

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

◆ Do not enter social security numbers on this form as it may be made public.  
◆ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.</b> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P. O. BOX 470309</b> City or town, state or province, country, and ZIP or foreign postal code <b>LAKE MONROE FL 32747-0309</b>	<b>D</b> Employer identification number <b>** - *** 7197</b> <b>E</b> Telephone number <b>407-323-4450</b> <b>G</b> Gross receipts\$ <b>6,643,136</b>
<b>I</b> Tax-exempt status: <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		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>J</b> Website: ◆ <b>WWW.CENTRALFLORIDAZOO.ORG</b>		<b>H(c)</b> Group exemption number ◆ _____
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ◆		<b>L</b> Year of formation: <b>1971</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DEDICATED TO EDUCATION, PRESERVATION, BEAUTY AND WONDER OF ANIMALS AND THEIR HABITATS THROUGH A COMMITMENT TO SHARE KNOWLEDGE, ENGAGE VISITORS AND CELEBRATE OUR NATURAL WORLD.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;"><b>3 16</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;"><b>4 16</b></span> <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) <span style="float: right;"><b>5 155</b></span> <b>6</b> Total number of volunteers (estimate if necessary) <span style="float: right;"><b>6 270</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;"><b>7a 136,507</b></span> <b>b</b> Net unrelated business taxable income from Form 990-T, line 38 <span style="float: right;"><b>7b 0</b></span>																						
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b></td> <td style="text-align: right;">963,855</td> <td style="text-align: right;">1,237,816</td> </tr> <tr> <td><b>9</b></td> <td style="text-align: right;">3,577,017</td> <td style="text-align: right;">4,212,791</td> </tr> <tr> <td><b>10</b></td> <td style="text-align: right;">264,508</td> <td style="text-align: right;">280,996</td> </tr> <tr> <td><b>11</b></td> <td style="text-align: right;">380,031</td> <td style="text-align: right;">637,761</td> </tr> <tr> <td><b>12</b></td> <td style="text-align: right;">5,185,411</td> <td style="text-align: right;">6,369,364</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b>	963,855	1,237,816	<b>9</b>	3,577,017	4,212,791	<b>10</b>	264,508	280,996	<b>11</b>	380,031	637,761	<b>12</b>	5,185,411	6,369,364			
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ◆ <b>263,197</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>14</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>15</b></td> <td style="text-align: right;">2,688,950</td> <td style="text-align: right;">2,937,479</td> </tr> <tr> <td><b>16a</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>17</b></td> <td style="text-align: right;">2,538,516</td> <td style="text-align: right;">2,876,762</td> </tr> <tr> <td><b>18</b></td> <td style="text-align: right;">5,227,466</td> <td style="text-align: right;">5,814,241</td> </tr> <tr> <td><b>19</b></td> <td style="text-align: right;">-42,055</td> <td style="text-align: right;">555,123</td> </tr> </tbody> </table>	<b>13</b>		0	<b>14</b>		0	<b>15</b>	2,688,950	2,937,479	<b>16a</b>		0	<b>17</b>	2,538,516	2,876,762	<b>18</b>	5,227,466	5,814,241	<b>19</b>	-42,055	555,123
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<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b></td> <td style="text-align: right;">12,566,702</td> <td style="text-align: right;">13,225,934</td> </tr> <tr> <td><b>21</b></td> <td style="text-align: right;">1,377,477</td> <td style="text-align: right;">1,634,404</td> </tr> <tr> <td><b>22</b></td> <td style="text-align: right;">11,189,225</td> <td style="text-align: right;">11,591,530</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b>	12,566,702	13,225,934	<b>21</b>	1,377,477	1,634,404	<b>22</b>	11,189,225	11,591,530									
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**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer <b>DINO FERRI</b> Type or print name and title <b>CEO</b>	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBERT KIMELMAN</b>	Preparer's signature Date <b>12/09/19</b>
Firm's name " <b>GREENE, DYCUS &amp; CO., PA</b> <b>205 N ELM AVE</b> Firm's address " <b>SANFORD, FL 32771-1274</b>		Check <input type="checkbox"/> if PTIN self-employed ***** Firm's EIN " <b>** - *** 5346</b> Phone no. <b>407-322-0561</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **2,788,662** including grants of\$ ) (Revenue \$ **3,904,665** )

**SEE SCHEDULE O**

**4b** (Code: ) (Expenses \$ **1,142,127** including grants of\$ ) (Revenue \$ **304,645** )

**GUEST SERVICES - OUR VISITOR SERVICES DEPARTMENT PERFORM A GREAT VARIETY OF SERVICES TO OUR COMMUNITY. IT IS THROUGH THE HARD AND DEDICATED WORK THAT THESE PEOPLE PERFORM EACH AND EVERY DAY WHICH GREATLY ENHANCES THE COMMUNITY'S OVERALL EXPERIENCE AT THE CENTRAL FLORIDA ZOO.**

**4c** (Code: ) (Expenses \$ **715,576** including grants of\$ ) (Revenue \$ **308,126** )

**EDUCATION - IN THE CURRENT YEAR THE EDUCATION DEPARTMENT PLAYED A VITAL ROLE IN ENGAGING OVER 95,000 LEARNERS, LEADERS AND ADVOCATES IN THE CENTRAL FLORIDA COMMUNITY. MANY OF OUR PROGRAMS ARE INTEGRATED CURRICULUM-BASED THAT TARGET THE FLORIDA SUNSHINE STATE STANDARDS. THE EDUCATION PROGRAMS ARE SPECIFICALLY CREATED FOR EACH STAGE OF LIFE FROM EARLY LEARNING TO ADULT. EDUCATION PROGRAMS ENCOURAGE CURIOSITY AND UNDERSTANDING ABOUT OUR ENVIRONMENT AND BRING AWARENESS TO THE VITAL ROLE THAT OUR ZOOLOGICAL PARK PLAYS IN CONNECTING FAMILIES TO NATURE. IN ADDITION THE ZOOLOGICAL PARK IS A UNIQUE VENUE FOR STUDENTS TO ENGAGE IN PROBLEM-SOLVING AND CRITICAL THINKING, WITH OPPORTUNITIES FOR REAL LIFE APPLICATIONS.**

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ **265,053** including grants of\$ ) (Revenue \$ )

**4e** Total program service expenses **◆ 4,911,418**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <b>155</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>X</b>	
<b>4a</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)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: ♦ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>16</b>	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>16</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **◆ NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    Upon request    Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **◆**

**SCOTT BERNER**  
**SANFORD**

**3755 W SEMINOLE BLVD**

**FL 32771**

**407-323-4450**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>ALEX WILLIAMS</b>	1.00									
BOARD CHAIR	0.00	X					0	0	0	
(2) <b>BRENDA URIAS</b>	1.00									
VICE CHAIR	0.00	X					0	0	0	
(3) <b>EDYE MURPHY-HADDOCK</b>	1.00									
SECRETARY	0.00	X					0	0	0	
(4) <b>PATRICK AUSTIN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) <b>CHANDLER ROBERTSON</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) <b>JORGE BORRELLI</b>	1.00									
FACILITIES CHAIR	0.00	X					0	0	0	
(7) <b>ALBERT SARABASSA</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>TINA CALDERONE</b>	1.00									
ED COMMITTEE CHAIR	0.00	X					0	0	0	
(9) <b>ALAN SINGER</b>	1.00									
NOMINATING COMMITTEE	0.00	X					0	0	0	
(10) <b>CHARLES DAVIS</b>	1.00									
CHAIRMAN	0.00	X					0	0	0	
(11) <b>GEORGE SMITH</b>	1.00									
DIRECTOR	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>KEVIN DESANTI</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>PHIL TISCHER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>MICHELLE HINDEN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) <b>STEPHEN TURNER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) <b>ROB PANEPINTO</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) <b>CARRIE VANDERHOEF</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) <b>OLIVER PINNOCK</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) <b>JAY ZEMBOWER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>121,226</b>			
<b>d Total (add lines 1b and 1c)</b>							<b>121,226</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 30,000				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 600,009				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 607,807				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	43,596				
	<b>h Total.</b> Add lines 1a-1f	◆	1,237,816			
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b> GATE RECEIPTS	713110	2,682,109	2,682,109		
	<b>b</b> OTHER CONCESSIONS	713110	621,413	621,413		
	<b>c</b> PASS HOLDER FEES	713110	601,143	601,143		
	<b>d</b> EDUCATION PROGRAMS	611600	308,126	308,126		
	<b>e</b>					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f	◆	4,212,791				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	◆	280,996		280,996	
	<b>4</b> Income from investment of tax-exempt bond proceed	◆				
	<b>5</b> Royalties	◆				
	<b>6a</b> Gross rents	(i) Real	170,334			
		(ii) Personal				
	<b>b</b> Less: rental exps.		33,827			
	<b>c</b> Rental inc. or (loss)		136,507			
	<b>d</b> Net rental income or (loss)	◆	136,507		136,507	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)	◆				
	<b>8a</b> Gross income from fundraising events (not including \$ 30,000 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	266,074			
		<b>b</b> Less: direct expenses	<b>b</b>	134,256		
<b>c</b> Net income or (loss) from fundraising events		◆	131,818			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities	◆				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	410,334				
	<b>b</b> Less: cost of goods sold	<b>b</b>	105,689			
	<b>c</b> Net income or (loss) from sales of inventory	◆	304,645	304,645		
Miscellaneous Revenue		<b>Busn. Code</b>				
<b>11a</b> INSURANCE PROCEEDS			64,791		64,791	
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	◆		64,791			
<b>12 Total revenue.</b> See instructions.	◆		6,369,364	4,517,436	136,507	
					345,787	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	121,225	60,612	36,368	24,245
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,534,507	2,179,781	226,855	127,871
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,000	26,040	3,100	1,860
<b>9</b> Other employee benefits	51,072	42,900	5,108	3,064
<b>10</b> Payroll taxes	199,675	167,726	19,968	11,981
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	2,028	2,028		
<b>c</b> Accounting	25,148		25,148	
<b>d</b> Lobbying	27,180			27,180
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	73,689	40,250	33,439	
<b>12</b> Advertising and promotion	58,488	43,352		15,136
<b>13</b> Office expenses	27,946	24,209	545	3,192
<b>14</b> Information technology	28,965	20,433		8,532
<b>15</b> Royalties				
<b>16</b> Occupancy	272,200	244,980	13,610	13,610
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	43,997	6,372	37,625	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	596,747	591,647	5,100	
<b>23</b> Insurance	476,557	307,302	158,890	10,365
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REPAIR	232,016	230,274	1,436	306
<b>b</b> ANIMAL CARE	219,197	219,197		
<b>c</b> LOSS/DISPOSAL PPE	192,464	192,464		
<b>d</b> UTILITIES	170,116	154,281	13,877	1,958
<b>e</b> All other expenses	430,024	357,570	58,557	13,897
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,814,241	4,911,418	639,626	263,197
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>479,133</b>	<b>1</b>	<b>1,122,371</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>116,620</b>	<b>4</b>	<b>14,384</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>24,059</b>	<b>8</b>	<b>27,624</b>
	<b>9</b> Prepaid expenses and deferred charges	<b>51,342</b>	<b>9</b>	<b>57,592</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>14,317,753</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>5,639,106</b>	<b>10c</b>	<b>8,678,647</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets	<b>3,290,559</b>	<b>14</b>	<b>3,281,978</b>
	<b>15</b> Other assets. See Part IV, line 11	<b>43,338</b>	<b>15</b>	<b>43,338</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>12,566,702</b>	<b>16</b>	<b>13,225,934</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>188,543</b>	<b>17</b>	<b>157,386</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>291,189</b>	<b>19</b>	<b>298,828</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>712,708</b>	<b>23</b>	<b>738,187</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	<b>316,081</b>
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>185,037</b>	<b>25</b>	<b>123,922</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>1,377,477</b>	<b>26</b>	<b>1,634,404</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>7,738,666</b>	<b>27</b>	<b>8,175,061</b>
	<b>28</b> Temporarily restricted net assets	<b>3,340,559</b>	<b>28</b>	<b>3,416,469</b>
	<b>29</b> Permanently restricted net assets	<b>110,000</b>	<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>11,189,225</b>	<b>33</b>	<b>11,591,530</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>12,566,702</b>	<b>34</b>	<b>13,225,934</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>6,369,364</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>5,814,241</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>555,123</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>11,189,225</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>-152,818</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>11,591,530</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>LEE CONSTANTINE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) <b>LARRY VOLENEC</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(22) <b>DINO FERRI</b>	40.00									
CEO	0.00			X			121,226	0	0	
(23) <b>SCOTT BERNER</b>	40.00									
CONTROLLER	0.00			X			0	0	0	
<b>1b Sub-total</b>							<b>121,226</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ◆

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ◆

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

◆ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

◆ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.</b>	Employer identification number <b>**-***7197</b>
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**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,135,666	1,576,633	1,374,671	963,855	1,237,816	6,288,641
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 <b>Total.</b> Add lines 1 through 3	1,135,666	1,576,633	1,374,671	963,855	1,237,816	6,288,641
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)						262,079
6 <b>Public support.</b> Subtract line 5 from line 4						6,026,562

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ◆	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,135,666	1,576,633	1,374,671	963,855	1,237,816	6,288,641
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	562	75,897	148,118	264,508	280,996	770,081
9 Net income from unrelated business activities, whether or not the business is regularly carried on				46,913	136,509	183,422
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	191,742	194,463	281,360	208,584	329,956	1,206,105
11 <b>Total support.</b> Add lines 7 through 10						8,448,249
12 Gross receipts from related activities, etc. (see instructions)					12	17,404,061

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**

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

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	71.34 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	79.46 %

16a **33 1/3% support test—2018.** 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

b **33 1/3% support test—2017.** 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

17a **10%-facts-and-circumstances test—2018.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2017.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ◆	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013 .....			
<b>b</b> From 2014 .....			
<b>c</b> From 2015 .....			
<b>d</b> From 2016 .....			
<b>e</b> From 2017 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014 .....			
<b>b</b> Excess from 2015 .....			
<b>c</b> Excess from 2016 .....			
<b>d</b> Excess from 2017 .....			
<b>e</b> Excess from 2018 .....			

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**FUND RAISING AND GUEST SERV. SALES      \$      1,206,105**

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

OMB No. 1545-0047

**2018**◆ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
◆ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**CENTRAL FLORIDA ZOOLOGICAL  
SOCIETY, INC.**

Employer identification number

**\*\* - \*\*\* 7197**

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

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

**Special Rules**

- 
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- 
- 
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- 
- 
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

**CENTRAL FLORIDA ZOOLOGICAL**

Employer identification number

**\*\* - \*\*\*7197****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	WAYNE DENSCH, INC. 2900 W 1ST ST SANFORD FL 32771	\$ 30,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	WAYNE M DENSCH CHARITABLE TRUST PO BOX 536845 ORLANDO FL 32853-6845	\$ 44,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SEMINOLE COUNTY TDC PO BOX 8080 SANFORD FL 32772	\$ 341,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATE OF FLORIDA DEPT. OF FINANCIAL SERVICES 200 EAST GAINES STREET TALLAHASSEE FL 32399	\$ 258,759	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BK HELEM CHARITABLE TRUST 6100 FAIRVIEW RD SUITE 200 CHARLOTTE NC 28203	\$ 62,203	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SARA LOUISE OWEN RICKER CRT C/O MURRAH DOYLE & WIGLE 800 WEST MORSE BLVD. SUITE 1 WINTER PARK FL 32789	\$ 42,818	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**CENTRAL FLORIDA ZOOLOGICAL**

Employer identification number

**\*\* - \*\*\*7197**

**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
7	<b>ROBERT WILSON TRUST</b> <b>PO BOX 411327</b>  <b>MELBOURNE FL 32941</b>	\$ <b>91,920</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<b>THE ORIANNE SOCIETY</b> <b>11 OLD FRUITSTAND LANE</b>  <b>TIGER GA 30576</b>	\$ <b>33,750</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**CENTRAL FLORIDA ZOOLOGICAL**

Employer identification number

**\*\* - \*\*\*7197**

**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
1	BEVERAGES	\$ 30,000	04/13/19

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**2018**

Department of the Treasury  
Internal Revenue Service

◆ **Complete if the organization is described below.**     ◆ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

◆ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.**     Employer identification number **\*\* - \*\*\* 7197**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ..... ◆ \$
- 3 Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ◆ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ◆ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ◆ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ◆ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ◆ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		27,180
<b>j</b> Total. Add lines 1c through 1i			27,180
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE C, PART IV, ADDITIONAL INFORMATION**

**SCHEDULE C, PART II-B, LINE 1**

RETAINER PAID TO GRAY ROBINSON, ATTORNEYS AT LAW TO REPRESENT THE CENTRAL FLORIDA ZOO AND BOTANICAL GARDENS DURING THE 2019 SESSION OF THE FLORIDA EXECUTIVE AND LEGISLATIVE BRANCHES FOR THE PURPOSE OF INCLUDING SPECIAL FUNDING IN THE STATE BUDGET FOR FUNDING ENHANCEMENTS TO THE ZOO'S

**Part IV** Supplemental Information *(continued)*

**INFRASTRUCTURE AND EDUCATIONAL FACILITIES.**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Name of the organization

CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.

Employer identification number

\*\* - \*\*\* 7197

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ♦ ..... %
- b** Permanent endowment ♦ ..... %
- c** Temporarily restricted endowment ♦ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>1,019,908</b>		<b>1,019,908</b>
<b>b</b> Buildings .....		<b>5,913,689</b>	<b>1,812,528</b>	<b>4,101,161</b>
<b>c</b> Leasehold improvements .....		<b>5,869,202</b>	<b>2,796,669</b>	<b>3,072,533</b>
<b>d</b> Equipment .....		<b>815,801</b>	<b>512,844</b>	<b>302,957</b>
<b>e</b> Other .....		<b>699,153</b>	<b>517,065</b>	<b>182,088</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>8,678,647</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ♦		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ♦		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ♦	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>OTHER LIABILITIES</b>	<b>88,651</b>	
(3) <b>ACCRUED SALARIES</b>	<b>35,271</b>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ♦	<b>123,922</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>6,369,364</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>6,369,364</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>6,369,364</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>5,814,241</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>5,814,241</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>5,814,241</b>

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

THE SOCIETY IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE SOCIETY'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE SOCIETY QUALIFIES AS A PUBLIC CHARITY UNDER SECTIONS 509(A) (1) AND 170(B) (1) (A) (VI) OF THE INTERNAL REVENUE CODE.

THE SOCIETY ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC 740 - 10). UNDER THIS INTERPRETATION, THE SOCIETY IS REQUIRED TO EVALUATE EACH OF ITS TAX POSITIONS TO DETERMINE IF THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED IF

**Part XIII Supplemental Information** *(continued)*

THE TAXING AUTHORITY EXAMINES THE RESPECTIVE POSITION. A TAX POSITION INCLUDES AN ENTITY'S STATUS, INCLUDING ITS STATUS AS A 501(C) (3), AND THE DECISION NOT TO FILE A TAX RETURN. THE SOCIETY HAS EVALUATED EACH OF ITS TAX POSITIONS AND HAS DETERMINED THAT NO PROVISION OR LIABILITY FOR INCOME TAXES IS NECESSARY.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2018**

Department of the Treasury  
Internal Revenue Service

◆ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

◆ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**CENTRAL FLORIDA ZOOLOGICAL  
SOCIETY, INC.**

Employer identification number

**\*\* - \*\*\*7197**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Total** .....

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>BLACK TIE PROMO</b> (event type)	<b>BREWS AT THE ZO</b> (event type)	<b>1</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	<b>139,203</b>	<b>134,174</b>	<b>22,697</b>	<b>296,074</b>
	<b>2</b> Less: Contributions		<b>30,000</b>		<b>30,000</b>
	<b>3</b> Gross income (line 1 minus line 2)	<b>139,203</b>	<b>104,174</b>	<b>22,697</b>	<b>266,074</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	<b>51,716</b>	<b>82,540</b>		<b>134,256</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				<b>134,256</b>
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				<b>131,818</b>	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d)				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

◆ Attach to Form 990 or Form 990-EZ.

◆ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open To Public  
Inspection

Name of the organization

**CENTRAL FLORIDA ZOOLOGICAL  
SOCIETY, INC.**

Employer identification number

**\*\* - \*\*\*7197**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ◆ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ◆ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

**Total** ..... ◆ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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Department of the Treasury  
Internal Revenue Service

- ◆ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ◆ Attach to Form 990.
- ◆ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**CENTRAL FLORIDA ZOOLOGICAL  
SOCIETY, INC.**

Employer identification number

**\*\*-\*\*\*7197**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ◆ ( <b>ELEC. UPGRADES</b> )	<b>X</b>	<b>1</b>	<b>7,585</b>	
26 Other ◆ ( <b>ARCHITECTURAL</b> )	<b>X</b>	<b>1</b>	<b>2,511</b>	
27 Other ◆ ( <b>REPAIRS &amp; MAINT</b> )	<b>X</b>	<b>1</b>	<b>3,500</b>	
28 Other ◆ ( <b>BEVERAGES-BREWS</b> )	<b>X</b>	<b>1</b>	<b>30,000</b>	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		





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

◆ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**Name of the organization **CENTRAL FLORIDA ZOOLOGICAL  
SOCIETY, INC.**Employer identification number  
**\*\* - \*\*\*7197****FORM 990 - ORGANIZATION'S MISSION**

THE CENTRAL FLORIDA ZOO & BOTANICAL GARDENS IS A CONSERVATION RESOURCE  
PROVIDING EXPERIENCES THAT EXCITE AND INSPIRE CHILDREN AND ADULTS TO LEARN  
AND ACT ON BEHALF OF WILDLIFE.

OUR VISION IS TO EMPOWER OUR GUESTS TO RESPECT, VALUE AND CARE FOR OUR  
NATURAL RESOURCES, AS WE COMMIT TO CONTRIBUTING GLOBALLY TO THE  
CONSERVATION AND PRESERVATION OF WILDLIFE. AS A REGIONAL RESOURCE IN THE  
CENTRAL FLORIDA AREA AND BEYOND, WE WILL PROVIDE INNOVATIVE AND CREATIVE  
SOLUTIONS THROUGH COLLABORATION, PRACTICES AND PARTNERSHIPS. THE CONTINUED  
GROWTH AND DEVELOPMENT OF THE ZOO WILL FURTHER ENHANCE ITS ATTRACTION TO  
VISITORS OUTSIDE THE LOCAL COMMUNITY ENABLING US TO BRING NATIONAL AND  
INTERNATIONAL ATTENTION TO THE IMPORTANCE AND ONGOING EFFORTS OF WILDLIFE  
SUSTAINABILITY.

OUR CORE VALUES ARE PROTECT, INNOVATE, ENGAGE AND EMPOWER. PROTECT - WE  
PASSIONATELY COMMIT OUR EXPERTISE AND RESOURCES TO SAVING ANIMALS AND TO  
ENSURING THEIR LONG-TERM SURVIVAL. INNOVATE - WE STRIVE TO DISCOVER  
SOLUTIONS THROUGH PROGRESSIVE PRACTICES AND PARTNERSHIPS IN EDUCATION,  
CONSERVATION AND PRESERVATION. ENGAGE - WE CONNECT PEOPLE WITH WILDLIFE AND  
WILD PLACES AND CREATE OPPORTUNITIES TO INSPIRE OUR GUESTS TO RESPECT,  
VALUE AND CARE FOR THE NATURAL WORLD. EMPOWER - WE GIVE OUR GUESTS, STAFF,  
VOLUNTEERS AND THE COMMUNITIES WE SERVE THE KNOWLEDGE AND TOOLS TO TAKE  
POSITIVE ACTION FOR ALL SPECIES

Name of the organization

Employer identification number

CENTRAL FLORIDA ZOOLOGICAL

\*\*-\*\*\*7197

FORM 990, PART I, LINE 6

THE ZOO TRAINS INDIVIDUALS TO SERVE AS VOLUNTEERS IN THE EDUCATION DEPARTMENT AS TOUR GUIDES AND ZOO INTERPRETERS. IN ADDITION, MANY OTHER INDIVIDUALS VOLUNTEER THEIR TIME AND EFFORT ON A VARIETY OF ADMINISTRATIVE, ZOO EVENTS, AND SPECIAL PROJECTS RELATED TASKS. FOR THE YEAR ENDING 6/30/2019 APPROXIMATELY 270 VOLUNTEERS DONATED APPROXIMATELY 27,000 HOURS OF SERVICE.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

OPERATION OF A ZOOLOGICAL PARK. THE CENTRAL FLORIDA ZOO & BOTANICAL GARDENS IS OPEN SEVEN (7) DAYS A WEEK. ANNUAL ATTENDANCE IS BETWEEN 275,000 - 300,000. THE ZOO IS SUPPORTED BY PRIVATE DONATIONS AND GATE ADMISSION. THE ZOO CARES FOR 300 INDIVIDUAL ANIMALS, REPRESENTING 162 SPECIES. AS A CONSERVATION ORGANIZATION, THE ZOO ADVANCES REGIONAL EFFORTS TO SAVE ANIMALS FROM EXTINCTION THROUGH REINTRODUCTION EFFORTS IN SOUTHERN ALABAMA AND NORTHWEST FLORIDA. THE ZOO ALSO ADVANCES GLOBAL EFFORTS TO SAVE ENDANGERED SPECIES THROUGH OUR PARTICIPATION IN 33 AZA SPECIES SURVIVAL PROGRAMS. EACH SSP PROGRAM COORDINATES ACTIVITIES OF PARTICIPATING INSTITUTIONS WHICH CAN INCLUDE HOUSING BACHELOR HERDS, LIKE OUR MALE GIRAFFES; BREEDING RECOMMENDATIONS LIKE OUR FOSSA AND AMUR LEOPARD; OR PROVIDING LIFE-LONG CARE TO ANIMALS DUE TO THEIR AGE, REPRODUCTIVE STATUS, OR OTHER DEMOGRAPHIC OR GENETIC CHARACTERISTICS, MAY BE DEEMED OUT OF THE MANAGED POPULATION, SUCH AS OUR COTTON-TOP TAMARINS. IN ADDITION TO BREEDING, HOUSING BACHELOR HERDS, AND PROVIDING LIFE-LONG CARE TO OUR ANIMALS, WE SUPPORT PROJECTS FOR PUBLIC ENGAGEMENT AS WELL AS FINANCIALLY CONTRIBUTE TO CONSERVATION ORGANIZATIONS SUCH AS THE CHEETAH CONSERVATION FUND FOR THEIR WORK IN AFRICA.

PAGE 1 OF 4

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

Employer identification number

CENTRAL FLORIDA ZOOLOGICAL

\*\*-\*\*\*7197

THE ZOO WEAVES DIRECT CONNECTIONS TO CONSERVATION EFFORTS AND SOLUTIONS IN ALL ANIMAL EXPERIENCES AND PROGRAMS, WHETHER ON ZOO GROUNDS OR IN THE COMMUNITY. OUR MISSION IS TO BRING THE WORLD OF ANIMALS TO OUR GUESTS WHO MAY NEVER HAVE THE OPPORTUNITY TO SEE THESE ANIMALS IN THE WILD. THE ZOO OFFERS EDUCATIONAL EXPERIENCES THAT REACH OVER 75,000 SCHOOL CHILDREN EACH YEAR THROUGH OUR SUMMER CAMPS, PROGRAMS AND COMMUNITY OUTREACHES. THE ZOO ENSURES THAT ALL EXPERIENCES ARE EQUITABLE, ACCESSIBLE AND AFFORDABLE TO MEMBERS OF OUR COMMUNITY. PHILANTHROPIC PARTNERSHIPS ENSURE THAT CHILDREN, REGARDLESS OF BACKGROUND, CAN VISIT THE ZOO AND PARTICIPATE IN EDUCATION PROGRAMS FOR FREE OR AT A REDUCED FEE AS THEY LEARN TO CARE ABOUT THEIR ENVIRONMENT, AS WELL AS DEVELOP SKILLS IN SCIENCE, CRITICAL THINKING, COMMUNICATION, AND PROBLEM-SOLVING. WE STRIVE TO MAKE THE ZOO A PLACE OF INCLUSION IN WHICH PEOPLE OF ALL BACKGROUNDS AND ABILITIES FEEL WELCOME.

THE ZOO STRIVES TO LEAD BY EXAMPLE AND TO IMPROVE WITH ANIMAL CARE OF THE HIGHEST QUALITY AND ETHICALLY BALANCED APPROACHES, SO OUR COMMUNITY MAY UNDERSTAND AND CONNECT WITH ANIMALS AT OUR ZOO AND AROUND THE WORLD. WE ASSESS ANIMAL WELFARE AND IDENTIFY OPPORTUNITIES FOR PROGRESS AND BEST PRACTICES. OUR ANIMAL WELFARE PROGRAM INCLUDES HABITAT ASSESSMENTS, LIFE PLANS THAT CONSIDER THE ENTIRETY OF THE TIME THE ANIMALS ARE IN OUR CARE, DAILY ANIMAL MANAGEMENT RECORDS USED TO DOCUMENT CHANGES IN AN ANIMAL'S PHYSICAL AND BEHAVIORAL CONDITIONS AND REPORTING AND MONITORING WELFARE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

THE SOCIETY ALSO OPERATES THE ORIANNE CENTER FOR INDIGO CONSERVATION (OCIC)

Name of the organization

Employer identification number

CENTRAL FLORIDA ZOOLOGICAL

\*\*-\*\*\*7197

THE MAIN GOAL OF THE PROGRAM IS TO FACILITATE A COMPREHENSIVE APPROACH TO LONG-TERM CAPTIVE BREEDING PROGRAMS FOR EASTERN INDIGO SNAKES AND THE IMPORTANCE OF CONSERVATION AND PROMOTION OF PUBLIC EDUCATION AND TO FOSTER TOLERANCE OF SNAKES IN OUR NATURAL COMMUNITIES. IN THE CURRENT YEAR, THE OCIC RELEASED 20 EASTERN INDIGO SNAKES IN THE CONECUH NATIONAL FOREST IN ALABAMA AND ANOTHER 20 INDIGO SNAKES WERE RELEASED IN THE PANHANDLE OF FLORIDA. IN ADDITION TO EASTERN INDIGO SNAKES, THE OCIC PARTICIPATES IN A STRIPED NEWT REINTRODUCTION PROGRAM. IN THE CURRENT YEAR, 148 STRIPED NEWTS WERE ALSO RELEASED IN THE PANHANDLE OF FLORIDA.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE MANAGEMENT TEAM OF THE ORGANIZATION REVIEWS AND APPROVES THE FORM 990 FILING AND THEN PRESENTS IT FOR REVIEW AND APPROVAL BY THE BOARD. THE REVIEW PROCESS CONSISTS OF THE BOARD EXAMINING THE DOCUMENT AND ASKING THE MANAGEMENT TEAM QUESTIONS ABOUT THE FORM 990. ONCE THE BOARD IS SATISFIED, THEY APPROVE THE FILING OF THE TAX RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
THE ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY IS BY THE BOARD OF DIRECTORS AND BY DISCLOSURE BY THE INTERESTED PARTY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE BOARD CONDUCTS LIMITED REVIEW AND APPROVAL OF THE COMPENSATION, BY APPROVING THE INITIAL SALARY AND RAISES THEREAFTER. THE REVIEW CONSISTS OF BOTH FORMAL AND INFORMAL ANALYSIS OF THE CEO FROM AN INDIVIDUAL AND AGGREGATE PERSPECTIVE. IN ESTABLISHING COMPENSATION LEVELS THE BOARD LOOKS AT COMPARABLE DATA AND ENTITY RESULTS.

Name of the organization

Employer identification number

CENTRAL FLORIDA ZOOLOGICAL

\*\* - \*\*\*7197

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

NET ASET RELEASED FROM RESTRICTIONS \$ -152,818

THE SOCIETY ESTABLISHED "THE CENTRAL FLORIDA ZOOLOGICAL SOCIETY FUND", AN  
ENDOWMENT FUND IN CONJUNCTION WITH THE COMMUNITY FOUNDATION OF CENTRAL  
FLORIDA, INC. AT JUNE 30, 2019 AND JUNE 30, 2018, THE VALUE OF THE  
SOCIETY'S PORTION OF THE ENDOWMENT IS APPROXIMATELY \$275,000 AND \$110,000,  
WHICH HAS APPRECIATED FROM ITS INITIAL INVESTMENT OF \$233,000, (\$152,818 IN  
THE CURRENT YEAR AND \$80,000 IN PRIOR YEARS.) THE ASSETS AND RELATED  
LIABILITIES ARE NOT REFLECTED IN THESE FINANCIAL STATEMENTS, AS THEY ARE  
CONTROLLED AND DIRECTED BY THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
INC. DISTRIBUTIONS GENERATED BY THIS ENDOWMENT ARE RECORDED AS INCOME WHEN  
RECEIVED. THE SOCIETY'S PURPOSE FOR THIS ENDOWMENT WAS TO ESTABLISH A FUND  
THAT WOULD PROVIDE LONG-TERM SUPPORT TO FURTHER THE GOALS AND MISSION OF  
THE SOCIETY.

## **Filing Instructions**

### **Central Florida Zoological Society, Inc.**

#### **Exempt Organization Business Tax Return**

#### **Taxable Year Ended June 30, 2019**

**Date Due:** May 15, 2020

**Remittance:** None is required. Your Form 990-T for the tax year ended 6/30/19 shows no balance due.

**Mail To:** Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

If a private delivery service is used, mail to:  
OSPC  
1973 Rulon White Blvd.  
Ogden, UT 84201-1000

**Signature:** The return should be signed and dated on Page 2 by an officer representing the organization.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning **07/01/18**, and ending **06/30/19**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Open to Public Inspection for  
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>3</b> )</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>13,225,934</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>P. O. BOX 470309</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>LAKE MONROE FL 32747-0309</b></p> <p><b>F</b> Group exemption number (See instructions.) <b>◆</b></p> <p><b>G</b> Check organization type <b>◆</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>** - *** 7197</b></p> <p><b>E</b> Unrelated business activity code (See instructions.) <b>531120</b></p>
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**H** Enter the number of the organization's unrelated trades or businesses. **◆ 1** Describe the only (or first) unrelated trade or business here **◆ CONFERENCE CENTER EVENTS RENTAL**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **◆**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **◆ SCOTT BERNER** Telephone number **◆ 407-323-4450**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c</b> Balance <b>◆</b>			
<b>2</b>	Cost of goods sold (Schedule A, line 7)			
<b>3</b>	Gross profit. Subtract line 2 from line 1c			
<b>4a</b>	Capital gain net income (attach Schedule D)			
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from partnership and S corporation (attach statement)			
<b>6</b>	Rent income (Schedule C)	170,334	33,827	136,507
<b>7</b>	Unrelated debt-financed income (Schedule E)			
<b>8</b>	Interest, annuities, royalties, and rents from controlled organization (Schedule F)			
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b>	Exploited exempt activity income (Schedule I)			
<b>11</b>	Advertising income (Schedule J)			
<b>12</b>	Other income (See instructions; attach schedule)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	170,334	33,827	136,507

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		
<b>15</b>	Salaries and wages		35,188
<b>16</b>	Repairs and maintenance		8,313
<b>17</b>	Bad debts		
<b>18</b>	Interest (attach schedule) (see instructions)		
<b>19</b>	Taxes and licenses		
<b>20</b>	Charitable contributions (See instructions for limitation rules)		
<b>21</b>	Depreciation (attach Form 4562)	21	91,391
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 91,391
<b>23</b>	Depletion		
<b>24</b>	Contributions to deferred compensation plans		
<b>25</b>	Employee benefit programs		
<b>26</b>	Excess exempt expenses (Schedule I)		
<b>27</b>	Excess readership costs (Schedule J)		
<b>28</b>	Other deductions (attach schedule) <b>SEE STATEMENT 1</b>		40,802
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		175,694
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		-39,187
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30		-39,187



**Part III Total Unrelated Business Taxable income**

<b>33</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>33</b>	
<b>34</b>	Amounts paid for disallowed fringes	<b>34</b>	
<b>35</b>	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>35</b>	
<b>36</b>	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	<b>36</b>	<b>0</b>
<b>37</b>	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>37</b>	<b>1,000</b>
<b>38</b>	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	<b>38</b>	<b>0</b>

**Part IV Tax Computation**

<b>39</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	<b>39</b>	
<b>40</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>40</b>	
<b>41</b>	<b>Proxy tax.</b> See instructions	<b>41</b>	
<b>42</b>	Alternative minimum tax (trusts only)	<b>42</b>	
<b>43</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>43</b>	
<b>44</b>	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<b>44</b>	<b>0</b>

**Part V Tax and Payments**

<b>45a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>45a</b>	
<b>b</b>	Other credits (see instructions)	<b>45b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>45c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>45d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 45a through 45d	<b>45e</b>	
<b>46</b>	Subtract line 45e from line 44	<b>46</b>	
<b>47</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	<b>47</b>	
<b>48</b>	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	<b>48</b>	<b>0</b>
<b>49</b>	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	<b>49</b>	
<b>50a</b>	Payments: A 2017 overpayment credited to 2018	<b>50a</b>	
<b>b</b>	2018 estimated tax payments	<b>50b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>50c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>50d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>50e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>50f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>50g</b>	
<b>51</b>	<b>Total payments.</b> Add lines 50a through 50g	<b>51</b>	
<b>52</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>52</b>	
<b>53</b>	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>53</b>	<b>0</b>
<b>54</b>	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>54</b>	
<b>55</b>	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>55</b>	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

<b>56</b>	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes	No
<b>57</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
<b>58</b>	Enter the amount of tax-exempt interest received or accrued during the tax year		

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

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **CEO**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **ROBERT KIMELMAN** Preparer's signature: \_\_\_\_\_ Date: **12/09/19** Check  if self-employed PTIN: **\*\*\*\*\***

Firm's name: **" GREENE, DYCUS & CO., PA** Firm's EIN: **\*\* - \*\*\* 5346**

Firm's address: **205 N ELM AVE** Phone no.: **407-322-0561**

Firm's address: **SANFORD, FL 32771-1274**

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ♦

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<b>Yes</b>
<b>b</b> Other costs (attach schedule)	<b>4b</b>				<b>No</b>
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property

(1) <b>CONFERENCE HALL RENTAL</b>
(2)
(3)
(4)

**2.** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1) <b>170,334</b>		<b>SEE STATEMENT 2</b>
(2)		
(3)		
(4)		
<b>Total</b> <b>170,334</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ♦ <b>33,827</b>

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ♦ **170,334**

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> ♦			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 ♦				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals** ◆

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Totals** ◆

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Totals** ◆

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						

**Totals** (carry to Part II, line (5)) ◆

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....						
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			◆

Form <b>990-T</b>	<b>Schedule M Charitable Contribution and Loss Calculation</b> Description <b>UNRELATED BUSINESS ACTIVITY</b>	<b>2018</b>
Name <b>CENTRAL FLORIDA ZOOLOGICAL</b>		Taxpayer Identification Number <b>** - ***7197</b>
Unincorporated Business Income Tax Code: <b>531120</b> Activity: <b>LESSORS OF NONRESIDENTIAL BUILDI</b>		

<b>Worksheet 1 Activity Charitable Contribution Deduction</b>		
1 Activity Income (Schedule M, Line 13, col C)	1	136,507
2 Activity Expense (does not include amount needed for Line 20)	2	175,694
3 Net Income (Line 1 minus Line 2); If less than zero, enter -0-	3	0
4 Current activity contribution limit (Multiplier used is 10 %)	4	
5 Current year contributions	5	0
6 Prior year contributions (corporations only)	6	
7 Total available contributions (Add lines 5 and 6)	7	
8 Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	8	
9 Remaining contributions (subtract line 8 from line 7)	9	
10 Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11 Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0

<b>Worksheet 2 Activity Losses and Carryforward Amounts</b>		
1 Activity losses (do not include amounts before 2018)	1	
2 Amount of loss used in the current year	2	0
3 Prior year losses carried over to next year	3	
4 Losses generated by current year activity	4	39,187
5 Total loss carried forward to 2019	5	39,187

<b>Worksheet 3 Activity Charitable Contribution Carryforward</b>					
Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 06/30/14					
4th 06/30/15					
3rd 06/30/16					
2nd 06/30/17					
1st 06/30/18					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount	0				0
Charitable Contribution Carryover Available To Next Year					0

**Federal Statements****Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 224
INSURANCE	74
SUPPLIES	16,404
OTHER EXPENSES	672
UTILITIES	23,428
TOTAL	\$ <u>40,802</u>

**Statement 2 - Form 990-T, Schedule C, Column 3 - Deductions**

<u>Description</u>	<u>Deduction</u>
CONFERENCE HALL RENTAL	
OTHER DIRECT EXPENSES	33,827
TOTAL	<u>33,827</u>

Name <b>CENTRAL FLORIDA ZOOLOGICAL</b>	Taxpayer Identification Number <b>** - ***7197</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.		<b>139,203</b>
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. <b>Total revenue.</b> Add lines 1 through 6	7.		<b>139,203</b>
8. Cost of Goods Sold	8.		<b>51,716</b>
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. <b>Total expenses.</b> Add lines 8 through 14	15.		<b>51,716</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.		<b>87,487</b>

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	<b>51,716</b>
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	<b>51,716</b>

**Expense Details - Exempt Activity Expense:**

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
<b>Total Fundraising Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Name <b>CENTRAL FLORIDA ZOOLOGICAL</b>	Taxpayer Identification Number <b>** - ***7197</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>104,174</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<u>30,000</u>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>134,174</u>
8. Cost of Goods Sold	8.	<u>82,540</u>
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<u>82,540</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>51,634</u>

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	<u>82,540</u>
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	<u>82,540</u>

**Expense Details - Exempt Activity Expense:**

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
<b>Total Fundraising Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J



Name <b>CENTRAL FLORIDA ZOOLOGICAL</b>	Taxpayer Identification Number <b>** - ***7197</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>22,697</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>22,697</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>22,697</u>

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
<b>Total Fundraising Expense</b>	_____

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form <b>990/990PF</b>	<b>Rent Income and Deduction Worksheet</b>	<b>2018</b>
Description <b>CONFERENCE HALL RENTAL</b>		

Name <b>CENTRAL FLORIDA ZOOLOGICAL</b>	Taxpayer Identification Number <b>** - ***7197</b>
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Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents .....	1.	<b>170,334</b>
<b>Expenses (see details on worksheets below):</b>		
2. Fees for services .....	2.	
3. Depreciation Expense .....	3.	
4. Direct Expense .....	4.	<b>33,827</b>
5. <b>Total expenses.</b> Add lines 8 through 12 .....	5.	<b>33,827</b>
6. <b>Net Income/Loss.</b> Line 7 minus Line 13 .....	6.	<b>136,507</b>

**Expense Details - Fees for Services:**

Accounting .....	
Legal .....	
Commissions .....	
Management .....	
Other Professional Fees .....	
<b>Total Fees for Services</b> .....	

**Expense Details - Depreciation Expense:**

On non-investment property .....	
On investment property .....	
Amortization .....	
Depletion .....	
<b>Total Depreciation Expense</b> .....	

**Expense Details - Direct Expense:**

Interest .....	
Taxes/licenses .....	
Occupancy Expenses .....	
Repairs & Maintenance .....	
Travel/conferences/meetings .....	
Printing & Publication .....	
Advertising .....	
Insurance .....	
Utilities .....	
Supplies .....	
Other expenses .....	<b>33,827</b>
<b>Total Direct Expense</b> .....	<b>33,827</b>

**Information is being used for the following Form 990-T schedules:**

- Schedule C
- Schedule E
- Schedule F
- Schedule G

**Expense Allocation to Program Service Accomplishments for 990/990E**

First .....	
Second .....	
Third .....	
All other .....	

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

**Fundraising Other Events**

**2018**

For calendar year 2018, or tax year beginning **07/01/18**, and ending **06/30/19**

Name

**CENTRAL FLORIDA ZOOLOGICAL  
SOCIETY, INC.**

Employer Identification Number

**\*\* - \*\*\*7197**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u>OTHER FUNDRAISI</u> (event type)	_____	_____	
Revenue	<b>1</b> Gross receipts	<b>22,697</b>			<b>22,697</b>
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income (line 1 minus line 2)	<b>22,697</b>			<b>22,697</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses				

Net Operating Loss Carryover Worksheet for Pre-2018 Losses					2018
Form <b>990-T</b>	For calendar year 2018, or tax year beginning <b>07/01/18</b> , ending <b>06/30/19</b>				
Name <b>CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.</b>				Employer Identification Number <b>** - ***7197</b>	
Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
20th <b>06/29/99</b>					
19th <b>06/30/00</b>					
18th <b>06/30/01</b>					
17th <b>06/30/02</b>					
16th <b>06/30/03</b>					
15th <b>06/30/04</b>					
14th <b>06/30/05</b>					
13th <b>06/30/06</b>					
12th <b>06/30/07</b>	<b>-28,760</b>		<b>28,760</b>		<b>28,760</b>
11th <b>06/30/08</b>	<b>-14,216</b>		<b>14,216</b>		<b>14,216</b>
10th <b>06/30/09</b>	<b>-12,918</b>		<b>12,918</b>		<b>12,918</b>
9th <b>06/30/10</b>	<b>-13,770</b>		<b>13,770</b>		<b>13,770</b>
8th <b>06/30/11</b>	<b>-16,430</b>		<b>16,430</b>		<b>16,430</b>
7th <b>06/30/12</b>	<b>-17,640</b>		<b>17,640</b>		<b>17,640</b>
6th <b>06/30/13</b>	<b>-17,733</b>		<b>17,733</b>		<b>17,733</b>
5th <b>06/30/14</b>	<b>-25,038</b>		<b>25,038</b>		<b>25,038</b>
4th <b>06/30/15</b>	<b>-16,532</b>		<b>16,532</b>		<b>16,532</b>
3rd <b>06/30/16</b>					
2nd <b>06/30/17</b>	<b>-7,350</b>		<b>7,350</b>		<b>7,350</b>
1st <b>06/30/18</b>	<b>-14,377</b>		<b>14,377</b>		<b>14,377</b>
NOL carryover available to current year			<b>184,764</b>		
Current year	<b>0</b>			<b>-1,000</b>	
NOL carryover available to next year					<b>184,764</b>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2017 &amp; 2018</b>
For calendar year 2018, or tax year beginning <b>07/01/18</b> , ending <b>06/30/19</b>		

Name

Taxpayer Identification Number

**CENTRAL FLORIDA ZOOLOGICAL  
SOCIETY, INC.**
**\*\* - \*\*\*7197**

		2017	2018	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants	491,044	637,807	146,763
	2. Membership dues and assessments			
	3. Government contributions and grants	472,811	600,009	127,198
	4. Program service revenue	3,577,017	4,212,791	635,774
	5. Investment income	264,508	280,996	16,488
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	124,534	131,818	7,284
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	208,584	304,645	96,061
	11. Other revenue	46,913	201,298	154,385
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>5,185,411</b>	<b>6,369,364</b>	<b>1,183,953</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	95,833	121,225	25,392
	16. Salaries, other compensation, and employee benefits	2,593,117	2,816,254	223,137
	17. Professional fundraising fees			
	18. Other professional fees	192,900	128,045	-64,855
	19. Occupancy, rent, utilities, and maintenance	272,200	272,200	
	20. Depreciation and Depletion	568,710	596,747	28,037
	21. Other expenses	1,504,706	1,879,770	375,064
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>5,227,466</b>	<b>5,814,241</b>	<b>586,775</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-42,055</b>	<b>555,123</b>	<b>597,178</b>
<b>O t h e r I n f o r m a t i o n</b>	<b>24. Total exempt revenue</b>	<b>5,185,411</b>	<b>6,369,364</b>	<b>1,183,953</b>
	25. Total unrelated revenue	46,913	136,507	89,594
	26. Total excludable revenue	4,050,109	4,863,223	813,114
	27. Total assets	12,566,702	13,225,934	659,232
	28. Total liabilities	1,377,477	1,634,404	256,927
	29. Retained earnings	11,189,225	11,591,530	402,305
	30. Number of voting members of governing body	19	16	
	31. Number of independent voting members of governing body	19	16	
	32. Number of employees	133	155	
	33. Number of volunteers	240	270	

Form **990T****Two Year Comparison Report****2017 & 2018**For calendar year 2018, or tax year beginning **07/01/18**, ending **06/30/19**

Name

Taxpayer Identification Number

**CENTRAL FLORIDA ZOOLOGICAL  
SOCIETY, INC.****\*\* - \*\*\*7197**

		2017	2018	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.	<b>46,913</b>	<b>136,507</b>	<b>89,594</b>
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>46,913</b>	<b>136,507</b>	<b>89,594</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	<b>10,250</b>	<b>35,188</b>	<b>24,938</b>
	14. Repairs and maintenance	14.		<b>8,313</b>	<b>8,313</b>
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.	<b>37,620</b>	<b>91,391</b>	<b>53,771</b>
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.	<b>13,420</b>	<b>40,802</b>	<b>27,382</b>
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>	<b>61,290</b>	<b>175,694</b>	<b>114,404</b>
	<b>24. Net income on Page 1;</b> Subtract line 23 from 11	<b>24.</b>	<b>-14,377</b>	<b>-39,187</b>	<b>-24,810</b>
	25. Unrelated business taxable income from all trades	25.	<b>-14,377</b>		<b>14,377</b>
26. Disallowed employee fringe benefits	26.				
27. Net operating loss (pre-2018)	27.				
<b>28. Taxable income after NOL loss</b>	<b>28.</b>				
29. Specific deduction	29.		<b>1,000</b>	<b>1,000</b>	
<b>30. Unrelated business taxable income.</b>	<b>30.</b>				
<b>Tax &amp; Credits</b>	31. Income tax (corporate or trust)	31.	<b>-1,497</b>	<b>1,497</b>	
	32. Proxy tax	32.			
	33. Other taxes	33.			
	<b>34. Total taxes</b>	<b>34.</b>	<b>-1,497</b>		<b>1,497</b>
	35. Other credits	35.			
	36. General business credit	36.			
	37. Credit for prior year minimum tax	37.			
	<b>38. Total credits</b>	<b>38.</b>			
<b>39. Net tax after credits</b>	<b>39.</b>				
40. Recapture taxes and 965 tax	40.				
<b>41. Total Taxes</b>	<b>41.</b>				
<b>Due/Refund</b>	42. Prior year overpayment and estimated tax payments	42.			
	43. Payment made with extension	43.			
	44. Backup withholding and foreign withholding	44.			
	45. Other payments	45.			
	<b>46. Total payments</b>	<b>46.</b>			
	<b>47. Balance due/(Overpayment)</b>	<b>47.</b>			
	48. Overpayment applied to next year	48.			
	49. Penalties	49.			
	<b>50. Total due/(Refund)</b>	<b>50.</b>			

Form **990****Tax Projection Worksheet****2018 & 2019**

Name

Taxpayer Identification Number

**CENTRAL FLORIDA ZOOLOGICAL  
SOCIETY, INC.****\*\* - \*\*\*7197**

		2018	2019	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 637,807	637,807	
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 600,009	600,009	
	4. Program service revenue	4. 4,212,791	4,212,791	
	5. Investment income	5. 280,996	280,996	
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 131,818	131,818	
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 304,645	304,645	
	11. Other revenue	11. 201,298	201,298	
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 6,369,364	6,369,364	
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 121,225	121,225	
	16. Salaries, other compensation, and employee benefits	16. 2,816,254	2,816,254	
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 128,045	128,045	
	19. Occupancy, rent, utilities, and maintenance	19. 272,200	272,200	
	20. Depreciation and Depletion	20. 596,747	596,747	
	21. Other expenses	21. 1,879,770	1,879,770	
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 5,814,241	5,814,241	
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 555,123	555,123	
<b>Other</b>	24. Total exempt revenue	24. 6,369,364	6,369,364	
	25. Total unrelated revenue	25. 136,507	136,507	
	26. Total excludable revenue	26. 4,863,223	4,863,223	
	27. Total assets	27. 13,225,934	13,225,934	
	28. Total liabilities	28. 1,634,404	1,634,404	
	29. Retained earnings	29. 11,591,530	11,591,530	
	30. Number of voting members of governing body	30. 16	16	
	31. Number of independent voting members of governing body	31. 16	16	
	32. Number of employees	32. 155	155	
	33. Number of volunteers	33. 270	270	

Name **CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.** Taxpayer Identification Number **\*\* - \*\*\*7197**

		2018	2019	Differences
<b>Income</b>	1. Gross profit/loss on business activities			
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations			
	4. Rental income (net of expense)	136,507	136,507	
	5. Unrelated debt-financed income (net of expense)			
	6. Interest, and other income from controlled organizations (net of expense)			
	7. Investment income of specific organizations (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)			
	10. Other income			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>136,507</b>	<b>136,507</b>	
<b>Expenses</b>	12. Compensation of officers, directors, and trustees			
	13. Other salaries and wages	35,188	35,188	
	14. Repairs and maintenance	8,313	8,313	
	15. Bad debts			
	16. Interest			
	17. Taxes and licenses			
	18. Charitable contributions			
	19. Depreciation and Depletion	91,391	91,391	
	20. Contributions to deferred compensation plans			
	21. Employee benefit programs			
	22. Other deductions	40,802	40,802	
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>175,694</b>	<b>175,694</b>	
	<b>24. Net Income on Page 1;</b> Subtract line 23 from 11	<b>-39,187</b>	<b>-39,187</b>	
<b>Tax &amp; Credits</b>	25. Unrelated business taxable income from all trades		-39,187	-39,187
	26. Disallowed employee fringe benefits			
	27. Net operating loss (pre-2018)			
	<b>28. Taxable income after NOL Loss</b>			
	29. Specific deduction	1,000	1,000	
	<b>30. Unrelated business taxable income.</b>	<b>-1,000</b>	<b>-1,000</b>	
	31. Income tax (corporate or trust)			
	32. Proxy taxes			
	33. Other taxes			
	<b>34. Total taxes</b>			
	35. General business credit			
	36. Credit for prior year minimum tax			
	37. Other credits			
	<b>38. Total credits</b>			
	<b>39. Net tax after credits</b>			
	40. Recapture taxes and 965 tax			
	<b>41. Total Taxes</b>			
<b>Due / Refund</b>	42. Prior year overpayment and estimated tax payments			
	43. Payment made with extension			
	44. Backup and foreign withholding			
	45. Other payments			
	<b>46. Total payments</b>			
	<b>47. Net due / - refund</b>			



Form <b>990</b>	<b>Tax Return History</b>	<b>2018</b>
Name <b>CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.</b>		Employer Identification Number <b>** - ***7197</b>

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	611,254	1,022,278	372,147	963,855	1,237,816	1,237,816
Membership dues	524,412	554,355	318,946			
Program service revenue	2,721,608	2,841,203	1,802,614	3,577,017	4,212,791	4,212,791
Capital gain or loss						
Investment income	562	682	131,394	264,508	280,996	280,996
Fundraising revenue (income/loss)	128,215	123,652	100,157	124,534	131,818	131,818
Gaming revenue (income/loss)						
Other revenue	238,783	291,081	291,048	255,497	505,943	505,943
<b>Total revenue</b>	<b>4,224,834</b>	<b>4,833,251</b>	<b>3,016,306</b>	<b>5,185,411</b>	<b>6,369,364</b>	<b>6,369,364</b>
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		97,308		95,833	121,225	121,225
Other compensation	2,332,818	2,327,535	1,348,900	2,593,117	2,816,254	2,816,254
Professional fees	81,820	53,422	110,890	192,900	128,045	128,045
Occupancy costs	147,707	145,159	136,100	272,200	272,200	272,200
Depreciation and depletion	554,922	622,374	266,880	568,710	596,747	596,747
Other expenses	1,356,178	1,484,014	802,710	1,504,706	1,879,770	1,879,770
<b>Total expenses</b>	<b>4,473,445</b>	<b>4,729,812</b>	<b>2,665,480</b>	<b>5,227,466</b>	<b>5,814,241</b>	<b>5,814,241</b>
<b>Excess or (Deficit)</b>	<b>-248,611</b>	<b>103,439</b>	<b>350,826</b>	<b>-42,055</b>	<b>555,123</b>	<b>555,123</b>
<b>Total exempt revenue</b>	<b>4,224,834</b>	<b>4,833,251</b>	<b>3,016,306</b>	<b>5,185,411</b>	<b>6,369,364</b>	<b>6,369,364</b>
Total unrelated revenue	-16,532		29,310	46,913	136,507	136,507
Total excludable revenue	3,105,700	3,132,966	2,195,746	4,050,109	4,863,223	4,863,223
Total Assets	9,191,751	9,678,740	12,738,124	12,566,702	13,225,934	13,225,934
Total Liabilities	1,026,899	1,410,449	1,506,844	1,377,477	1,634,404	1,634,404
Net Fund Balances	8,164,852	8,268,291	11,231,280	11,189,225	11,591,530	11,591,530

Form **990T****Tax Return History****2018**Name **CENTRAL FLORIDA ZOOLOGICAL  
SOCIETY, INC.**Employer Identification Number  
**\*\* - \*\*\*7197**

\* Income shown net of expenses

	2014	2015	2016	2017	2018	2019
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*	<b>-16,532</b>		<b>29,310</b>	<b>46,913</b>	<b>136,507</b>	<b>136,507</b>
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>	<b>-16,532</b>		<b>29,310</b>	<b>46,913</b>	<b>136,507</b>	<b>136,507</b>
Compensation of officers, ect.						
Other salaries and wages			<b>7,428</b>	<b>10,250</b>	<b>35,188</b>	<b>35,188</b>
Repairs and maintenance					<b>8,313</b>	<b>8,313</b>
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion			<b>18,808</b>	<b>37,620</b>	<b>91,391</b>	<b>91,391</b>
Deferred compensation plans						
Employee benefit programs						

Form <b>990T</b>	<b>Tax Return History</b>	<b>2018</b>
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Name <b>CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.</b>	Employer Identification Number <b>** - ***7197</b>
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	2014	2015	2016	2017	2018	2019
Other deductions .....			10,424	13,420	40,802	40,802
<b>Net income (990T/first activity)</b> .....	<b>-16,532</b>		<b>-7,350</b>	<b>-14,377</b>	<b>-39,187</b>	<b>-39,187</b>
UBTI from all trades .....	0	0	0	0	0	0
Taxable employee fringe benefits .....						
Net operating loss deduction .....						
Specific deduction .....					1,000	1,000
<b>Income after expense and deductions</b> .....						
Income tax (corporate or trust) .....				-1,497		
Other taxes .....						
<b>Total taxes</b> .....				<b>-1,497</b>		
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 2,636		14			
TOTAL	<u>\$ 2,636</u>					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUBCONTRACTOR FEES	\$ 1,875	\$ 1,875	\$	\$
SUBCONTRACTOR FEES	71,814	38,375	33,439	
	<u>\$ 73,689</u>	<u>\$ 40,250</u>	<u>\$ 33,439</u>	<u>\$ 0</u>

TOTAL

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER	\$ 151,916	\$ 117,312	\$ 31,568	\$ 3,036
SUPPLIES	124,271	99,225	17,867	7,179
CREDIT CARD FEES	112,001	110,349	127	1,525
EMPLOYEE RELATIONS	41,836	30,684	8,995	2,157
	<u>\$ 430,024</u>	<u>\$ 357,570</u>	<u>\$ 58,557</u>	<u>\$ 13,897</u>

TOTAL

## Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
PASS-HOLDER FEES	\$
GOVERNMENT GRANTS OR CONTRIBUTIONS	600,009
VARIOUS CONTRIBUTORS	594,211
CHINCHOR ELECTRIC	7,585
JORGE BORELLI	2,511
OTHER IN-KIND	3,500
BREWS AT THE ZOO	
	<u>30,000</u>
WAYNE DENSCH	\$ <u><u>1,237,816</u></u>
TOTAL	

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
WAL-ROSE SITE DEVELOPMENT	\$	\$
BORELLI AND PARTNERS, INC.		
DIVISION OF CULTURAL AFFAIRS		
WHARTON-SMITH, INC.		
KAREN L JENNINGS		
MORRISON VALUATION & FORENSIC SERVIC		
FAIRWINDS CREDIT UNION		
WAYNE DENSCH, INC.	30,000	
WAYNE M DENSCH CHARITABLE TRUST	44,800	
COMMUNITY FOUNDATION OF CENTRAL FL		
SEMINOLE COUNTY	341,250	172,285
ASSOCIATION OF ZOOS AND ACQUARIUMS		
SEMINOLE LANDSCAPING		
BOARD OF COUNTY COMMISSIONERS		
STATE OF FLORIDA	258,759	89,794
WAL-MART FOUNDATION		
BK HELEM CHARITABLE TRUST	62,203	
EVELYN WILSON IRA		
SARA LOUISE OWEN RICKER CRT	42,818	
ROBERT WILSON TRUST	91,920	
THE ORIANNE SOCIETY	33,750	
TOTAL	<u>\$ 905,500</u>	<u>\$ 262,079</u>

**Federal Statements****Schedule A, Part II, Line 8(e)**

Description	Amount
INTEREST	\$ 2,636
AMORTIZATION-CONTRIB DISCOUNT WMD	278,360
	<u>\$ 280,996</u>

TOTAL

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
GATE RECEIPTS	\$ 2,682,109
EDUCATION PROGRAMS	308,126
OTHER CONCESSIONS	621,413
PASS HOLDER FEES	601,143
GUEST SERVICES	410,334
BLACK TIE PROMOT	139,203
BREWS AT THE ZOO	104,174
OTHER FUNDRAISING	22,697
	<u>\$ 4,889,199</u>

TOTAL



**Federal Statements****Form 990-T - Other Deductions Not Taken Elsewhere**

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 224
INSURANCE	74
SUPPLIES	16,404
OTHER EXPENSES	672
UTILITIES	23,428
TOTAL	<u>\$ 40,802</u>