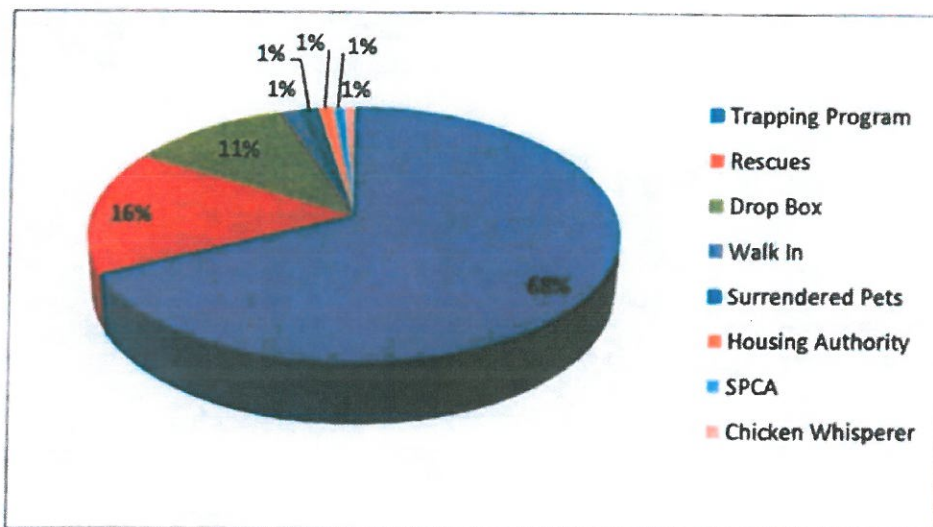


# Key West Wildlife Center Chicken Trapping Program 2011 Numbers

Chicken Trapping Program 2011 Total: 1431

Trapping Program	967
Rescues	224
Drop Box	163
Walk In	22
Surrendered Pets	18
Housing Authority	14
SPCA	13
Chicken Whisperer	10

Total Chicken Number 1431



**Key West Wildlife Center  
Chicken adoptions for 2011**

Name	Phone Number	Address	Business Name	Roosters	Hens
Glen ??	305-495-7029	18925 SW 286 St., Homestead, FL 33036	Organic veggie farm	0	30
Lloyd Brown	305-342-1075	12055 SW 240 <sup>th</sup> St, Princeton, FL 33032	Wildlife Rescue of Dade County	40	40
David ??	305-310-6820	7001 Lantana Rd., Lake Worth, FL 33461	Lakewood Growers	40	40
Jose Mencias	954-638-8891	2145 SW 50 <sup>th</sup> Ave., Fort Lauderdale, FL 33317	Private home	0	30
Tevin Cromwell	561-577-8329	3580 S. 55 <sup>th</sup> Ave, Green Acres, FL 33463	Private home	10	20
Tony Romero	786-337-1224	6610 SW 64 <sup>th</sup> St. Miami, FL 33143	Private home	0	6
Sally Holcomb	352-589-2047	26847 Leeward St., Eustis, FL 32736	Private Farm	300	300
???	954-540-3434	14491 SW 23 <sup>rd</sup> St., Davie, FL 33325	Private Farm	5	20
Jim Frazier	954-658-0108	29100 NW 72 Ave., Okeechobee, FL 34972	Peat Marsh Farm	40	30
Lauren ??	561-370-9776	14725 NW 268 <sup>th</sup> St., Okeechobee, FL 34972	Private Farm	50	50
Mitzi Summensill	305-879-1460	Near Miami (they pick up from us)	Horse farm	4	12
			<b>Sub total</b>	<b>489</b>	<b>578</b>
			<b>TOTAL</b>	<b>1067</b>	

**Total chickens taken in for 2011 – 1431**

**364 died/or euthanized due to injury or illness**

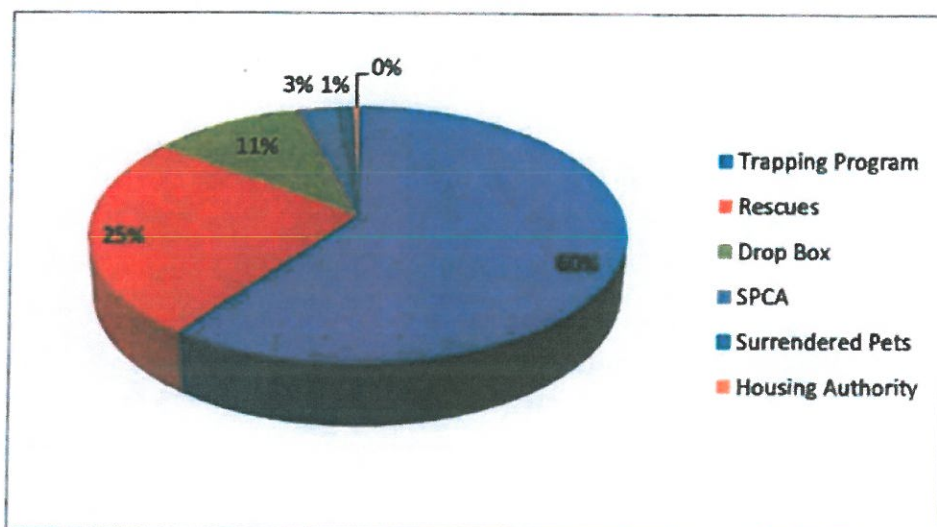


# Key West Wildlife Center Chicken Trapping Program 2010 Numbers

Chicken Trapping Program 2010 Total: 1007

Trapping Program	603
Rescues	253
Drop Box	106
SPCA	29
Surrendered Pets	12
Housing Authority	4

Total Chicken Number 1007

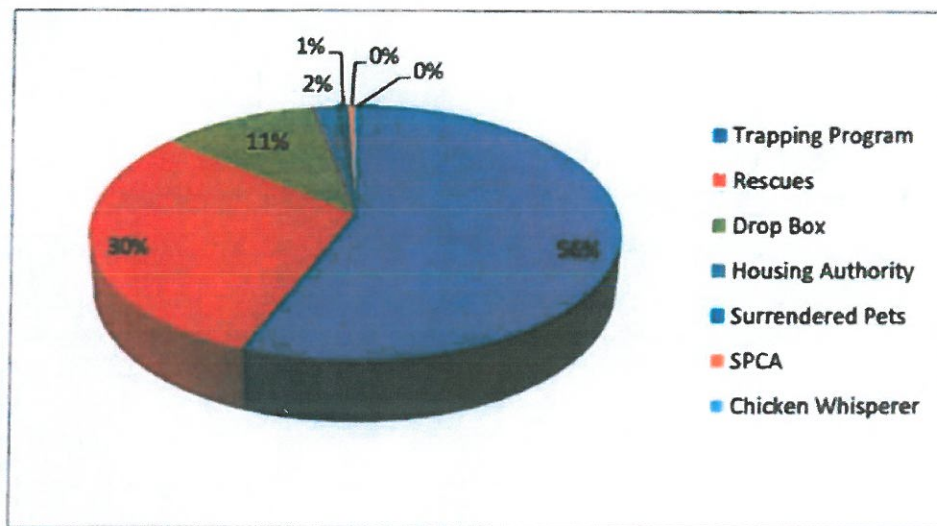


### Key West Wildlife Center Chicken Trapping 2009 Numbers

Chicken Trapping Program 2009 Total: 938

Trapping Program	524
Rescues	281
Drop Box	103
Housing Authority	17
Surrendered Pets	7
SPCA	4
Chicken Whisperer	2

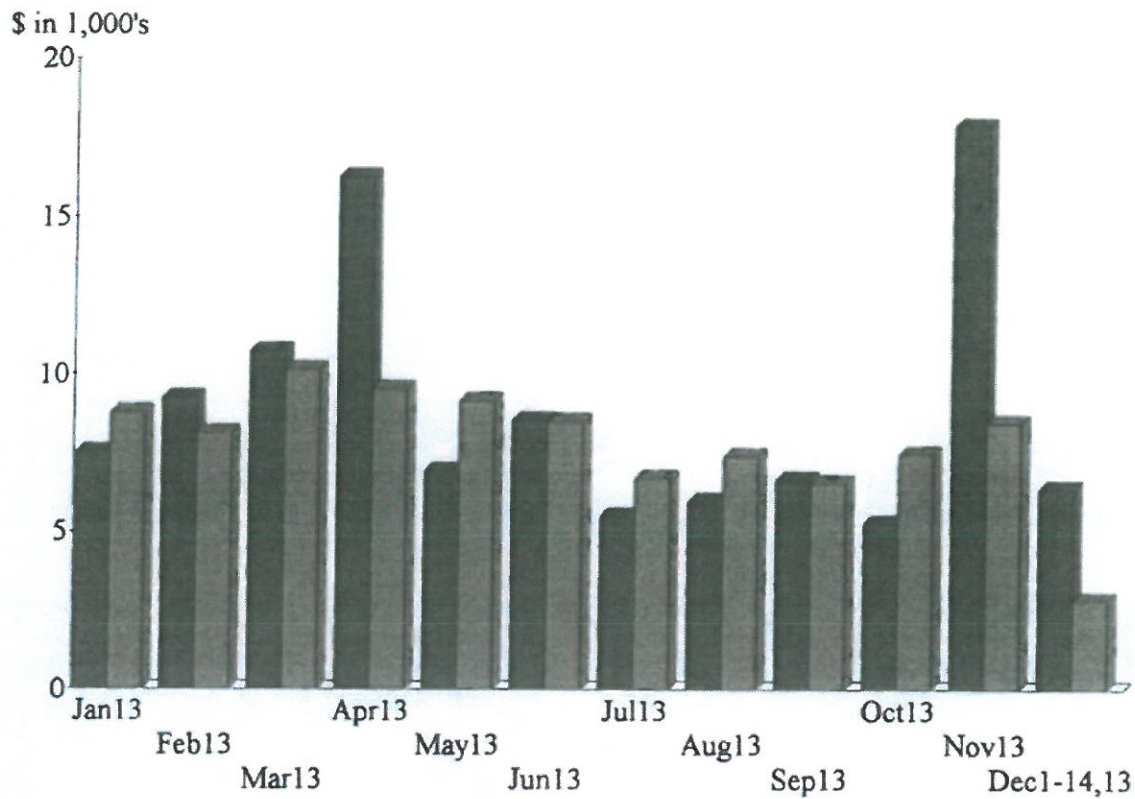
Total Chicken Number 938





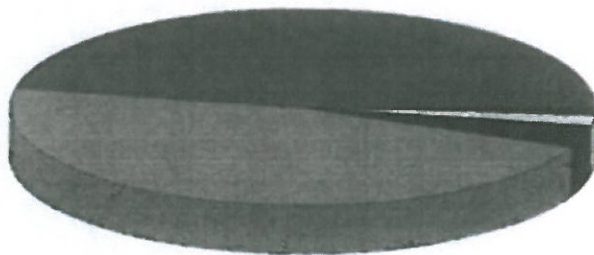
**Income and Expense by Month**  
January 1 through December 14, 2013

■ Income  
■ Expense



**Income Summary**  
January 1 through December 14, 2013

Contributions Income	%47.08
City of Key West Program Revenu	46.70
pavilion rental	3.68
pay pal donation	1.61
Grants	0.33
Chicken trap deposit	0.23
Miscellaneous Income	0.20
T-shirt Sales	0.11
Reimbursed Expenses	0.05
Campaign Income	0.02
<b>Total</b>	<b>\$107,069.28</b>



By Account

6:39 PM  
12/12/13  
Cash Basis

Key West Wild Bird Center, Inc.  
**Profit & Loss**  
January through December 2013

	Jan - Dec 13
Ordinary Income/Expense	
Income	
Campaign Income	26.05
Chicken trap deposit	250.00
City of Key West Program Revenue	49,998.00
Contributions Income	50,410.96
Grants	349.00
Miscellaneous Income	211.27
pavilion rental	3,940.00
pay pal donation	1,720.00
Reimbursed Expenses	50.00
T-shirt Sales	114.00
Total Income	107,069.28
Gross Profit	107,069.28
Expense	
Amortization Expense	50.31
Automobile Expense	3,039.58
Bank Service Charges	655.89
Chicken	
Auto expense - Chicken run	683.75
Chicken Cremation	289.00
Chicken Food	2,936.97
Chicken medicine	1,451.90
Chicken Supplies	340.04
Total Chicken	5,701.66
Continuing Education	302.15
Contributions	-400.00
Dues and Subscriptions	228.90
Equipment Rental	76.00
Insurance	
Auto	2,253.43
Liability Insurance	2,198.46
Total Insurance	4,451.89
Interest Expense	
Finance Charge	1,384.12
Total Interest Expense	1,384.12
Licenses and Permits	125.00
Marketing	
Marketing Supplies	559.68
Marketing - Other	121.65
Total Marketing	681.33
Miscellaneous	1,600.00
Office Supplies	974.53
Parking	34.00
Payroll Expenses	
Processing fee	2,020.86
Payroll Expenses - Other	46,492.77
Total Payroll Expenses	48,513.63
Postage and Delivery	364.40
Professional Fees	
Accounting	
Sales Tax	261.25
Accounting - Other	800.00
Total Accounting	1,061.25
Total Professional Fees	1,061.25



6:39 PM  
12/12/13  
Cash Basis

Key West Wild Bird Center, Inc.  
**Profit & Loss**  
January through December 2013

	Jan - Dec 13
Repairs	
Computer Repairs	366.68
Equipment Repairs	371.15
Total Repairs	737.83
Supplies	
Cleaning Supplies	1,464.77
T-shirt supplies	390.25
Supplies - Other	497.11
Total Supplies	2,352.13
Telephone	2,110.27
Tools & Equipment	1,539.49
Travel & Ent	
Meals	356.53
Total Travel & Ent	356.53
Wild Bird	
Wild Bird Cremation	289.00
Wild Bird Food	
Crickets	1,710.15
Mice, Quail & Rats	2,629.95
Wild Bird Food - Other	10,362.97
Total Wild Bird Food	14,703.07
Wild Bird medicine	1,253.23
Wild Bird Supplies	845.26
Wild Bird - Other	664.26
Total Wild Bird	17,754.82
Total Expense	93,695.71
Net Ordinary Income	13,373.57
Other Income/Expense	
Other Expense	
Other Expenses	100.00
Total Other Expense	100.00
Net Other Income	-100.00
Net Income	13,273.57

5:42 PM  
12/14/13  
Cash Basis

**Key West Wild Bird Center, Inc.**  
**Summary Balance Sheet**  
As of December 14, 2013

	<u>Dec 14, 13</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	<u>3,777.24</u>
Total Current Assets	<u>3,777.24</u>
Fixed Assets	<u>13,251.97</u>
<b>TOTAL ASSETS</b>	<u><b>17,029.21</b></u>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Credit Cards	2,423.36
Other Current Liabilities	<u>114.68</u>
Total Current Liabilities	<u>2,538.04</u>
Total Liabilities	<u>2,538.04</u>
Equity	<u>14,491.17</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><b>17,029.21</b></u>



Chicken Expenses Key West Wildlife Center 2013

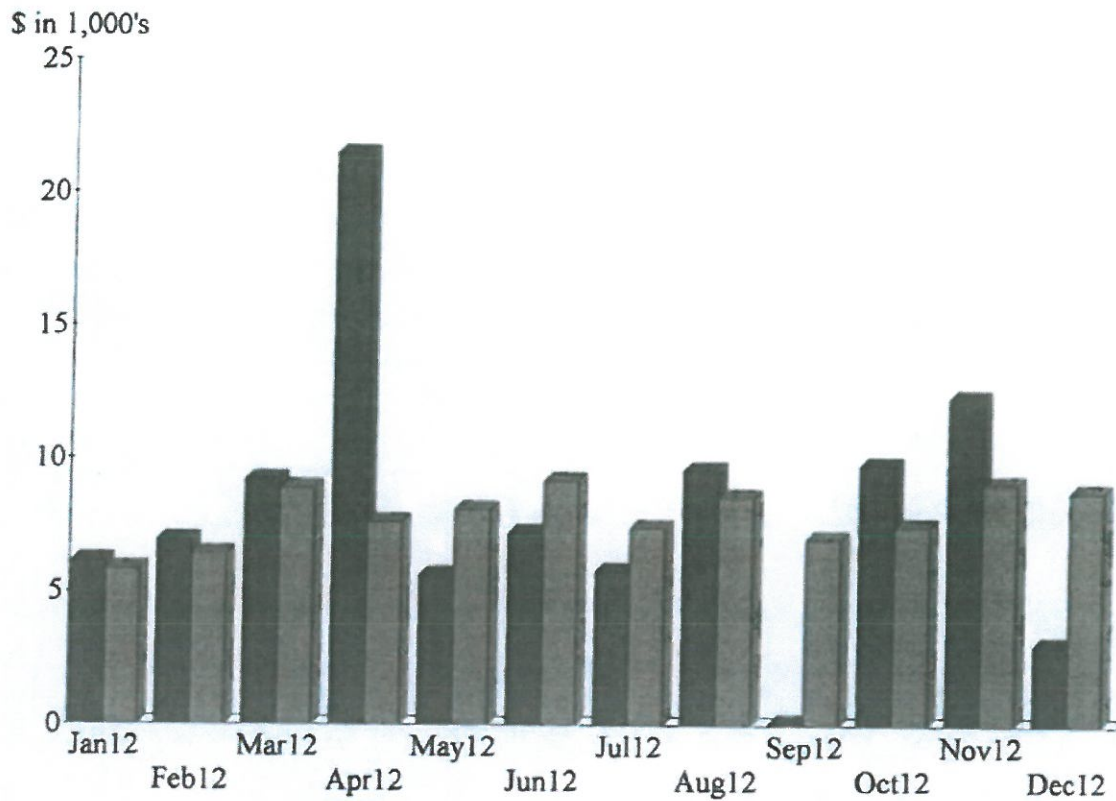
Payroll Processing Fee	2020.86
Thomas Sweets (Full Salary)	\$25,920.00
Peggy Coontz (Quarter Salary)	\$5,088.00
Total Salary	\$33,028.86

Chicken Expenses	\$5,701.66
Insurance Automobile	\$2,253.43
Insurance Liability	\$2,198.46
Professional Fees: Accounting	\$800.00
Repairs Computer	\$366.68
Repairs Equipment	\$371.15
Supplies: Cleaning Supplies	\$1,464.77
Telephone	\$2,110.27
Tools Equipment	\$1,539.49
Office Supplies (Half)	\$1,519.79
Automobile Expense (Half)	\$487.27
Total Expenses	\$18,812.97

Total	\$51,841.83
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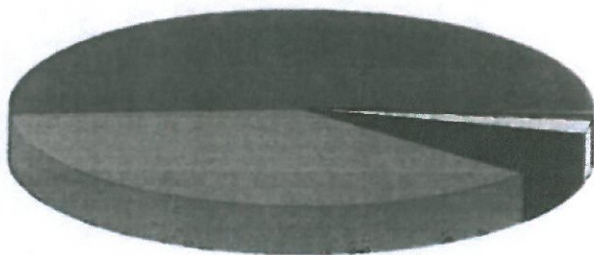
Income and Expense by Month  
January through December 2012

Income  
Expense



Income Summary  
January through December 2012

City of Key West Program Revenue	%51.31
Contributions Income	37.68
Fundraising Income	7.40
pavilion rental	2.28
T-shirt Sales	0.66
pay pal donation	0.57
Miscellaneous Income	0.11
Total	\$97,446.85



By Account



7:07 PM  
12/12/13  
Cash Basis

# Key West Wild Bird Center, Inc.

## Profit & Loss

January through December 2012

	Jan - Dec 12
Ordinary Income/Expense	
Income	
City of Key West Program Revenue	49,998.00
Contributions Income	
Restricted	5,408.00
Unrestricted	17,740.00
Contributions Income - Other	13,567.08
Total Contributions Income	36,715.08
Fundraising Income	7,207.00
Miscellaneous Income	108.29
pavilion rental	2,224.00
pay pal donation	551.98
T-shirt Sales	642.50
Total Income	97,446.85
Gross Profit	97,446.85
Expense	
Automobile Expense	3,869.67
Bank Service Charges	219.79
Chicken	
Auto expense - Chicken run	1,264.67
Chicken Cremation	195.00
Chicken Food	3,773.77
Chicken medicine	1,879.95
Chicken Supplies	574.85
Total Chicken	7,688.24
Continuing Education	386.55
Contributions	100.00
Department of Revenue Tax	200.00
Depreciation Expense	2,124.00
Dues and Subscriptions	45.90
Employee/Volunteer	148.44
Employee/Volunteer Medical Cost	354.00
Fundraising Expense	8.53
Insurance	
Auto	1,736.19
Liability Insurance	1,809.93
Total Insurance	3,546.12
Interest Expense	
Finance Charge	1,188.47
Total Interest Expense	1,188.47
Licenses and Permits	320.00
Marketing	
Marketing Supplies	399.51
Marketing - Other	1,139.31
Total Marketing	1,538.82
Miscellaneous	9.99
Office Supplies	1,079.93
Parking	48.75
Payroll Expenses	
Processing fee	2,019.85
Payroll Expenses - Other	47,016.72
Total Payroll Expenses	49,036.57
Postage and Delivery	178.90

7:07 PM  
12/12/13  
Cash Basis

Key West Wild Bird Center, Inc.  
**Profit & Loss**  
January through December 2012

	Jan - Dec 12
Professional Fees	
Accounting	
Sales Tax	16.00
Accounting - Other	1,305.00
Total Accounting	1,321.00
Total Professional Fees	1,321.00
Program Expense	75.95
Reconciliation Discrepancies	0.00
Repairs	
Computer Repairs	38.00
Total Repairs	38.00
Supplies	
Cleaning Supplies	1,395.17
T-shirt supplies	325.90
Supplies - Other	267.02
Total Supplies	1,988.09
Telephone	2,051.18
Tools & Equipment	1,605.83
Travel & Ent	
Meals	208.75
Total Travel & Ent	208.75
unknown	0.00
Wild Bird	
Wild Bird Cremation	195.00
Wild Bird Food	
Crickets	2,550.00
Meat (liver, raw, etc.)	22.95
Mice, Quail & Rats	3,037.72
Wild Bird Food - Other	7,519.72
Total Wild Bird Food	13,130.39
Wild Bird medicine	673.25
Wild Bird Supplies	904.36
Wild Bird Veterinary Services	366.80
Total Wild Bird	15,269.80
Total Expense	94,651.27
Net Ordinary Income	2,795.58
Other Income/Expense	
Other Income	
Other Income	0.00
Total Other Income	0.00
Net Other Income	0.00
Net Income	2,795.58



Chicken Expenses Key West Wildlife Center 2012

Payroll Processing Fee	\$2,019.85
Thomas Sweets (Full Salary)	\$25,920
Peggy Coontz (Quarter Salary)	\$5,184
Total Salary	\$33,123.85

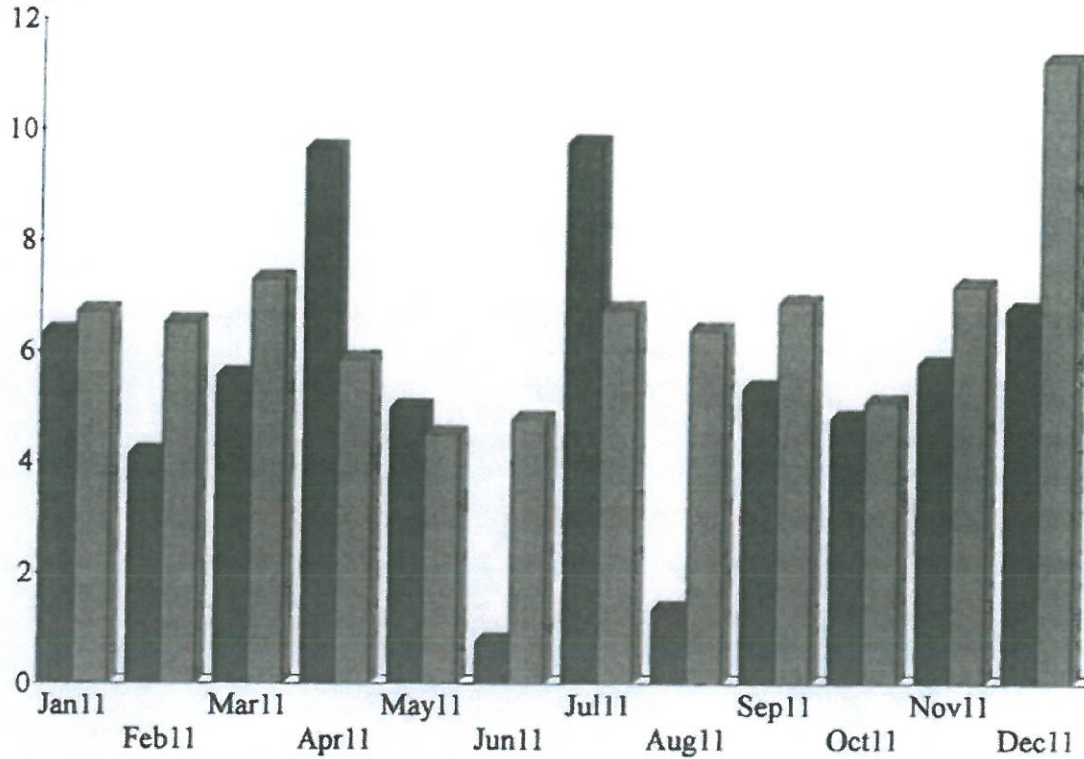
Chicken Expenses	\$7,688.24
Insurance Automobile	\$1,736.19
Insurance Liability	\$1,809.93
Professional Fees: Accounting	\$1,305.00
Repairs Computer	\$38
Repairs Equipment	\$0
Supplies: Cleaning Supplies	\$1,395.17
Telephone	\$2,051.18
Tools Equipment	\$1,605.83
Office Supplies (Half)	\$539.97
Automobile Expense (Half)	\$1,934.84
Total Expenses	\$20,104.35

Total	\$53,228.20
-------	-------------

Income and Expense by Month  
January through December 2011

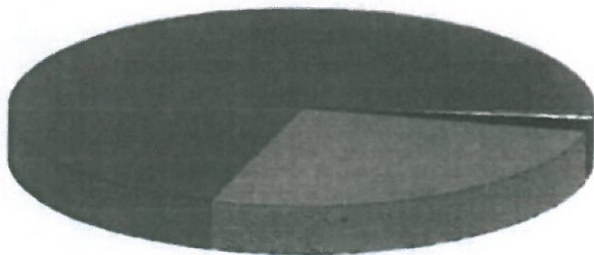
Income  
Expense

\$ in 1,000's



Income Summary  
January through December 2011

Program Revenue - City of Key W	%70.14
Contributions Income	26.49
T-shirt Sales	1.80
pay pal donation	0.80
pavilion rental	0.77
<b>Total</b>	<b>\$65,342.90</b>



By Account



7:19 PM  
12/12/13  
Cash Basis

Key West Wild Bird Center, Inc.  
**Profit & Loss**  
January through December 2011

	Jan - Dec 11
Ordinary Income/Expense	
Income	
Contributions Income	17,311.08
pavilion rental	500.00
pay pal donation	524.32
Program Revenue - City of Key W	45,828.50
T-shirt Sales	1,179.00
Total Income	65,342.90
Gross Profit	65,342.90
Expense	
Automobile Expense	2,954.15
Bank Service Charges	307.18
Chicken	
Auto expense - Chicken run	541.23
Chicken medicine	661.68
Chicken Supplies	3,974.29
Total Chicken	5,177.20
Continuing Education	0.00
Depreciation Expense	1,959.00
Equipment Rental	65.00
Insurance	
Auto	1,357.62
Liability Insurance	1,819.74
Total Insurance	3,177.36
Interest Expense	
Finance Charge	316.65
Total Interest Expense	316.65
Licenses and Permits	136.25
Marketing	
Marketing Supplies	219.39
Total Marketing	219.39
Medical waste disposal	
Cremation	408.50
Total Medical waste disposal	408.50
Miscellaneous	419.60
Office Supplies	665.99
Parking	24.75
Payroll Expenses	
Processing fee	1,504.12
Payroll Expenses - Other	43,990.36
Total Payroll Expenses	45,494.48
Postage and Delivery	127.34
Professional Fees	
Accounting	970.00
Total Professional Fees	970.00
Rent	70.00
Supplies	
Cleaning Supplies	544.67
Medical	365.66
T-shirt supplies	785.75
Supplies - Other	698.04
Total Supplies	2,394.12
Telephone	1,387.43
Tools & Equipment	230.12

7:19 PM  
12/12/13  
Cash Basis

Key West Wild Bird Center, Inc.  
**Profit & Loss**  
January through December 2011

	Jan - Dec 11
Travel & Ent	
Meals	88.73
Travel	273.75
Travel & Ent - Other	91.59
Total Travel & Ent	454.07
Wild Bird	
Wild Bird Food	
Crickets	1,492.00
Total Wild Bird Food	1,492.00
Wild Bird medicine	170.87
Wild Bird Supplies	10,491.94
Wild Bird Veterinary Services	205.30
Total Wild Bird	12,360.11
Total Expense	79,318.69
Net Ordinary Income	-13,975.79
Net Income	-13,975.79



Chicken Expenses Key West Wildlife Center 2011

Payroll Processing Fee	\$	1,504.12
Michelle Anderson (Full Salary)	\$	6,150.00
Sarah Goodwin (Full Salary)	\$	3,000.00
Thomas Sweets (Full Salary)	\$	23,120.00
Peggy Coontz (Quarter Salary)	\$	2,688.00
Total Salary	\$	36,462.12
Chicken Expenses	\$	5,177.20
Insurance Automobile	\$	1,357.62
Insurance Liability	\$	1,819.74
Professional Fees: Accounting	\$	970.00
Repairs Computer	\$	-
Repairs Equipment	\$	-
Supplies: Cleaning Supplies	\$	544.67
Telephone	\$	138.43
Tools Equipment	\$	230.12
Office Supplies (Half)	\$	333.00
Automobile Expense (Half)	\$	1,477.08
Total Expenses	\$	12,047.86
Total	\$	48,509.98

Ward & Meyers LLC  
3201 Flagler Ave # 506  
Key West, FL 33040-4693

Key West Wild Bird Center Inc.  
PO Box 2297  
Key West, FL 33045  
|||

## Ward & Meyers LLC

3201 Flagler Avenue  
Suite 506  
Key West, FL 33040

Phone : (305) 293-0265 Ext. 0#  
Email: [Renee@wardandmeyerscpa.com](mailto:Renee@wardandmeyerscpa.com)  
Web: [www.wardandmeyerscpa.com](http://www.wardandmeyerscpa.com)

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June 5, 2013

### CONFIDENTIAL

Key West Wild Bird Center Inc.  
PO Box 2297  
Key West, FL 33045

Dear Board of Directors:

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

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

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

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

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

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

Sincerely,

Ward & Meyers LLC



## **Filing Instructions**

**Key West Wild Bird Center Inc.**

### **Short Form Exempt Organization Tax Return**

**Taxable Year Ended December 31, 2012**

**Date Due:** AS SOON AS POSSIBLE

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

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Ward & Meyers LLC  
3201 Flagler Ave # 506  
Key West, FL 33040-4693

**Other:** Initial and date the copies of the IRS e-file Signature Authorization and the Form 990-EZ. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2012, or fiscal year beginning 2012, and ending 2012

▶ Do not send to the IRS. Keep for your records.

**2012**

Name of exempt organization

**Key West Wild Bird Center Inc.**

Employer identification number

**27-1565877**

Name and title of officer

**Tom Sweets  
President****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	<b>97,121</b>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **Ward & Meyers LLC** to enter my PIN **65877** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **06/05/13****Part III Certification and Authentication**

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

**65651402889**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **Laurie Hensley**

Date ▶

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)



Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

**2012****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**A For the 2012 calendar year, or tax year beginning , and ending****B Check if applicable:**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C Name of organization****Key West Wild Bird Center Inc.**

Number and street (or P.O. box, if mail is not delivered to street address)

**PO Box 2297**

Room/suite

City or town, state or country, and ZIP + 4

**Key West****FL 33045****D Employer identification number****27-1565877****E Telephone number****305-292-1008****F Group Exemption  
Number ▶****G Accounting Method:** ☒ Cash ☐ Accrual Other (specify) ▶**I Website:** ▶ **keywestwildlifecenter.org****H Check ☐ if the organization is not  
required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF).****J Tax-exempt status (check only one):** ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.****L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,  
line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$****97,447****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<b>94,580</b>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	<b>643</b>	
b	Less: cost of goods sold	7b	<b>326</b>	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<b>317</b>	
8	Other revenue (describe in Schedule O)	8	<b>2,224</b>	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>97,121</b>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	<b>47,371</b>
	13	Professional fees and other payments to independent contractors	13	<b>3,325</b>
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	<b>187</b>
	16	Other expenses (describe in Schedule O)	16	<b>43,426</b>
	17	Total expenses. Add lines 10 through 16	17	<b>94,309</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>2,812</b>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<b>-1,578</b>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>1,234</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)







Form 990-EZ (2012)

Key West Wild Bird Center Inc.

27-1565877

Page 3

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
36		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
37a		
b Did the organization file Form 1120-POL for this year?		X
37b		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38a		
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
39a		
b Gross receipts, included on line 9, for public use of club facilities		
39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ section 4912 ▶ section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40b		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
40e		
41 List the states with which a copy of this return is filed		
FL		
42a The organization's books are in care of		
Tom Sweets		
1801 White Street		
Located at		
Key West		
FL		
ZIP + 4		
33040		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
42b		
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		X
42c		
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year		
43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a		
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b		
c Did the organization receive any payments for indoor tanning services during the year?		X
44c		
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a		
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45b		



Form 990-EZ (2012) **Key West Wild Bird Center Inc.** 27-1565877

Page 4

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

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

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

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

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

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here

Signature of officer

**Tom Sweets**

Type or print name and title

President

Date

Paid

Preparer

Use Only

Print/Type preparer's name

Laurie Hensley

Preparer's signature

Laurie Hensley

Date

06/05/13

Check ☐ if self-employed

PTIN

P00084928

Firm's name ▶

**Ward & Meyers LLC**

Firm's EIN ▶

**65-0969914**

Firm's address ▶

**3201 Flagler Ave # 506  
Key West, FL 33040-4693**

Phone no

**305-293-0265**

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

Form 990-EZ (2012)



**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

**Key West Wild Bird Center Inc.**

Employer identification number

**27-1565877****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012



Schedule A (Form 990 or 990-EZ) 2012 **Key West Wild Bird Center Inc.** **27-1565877**Page **2****Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			85,096	63,664	94,580	243,340
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				1,679	2,967	4,546
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			85,096	65,343	97,447	247,886
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			1,000	100	10,608	11,708
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			1,000	100	10,608	11,708
8 Public support (Subtract line 7c from line 6.)						236,178

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6			85,096	65,343	97,447	247,886
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)			85,096	65,343	97,447	247,886
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 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

**Schedule of Contributors**

OMB No. 1545-0047

**2012**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

**Key West Wild Bird Center Inc.**

**27-1565877**

Organization type (check one):

Filters of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not 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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 1 of 1 of Part I

Name of organization

Key West Wild Bird Center Inc.

Employer identification number

27-1565877

**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	City of Key West 525 Angela Street Key West FL 33040	\$ 49,998	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	F.M. Kirby Foundation Inc. 17 DeHart Street PO Box 151 Morristown NJ 07963-0151	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Holiday Get Away Inc. dba Key West Vacation Rentals 1225 2nd Street Key West FL 33040	\$ 5,408	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**Open to Public  
Inspection

Key West Wild Bird Center Inc.

Employer identification number  
**27-1565877****Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
Pavillion Rental	\$ 2,224
<b>Total</b>	<b>\$ 2,224</b>

**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Expenses</b>	
Marketing Supplies	\$ 1,539
Office Expense	\$ 1,090
Telephone & Computer Exp	\$ 2,089
Parking	\$ 49
Meals & Entertainment	\$ 209
Finance Charges	\$ 1,188
Insurance	\$ 3,546
Automobile Exp	\$ 5,134
Bank Service Charges	\$ 220
Chicken & Bird Supplies	\$ 21,037
Veterinary Services	\$ 367
Cremation	\$ 390
Small Tools & Equipment	\$ 1,606
Volunteer Supplies	\$ 224
Dues & Subsc & Publicati	\$ 432
Fines & Penalties	\$ 200
License & Permits	\$ 320

Schedule O (Form 990 or 990-EZ) (2012)

Page 2

Name of the organization

Key West Wild Bird Center Inc.

Employer identification number

27-1565877

Program Supplies	\$	1,662
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Non-investment Depreciation	\$	2,124
-----------------------------	----	-------

Total	\$	43,426
-------	----	--------

## Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Computer	\$ 500	\$ 500
Less Accumulated Depreciation	\$ 150	\$ 250
Animal Crates	\$ 1,000	\$ 1,000
Less Accumulated Depreciation	\$ 300	\$ 500
Freezers	\$ 500	\$ 500
Less Accumulated Depreciation	\$ 150	\$ 250
Freezer	\$ 792	\$ 792
Less Accumulated Depreciation	\$ 119	\$ 198
Refrigerator/Freezer	\$ 300	\$ 300
Less Accumulated Depreciation	\$ 15	\$ 45
Chest Freezer	\$ 100	\$ 100
Less Accumulated Depreciation	\$ 5	\$ 15
Washer & Dryer	\$ 200	\$ 200
Less Accumulated Depreciation	\$ 10	\$ 30
Misc Furnishings	\$ 500	\$ 500
Less Accumulated Depreciation	\$ 75	\$ 125
Truck	\$ 7,000	\$ 7,000
Less Accumulated Depreciation	\$ 2,100	\$ 3,500
Van	\$ 0	\$ 5,408
Less Accumulated Depreciation	\$ 0	\$ 135
Fraudulent Charge Receivable	\$ 0	\$ 404

Schedule O (Form 990 or 990-EZ) (2012)



Schedule O (Form 990 or 990-EZ) (2012)

Page 2

Name of the organization

Key West Wild Bird Center Inc.

Employer identification number

27-1565877

Total \$ 7,968 \$ 11,656

## Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Sales Tax Payable	\$ 9	\$ 8
Credit Card Payable	\$ 8,973	\$ 15,526
Bank Overdraft	\$ 564	\$ 0
Payroll Liability	\$ 0	\$ 91



Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2012**Attachment  
Sequence No. **179**

Name(s) shown on return

**Key West Wild Bird Center Inc.**Identifying number  
**27-1565877**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

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

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	589
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	1,535
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,124
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2012)

DAA



Key West Wild Bird Center Inc.

27-1565877

Form 4562 (2012)

Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)											25
26 Property used more than 50% in a qualified business use:											
2003 GMC Savana Van											
Truck	11/27/12	100.00%	5,408	5,408	5.0	S/L-MO	135				
	01/01/10	100.00%	7,000	7,000	5.0	S/L-HY	1,400				
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	1,535			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29				

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**CLIENT COPY**

**Federal  
Tax Return  
for**

**Key West Wild Bird Center, Inc.**

**2011**

**Ward and Meyers, LLC  
3201 Flagler Ave, Suite 506  
Key West, FL 33040  
Phone: (305) 293-0265  
Fax: (305) 293-0263  
laurie@wardandmeyerscpa.com**



Ward and Meyers, LLC  
3201 Flagler Ave, Suite 506  
Key West, FL 33040  
Phone: (305) 293-0265  
Fax: (305) 293-0263  
laurie@wardandmeyerscpa.com

May 7, 2012

Key West Wild Bird Center, Inc.  
PO Box 2297  
Key West, FL 33045

Dear Board of Directors,

We have prepared your 2011 Form 990EZ based on the information you provided. Please review the enclosed copy for Key West Wild Bird Center, Inc., then sign the IRS e-file Signature Authorization Form 8879 and return it to us. When we receive the signed authorization we will e-file your return.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about Key West Wild Bird Center, Inc.'s tax situation during the year, please do not hesitate to call us at (305) 293-0265. We appreciate this opportunity to serve you.

Sincerely,

Laurie Hensley  
Ward and Meyers, LLC

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-1150

**2011****Open to Public  
Inspection**

<b>A</b> For the 2011 calendar year, or tax year beginning _____, and ending _____	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Key West Wild Bird Center, Inc.</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO Box 2297</b> City or town state or country ZIP + 4 <b>Key West FL 33045</b>
<b>D</b> Employer identification number <b>27-1565877</b>	
<b>E</b> Telephone number <b>(305) 292-1008</b>	
<b>F</b> Group Exemption Number ►	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I</b> Website: ► <b>keywestwildlifecenter.org</b>	
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 65,343**

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

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	17,835
	2	Program service revenue including government fees and contracts	2	45,829
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a	1,179	
b	Less: cost of goods sold	7b	786	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	393	
8	Other revenue (describe in Schedule O)	8	500	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64,557	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	43,990
	13	Professional fees and other payments to independent contractors	13	970
	14	Occupancy, rent, utilities, and maintenance	14	70
	15	Printing, publications, postage, and shipping	15	127
	16	Other expenses (describe in Schedule O)	16	33,376
17	<b>Total expenses.</b> Add lines 10 through 16	17	78,533	
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,976
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	12,398
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	-1,578

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

(HTA)



Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2011, or fiscal year beginning \_\_\_\_\_, 2011, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

**2011**

Name of exempt organization

Key West Wild Bird Center, Inc.

Employer identification number

27-1565877

Name and title of officer

Tom Sweets

President

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	64,557
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22). . . . .	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize Ward and Meyers, L.L.C. to enter my PIN 05877 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**Part III Certification and Authentication**

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

65651402889

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

5/7/2012

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2011)

(HTA)



**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	3,071	22
23 Land and buildings		23
24 Other assets (describe in Schedule O)	9,327	24 7,968
25 Total assets	12,398	25 7,968
26 Total liabilities (describe in Schedule O)		26 9,546
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,398	27 -1,578

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? Rescue, Rehabilitate and Release Wild Birds

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

28 Maintains a large aviary as a sanctuary for wild birds and an educational aid to the public; assists the City of Key West in the humane relocation of nuisance and excess chickens. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	77,418
29 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O). (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	77,418

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Tom Sweets 1801 White Street Key West FL 33040	Title President Hr/WK 40.00	20,448		
Michelle Anderson 1801 White Street Key West FL 33040	Title Vice President Hr/WK 40.00	6,048		
Debra Brittin 1801 White Street Key West FL 33040	Title Secretary Hr/WK 8.00	0		
Ellen Westbrook 1801 White Street Key West FL 33040	Title Director Hr/WK 1.00	0		
Sarah Goodwin 1801 White Street Key West FL 33040	Title Director Hr/WK 12.00	2,976		
Mary Coontz 1801 White Street Key West FL 33040	Title Director Hr/WK 40.00	10,656		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		



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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. ▶ 39a		
b Gross receipts, included on line 9, for public use of club facilities. ▶ 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41 List the states with which a copy of this return is filed. ▶ FL		
42 a The organization's books are in care of ▶ Tom Sweets Telephone no. ▶ (305) 292-1008		
Located at ▶ 1801 White Street City Key West ST FL ZIP + 4 ▶ 33040		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X



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

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		X
48		X
49a		X
49b		

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

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

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☒ Yes ☐ No

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

Sign Here

Signature of officer

Date

Tom Sweets

President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Laurie Hensley

5/7/2012

P00084928

Firm's name ▶ Ward and Meyers, LLC

Firm's EIN ▶ 65-0969914

Firm's address ▶ 3201 Flagler Ave, Suite 506, Key West, FL 33040

Phone no. (305) 293-0265

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ See separate instructions.

Name of the organization

Key West Wild Bird Center, Inc.

Employer identification number

27-1565877

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: .....
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
    - (ii) A family member of a person described in (i) above? ☐
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

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

Schedule A (Form 990 or 990-EZ) 2011

(HTA)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 . . . . .	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						0
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0.00%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	0.00%
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b <b>33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				30,937	17,475	48,412
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				54,159	45,829	99,988
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	85,096	63,304	148,400
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				1,000	100	1,100
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	1,000	100	1,100
8 Public support (Subtract line 7c from line 6.)						147,300

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	85,096	63,304	148,400
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	85,096	63,304	148,400
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐
- b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 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

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

Name of the organization

Employer identification number

Key West Wild Bird Center, Inc.

27-1565877

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Key West Wild Bird Center, Inc.

Employer identification number

27-1565877

**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	City of Key West 525 Angela Street Key West FL 33040 Foreign State or Province: Foreign Country:	\$ 45,829	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	   Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	   Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	   Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	   Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	   Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Key West Wild Bird Center, Inc.

Employer identification number

27-1565877

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----

Name of organization

Key West Wild Bird Center, Inc.

Employer identification number

27-1565877

**Part III**

**Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. 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.) ► \$ 0.

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
	----- ----- -----		----- ----- -----
	For. Prov.	Country	
(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
	----- ----- -----		----- ----- -----
	For. Prov.	Country	
(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
	----- ----- -----		----- ----- -----
	For. Prov.	Country	
(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
	----- ----- -----		----- ----- -----
	For. Prov.	Country	



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Employer identification number

27-1565877

Key West Wild Bird Center, Inc.

Form 990-EZ, Part I, Line 8, Other Revenue: Pavillion Rental: 500

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 390

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 89

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 1,959

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 121

Form 990-EZ, Part I, Line 16, Other Expenses: Interest: 317

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 666

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 1,388

Form 990-EZ, Part I, Line 16, Other Expenses: Automobile Expense: 3,495

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Charges: 307

Form 990-EZ, Part I, Line 16, Other Expenses: Program Supplies: 18,400

Form 990-EZ, Part I, Line 16, Other Expenses: Cremation: 409

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 3,177

Form 990-EZ, Part I, Line 16, Other Expenses: Marketing: 219

Form 990-EZ, Part I, Line 16, Other Expenses: Small tools and equipment: 174

Form 990-EZ, Part I, Line 16, Other Expenses: Payroll Service Fee: 1,504

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous: 420

Form 990-EZ, Part I, Line 16, Other Expenses: Licenses and Fees: 136

Form 990-EZ, Part I, Line 16, Other Expenses: Vetinary Services: 205

Form 990-EZ, Part II, Line 24, Other Assets: Furniture and Fixtures: Beginning of year: 3,027,

End of year: 2,368

Form 990-EZ, Part II, Line 24, Other Assets: Vehicle: Beginning of year: 6,300, End of year:

5,600

Form 990-EZ, Part II, Line 26, Liabilities: Sales Tax: Beginning of year: 0, End of year: 9

Form 990-EZ, Part II, Line 26, Liabilities: Credit Card Payable: Beginning of year: 0, End of

year: 8,973

Name of the organization

Key West Wild Bird Center, Inc.

Employer identification number

27-1565877

Form 990-EZ, Part II, Line 26, Liabilities: Bank Overdraft: Beginning of year: 0, End of year:

564



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Non Profit Corporation**

KEY WEST WILD BIRD CENTER, INC.

**Filing Information**

Document Number	N09000010433
FE/EIN Number	271565877
Date Filed	10/26/2009
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	03/29/2010
Event Effective Date	NONE

**Principal Address**1801 WHITE STREET  
KEY WEST, FL 33040

Changed: 03/29/2010

**Mailing Address**P.O. BOX 2297  
KEY WEST, FL 33045

Changed: 03/29/2010

**Registered Agent Name & Address**SWEETS, TOM  
618 ASHE STREET  
APT RR  
KEY WEST, FL 33040

Name Changed: 03/08/2011

Address Changed: 04/04/2012

**Officer/Director Detail****Name & Address****Title DP**SWEETS, TOM  
618 ASHE STREET APT RR  
KEY WEST, FL 33040**Title S**BRITTIN, DEBRA  
21 ALLAMANDA TERRACE  
KEY WEST, FL 33040**Title D**

WESTBROOK, ELLEN  
2924 FOGARTY AVE  
KEY WEST, FL 33040

Title D

GOODWIN, SARAH  
2404 SEIDENBURG AVE  
KEY WEST, FL 33040

Title D

COONTZ, MARY  
1801 WHITE STREET  
KEY WEST, FL 33040

#### Annual Reports

Report Year	Filed Date
2011	03/08/2011
2012	04/04/2012
2013	02/18/2013

#### Document Images

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<a href="#">03/29/2010 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">10/26/2009 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>