

FOR TAX YEAR 2019  
CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.

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

990EF

EF Transmission Status

2019

(Keep for your records)

Name(s) as shown on return

EIN number

Central Florida Zoological Society, Inc.

59-1357197

The following will be transmitted to the IRS.

990     8868     Amended     FinCEN 114

The following state returns will be transmitted:

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____

The following returns have been suppressed or are not eligible and will NOT be transmitted.

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

EF Notes

Federal return has a MESSAGE PAGE.

Acknowledgement and General Information for  
Entities That File Returns Electronically

2019

Name(s) as shown on return

Central Florida Zoological Society, Inc.

Employer Identification Number

\*\*\_\*\*\*7197

Entity address

PO Box 470309

Lake Monroe, FL 32747

Thank you for participating in IRS e-file.

1.  2019 990 income tax return for Federal was filed electronically.  
The electronic filing services were provided by Erin Perdue CPA LLC.
2.  990 income tax return was accepted on 04-13-2021 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.  
The submission ID assigned to this return is 61652620211032bcvn1g.

PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE  
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Acknowledgement and General Information for  
Entities That File Returns Electronically

2019

Name(s) as shown on return

Central Florida Zoological Society, Inc.

Employer Identification Number

\*\*\_\*\*\*7197

Entity address

PO Box 470309

Lake Monroe, FL 32747

Thank you for participating in IRS e-file.

- 2019 8868 income tax return for Federal was filed electronically.  
The electronic filing services were provided by Erin Perdue CPA LLC.
- 8868 income tax return was accepted on 11-13-2020 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.  
The submission ID assigned to this return is 6165262020318gck5bkz.

PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE  
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

A For the 2019 calendar year, or tax year beginning 07-01, 2019, and ending 06-30, 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Central Florida Zoological Society, Inc. D Employer identification number: 59-1357197. E Telephone number: (407)323-4450. G Gross receipts: \$ 5,274,725. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: www.centralfloridazoo.org. K Form of organization: Corporation. L Year of formation: 1971. M State of legal domicile: FL.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Number of members, employees, volunteers, revenue. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

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.

Sign Here Kevin DeSanti, Signature of officer, Date Kevin DeSanti, Treasurer, Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: Erin Perdue, Preparer's signature: Erin Perdue, Date: 04-13-2021, Check self-employed, PTIN: P02249653, Firm's name: Erin Perdue CPA LLC, Firm's address: 322 E Central Blvd Suite 605 Orlando FL 32801, Firm's EIN: 407-383-7668, Phone no.

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 [X]

1 Briefly describe the organization's mission: 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.

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 [X] 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 [X] 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 \$ 2,670,484 including grants of \$ ) (Revenue \$ 3,487,431 ) See Schedule O

4b (Code: ) (Expenses \$ 1,120,788 including grants of \$ ) (Revenue \$ 109,312 ) Guest services-our visitor services department performs 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 \$ 664,071 including grants of \$ ) (Revenue \$ 246,717 ) Education-In the current year the educational 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 from 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 on Schedule O.) (Expenses \$ 300,415 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,755,758

**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)? If "Yes," complete Schedule A .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I .....		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....	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? If "Yes," complete Schedule C, Part III. ....		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .....		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V .....		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? If "Yes," complete Schedule D, Part VI .....	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? If "Yes," complete Schedule D, Part VII .....		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? If "Yes," complete Schedule D, Part VIII .....		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? If "Yes," complete Schedule D, Part IX .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....	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)? If "Yes," complete Schedule D, Part X. ....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. ....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. ....		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? If "Yes," complete Schedule F, Parts I and IV .....		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? If "Yes," complete Schedule F, Parts II and IV .....		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? If "Yes," complete Schedule F, Parts III and IV .....		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II. ....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. ....		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....		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? If "Yes," complete Schedule I, Parts I and II. ....		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? If "Yes," complete Schedule I, Parts I and III .....		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? If "Yes," complete Schedule J .....		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .....		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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part J .....		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II .....		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .....		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV .....	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....		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? If "Yes," complete Schedule R, Part I .....		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....		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)? If "Yes," complete Schedule R, Part V, line 2 .....		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....		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? If "Yes," complete Schedule R, Part VI .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: 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 Form 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? .....		

1a	2
1b	0



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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee reporting (2a-2b), unrelated business income (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7d), qualified intellectual property (7e-7h), donor advised funds (8-9b), and charitable trusts (12a-12b).

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 [X]

Section A. Governing Body and Management

Table with 5 columns: Question, Line Number, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
19 Describe on 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

**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.

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

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 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) Edye Murphey Haddock Secretary	1.00	X						0	0	0
(2) Alex Williams Chairman	1.00	X						0	0	0
(3) George Smith Director	1.00	X						0	0	0
(4) Tina Calderone Ed Committee Chair	1.00	X						0	0	0
(5) Albert Sarabasa Director	1.00	X						0	0	0
(6) Chandler Robertson Vice Chairman	1.00	X						0	0	0
(7) Brenda Urias Marketing Committee Chair	1.00	X						0	0	0
(8) Stephen Turner Director	1.00	X						0	0	0
(9) Kevin DeSanti Treasurer	1.00	X						0	0	0
(10) Patrick Austin Director	1.00	X						0	0	0
(11) Patrick Buchanan Director	1.00	X						0	0	0
(12) Elisa Forte Director	1.00	X						0	0	0
(13) Michelle Hinden Director	1.00	X						0	0	0
(14) Bob Morrison Director	1.00	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 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			
(15) Oliver Pinnock Director	1.00	X						0	0	0
(16) Carrie Vanderhoef Director	1.00	X						0	0	0
(17) Jay Zembower Director	1.00	X						0	0	0
(18) Dino Ferri CEO	40.00			X				105,000	0	0
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								105,000	0	0

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 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? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**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 ▶

**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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns .....	1a				
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c	362,218			
	d	Related organizations .....	1d				
	e	Government grants (contributions) ..	1e	694,737			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	458,923			
	g	Noncash contributions included in lines 1a-1f .....	1g	\$			
	h	Total. Add lines 1a-1f .....		1,515,878			
Program Service Revenue			Business Code				
	2a	Gate Receipts	713110	1,868,188	1,868,188		
	b	Other Concessions	713110	603,229	603,229		
	c	Passholder Fees	713110	562,288	562,288		
	d	Education Programs	611600	246,717	246,717		
	e						
	f	All other program service revenue .....					
g	Total. Add lines 2a-2f .....		3,280,422				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		281,394		281,394	
	4	Income from investment of tax-exempt bond proceeds ...					
	5	Royalties .....					
	6a	Gross rents .....	(i) Real	70,046			
			(ii) Personal				
			6b				
	c	Rental income or (loss)	6c	70,046			
	d	Net rental income or (loss) .....		70,046		70,046	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales expenses ..	7b				
	c	Gain or (loss) .....	7c				
	d	Net gain or (loss) .....					
8a	Gross income from fundraising events (not including \$ 362,218 of contributions reported on line 1c). See Part IV, line 18 .....						
		8a					
		8b					
c	Net income or (loss) from fundraising events .....						
9a	Gross income from gaming activities, See Part IV, line 19 .....						
		9a					
		9b					
c	Net income or (loss) from gaming activities .....						
10a	Gross sales of inventory, less returns and allowances .....						
		10a					
		10b					
c	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue			Business Code				
	11a	Insurance Proceeds	713110	126,985		126,985	
	b						
	c						
	d	All other revenue .....					
e	Total. Add lines 11a-11d .....		126,985				
12	Total revenue. See instructions .....		5,274,725	3,280,422	70,046	408,379	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	105,000	52,500	31,500	21,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	2,802,265	2,404,896	243,826	153,543
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) ..	25,738	24,173	243	1,322
9 Other employee benefits .....	38,806	23,909	13,591	1,306
10 Payroll taxes .....				
11 Fees for services (nonemployees):				
a Management .....				
b Legal.....	41,930		41,930	
c Accounting .....	28,225	5,000	23,225	
d Lobbying.....	33,180			33,180
e Professional fundraising services. See Part IV, line 17 .				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ..	8	8		
12 Advertising and promotion .....	105,743	19,737		86,006
13 Office expenses .....	123,798	87,375	22,799	13,624
14 Information technology .....				
15 Royalties.....				
16 Occupancy .....	272,200	244,980	13,610	13,610
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	42,746			42,746
20 Interest.....	36,962	36,962		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	609,458	604,250	5,208	
23 Insurance .....	532,974	340,906	182,461	9,607
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Animal Care	235,949	235,949		
b Repairs	225,473	222,111	1,141	2,221
c Utilities	187,806	171,303	14,692	1,811
d Credit Card fee	105,628	88,343	490	16,795
e All other expenses	316,840	193,356	73,857	49,627
25 Total functional expenses. Add lines 1 through 24e. ..	5,870,729	4,755,758	668,573	446,398
26 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)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing .....	1,122,371	1	1,134,073	
	2	Savings and temporary cash investments .....		2		
	3	Pledges and grants receivable, net .....		3		
	4	Accounts receivable, net .....	14,384	4	15,606	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6		
	7	Notes and loans receivable, net .....		7		
	8	Inventories for sale or use .....	27,624	8	36,964	
	9	Prepaid expenses and deferred charges .....	57,592	9	57,517	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	14,962,981		
	b	Less: accumulated depreciation .....	10b	6,247,481	10c	8,715,500
	11	Investments - publicly traded securities .....		11		
	12	Investments - other securities. See Part IV, line 11 .....		12		
	13	Investments - program-related. See Part IV, line 11 .....		13		
	14	Intangible assets .....	3,281,978	14	3,273,446	
	15	Other assets. See Part IV, line 11 .....	43,338	15	43,338	
16	Total assets. Add lines 1 through 15 (must equal line 33) .....	13,225,934	16	13,276,444		
Liabilities	17	Accounts payable and accrued expenses .....	157,386	17	299,761	
	18	Grants payable .....		18		
	19	Deferred revenue .....	298,828	19	208,493	
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22		
	23	Secured mortgages and notes payable to unrelated third parties .....	738,187	23	1,412,994	
	24	Unsecured notes and loans payable to unrelated third parties .....	316,081	24	316,149	
	25	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 .....	123,922	25	43,521	
	26	Total liabilities. Add lines 17 through 25 .....	1,634,404	26	2,280,918	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions .....	8,175,061	27	7,579,057	
	28	Net assets with donor restrictions .....	3,416,469	28	3,416,469	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds .....		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund .....		30		
	31	Retained earnings, endowment, accumulated income, or other funds .....		31		
	32	Total net assets or fund balances .....	11,591,530	32	10,995,526	
	33	Total liabilities and net assets/fund balances .....	13,225,934	33	13,276,444	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,274,725
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,870,729
3	Revenue less expenses. Subtract line 2 from line 1	3	(596,004)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,591,530
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,995,526

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	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		X
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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ..... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....		



**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

**2019**

Open to Public  
Inspection

Name of the organization

Employer identification number

Central Florida Zoological Society, Inc.

59-1357197

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,576,633	1,374,671	963,855	1,237,816	750,453	5,903,428
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,576,633	1,374,671	963,855	1,237,816	750,453	5,903,428
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)						335,094
6 Public support. Subtract line 5 from line 4						5,568,334

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,576,633	1,374,671	963,855	1,237,816	750,453	5,903,428
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,897	148,118	264,508	280,996	281,394	1,050,913
9 Net income from unrelated business activities, whether or not the business is regularly carried on			46,913	136,509	70,046	253,468
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						7,207,809
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2019. 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.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2018. 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.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**Part III** Support Schedule for Organizations Described in Section 509(a)(2)  
 (Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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 .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons ...						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b .....						
8 Public support. (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.) .....						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....

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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). ....	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17. ....	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
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? If "Yes," provide detail in Part VI.		
c 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? If "Yes," provide detail in Part VI.		
10a 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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

	Yes	No
1		

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

	Yes	No
1		
2		
3		

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2	Activities Test. Answer (a) and (b) below.	
a	Yes	No
2a		
b	Yes	No
2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	
a	Yes	No
3a		
b	Yes	No
3b		

**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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:                                 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 ....			
b Excess from 2016 ....			
c Excess from 2017 ....			
d Excess from 2018 ....			
e Excess from 2019 ....			





# Schedule of Contributors

2019

- ▶ 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  
**59-1357197**

Organization type (check one):

- Filers of: Section:
- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

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

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

Name of organization

Central Florida Zoological Society, Inc.

Employer identification number

59-1357197

**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	EE Haddock Jr Family Foundation 15 North Eola Drive Orlando, FL 32801	\$ 13,020	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Jerry Fugua 2405 W Princeton St Orlando, FL 32804	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Isermann Family Foundation 89 Headquarters Plz Morristown, NJ 07960	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Wal Rose Site Development PO Box 728 Sanford, FL 32772	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Wharton Smith 2333 Alaqua Drive Longwood, FL 32779	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Tim Smith 3965 Dandelion Court Oviedo, FL 32766	\$ 17,500	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 Society, Inc.

Employer identification number

59-1357197

**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	Seminole County TDC 1055 AAA Drive Suite 148 Lake Mary, FL 32746	\$ 479,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FL Division of Cultural Affairs 500 S Bronough St Tallahassee, FL 32399	\$ 44,637	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Florida Fish and Wildlife 620 S Meridian St Tallahassee, FL 32399	\$ 7,115	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Wayne M Densch Charities 2900 W 1st St Sanford, FL 32771	\$ 52,210	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Universal Orlando Foundation 1000 Universal Studios Plaza Orlando, FL 32819	\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	BK Helmen Charitable Trust 6100 Fairview Rd Suite 200 Charlotte, NC 28203	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Political Campaign and Lobbying Activities

2019

Department of the Treasury  
Internal Revenue Service

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

- ▶ Complete if the organization is described below.      ▶ 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.

Open to Public Inspection

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 59-1357197
--	--

**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)	-----			

**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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
b	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
c	Total lobbying expenditures (add lines 1a and 1b) .....														
d	Other exempt purpose expenditures .....														
e	Total exempt purpose expenditures (add lines 1c and 1d) .....														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
g	Grassroots nontaxable amount (enter 25% of line 1f) .....														
h	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
i	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
j	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? .....														

Yes  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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	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
1 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:			
a Volunteers? .....		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		X	
c Media advertisements? .....		X	
d Mailings to members, legislators, or the public? .....		X	
e Publications, or published or broadcast statements? .....		X	
f Grants to other organizations for lobbying purposes? .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
i Other activities? .....	X		33,180
j Total. Add lines 1c through 1i .....			33,180
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
b If "Yes," enter the amount of any tax incurred under section 4912 .....			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....		X	

**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
1 Were substantially all (90% or more) dues received nondeductible by members? .....	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**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."

1 Dues, assessments and similar amounts from members .....	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year .....	2a	
b Carryover from last year .....	2b	
c Total .....	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
4 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	
5 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.

01. Direct and indirect political campaign activities (Part I-A, line 1)

Schedule C, Part II-B, Line 1

Retainer paid to Grey Robinson, Attorneys at Law to represent the Central Florida Zoo and

Botanical Gardens during the 2020 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 infrastructure and educational activities.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2019

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization: Central Florida Zoological Society, Inc. Employer identification number: 59-1357197

Part I 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 1-4 for totals, 5-6 for questions about donor advisement.

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

Questions 1-9 regarding conservation easements, including purpose, monitoring, and reporting requirements.

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.

Questions 1a-2 regarding reporting requirements for art and historical treasures.

**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 make 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 |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 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
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g 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 Term 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations .....  | 3a(i)  |    |
| (ii) Related organizations .....   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | 3b     |    |
- 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
1a Land .....		1,019,908		1,019,908
b Buildings .....		6,132,739	2,067,566	4,065,173
c Leasehold improvements .....		5,914,047	3,086,209	2,827,838
d Equipment .....		834,201	547,578	286,623
e Other ..... STMD1E		1,062,086	546,128	515,958
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>8,715,500</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)		
Total. (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)		
Total. (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) Botanical Gardens	43,338
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). . . . .	
	43,338

**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) Accrued Salaries	43,521	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). . . . .		
	43,521	

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 FASB 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.

1	Total revenue, gains, and other support per audited financial statements .....		1	5,274,725
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments .....	2a		
b	Donated services and use of facilities .....	2b		
c	Recoveries of prior year grants .....	2c		
d	Other (Describe in Part XIII.) .....	2d		
e	Add lines 2a through 2d .....		2e	
3	Subtract line 2e from line 1 .....		3	5,274,725
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b .....	4a		
b	Other (Describe in Part XIII.) .....	4b		
c	Add lines 4a and 4b .....		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....		5	5,274,725

**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.

1	Total expenses and losses per audited financial statements .....		1	5,870,729
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities .....	2a		
b	Prior year adjustments .....	2b		
c	Other losses .....	2c		
d	Other (Describe in Part XIII.) .....	2d		
e	Add lines 2a through 2d .....		2e	
3	Subtract line 2e from line 1 .....		3	5,870,729
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b .....	4a		
b	Other (Describe in Part XIII.) .....	4b		
c	Add lines 4a and 4b .....		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....		5	5,870,729

**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.

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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.

2019

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

Central Florida Zoological Society, Inc.

59-1357197

**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 (add col. (a) through col. (c))
		<b>Black Tie</b> (event type)	 (event type)	<b>None</b> (total number)	
Revenue	1	Gross receipts .....	98,598		98,598
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....	98,598		98,598
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....	48,598		48,598
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
11	Net income summary. Subtract line 10 from line 3, column (d) .....				50,000

**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	1	Gross revenue .....				
Direct Expenses	2	Cash prizes .....				
	3	Noncash prizes .....				
	4	Rent/facility costs .....				
	5	Other direct expenses .....				
	6	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	
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8	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)

**Transactions With Interested Persons**

OMB No. 1545-0047

**2019**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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.

Name of the organization

Employer identification number

Central Florida Zoological Society, Inc.

59-1357197

**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)					

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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(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)												

Total ..... ▶ \$ \_\_\_\_\_

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

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

(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)				

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

Schedule L (Form 990 or 990-EZ) 2019

**Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Wayne Densch, Inc.	Director	17,354	Beverage Vendor		X
(2) Therm-O-Tane	Director	15,635	Propane Services		X
(3) Fairwinds Credit Union	Director	20,014	Credit Card Issuer		X
(4)					
(5)					

**Part V** Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

Open to Public  
Inspection

Central Florida Zoological Society, Inc.

Employer identification number

59-1357197

01. Form 990 governing body review (Part VI, line 11)

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 the review and approval for 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.

02. Conflict of interest policy compliance (Part VI, line 12c)

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.

03. CEO, executive director, top management comp (Part VI, line 15a)

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.

04. Governing documents, etc, available to public (Part VI, line 19)

Form 990, Part VI, Line 19 Governing Documents Disclosure explanation made available upon

request

05. Part III, response or note to any other line in Part III

Organization's Mission

Name of the organization

Employer identification number

Central Florida Zoological Society, Inc.

59-1357197

The Central Florida Zoo and 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. Organization's Mission

Continued

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 and volunteers and the communities we serve the knowledge and tools to take positive action for all species.

Form 990, Part III, Line 4A First Accomplishment

Operation of a Zoological Park. The Central Florida Zoo and Botanical Gardens is open 7 days a week. Annual Attendance is between 275000-300000 people. 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 through extinction through reintroduction efforts in southern



Name of the organization

Employer identification number

Central Florida Zoological Society, Inc.

59-1357197

Alabama and Northwest Florida. The Zoo also advances global efforts to save endangered species through our participation in 33 AZA species survival programs.

Form 990 Part III, Line 4A First Accomplishment Continued

Each SSP program coordinates activities of participating institutions which can include housing bachelor herds, like the 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 damaged population, such as cotton top tamarins. Form 990, Part III, Line 4a First Accomplishment

Continued

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.

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. Form 990

Part III, Line 4A, First Accomplishment Continued

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

Name of the organization

Employer identification number

Central Florida Zoological Society, Inc.

59-1357197

which people of all backgrounds and abilities feel welcome. Form 990 Part III, Line 4A,

#### First Accomplishment Continued

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 access 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). The main goal

of the program is to facilitate 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.

#### 06. General explanation attachment

Form 990, Part 1, Line 6

The Zoo trains individuals to serve as volunteers in the education department as tour

guides and zoo interpreters. In addition, any other individuals volunteer their time and

effort on a variety of administrative, zoo events, and special projects related tasks. For

the year ending June 30, 2020 approximately 250 volunteers donated 25,000 hours of

service.

## Application for Automatic Extension of Time To File an Exempt Organization Return

- ▶ File a separate application for each return.
- ▶ Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time. Only submit original (no copies needed).**

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. <b>Central Florida Zoological Society, Inc.</b>	Taxpayer identification number (TIN) <b>59-1357197</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO Box 470309</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Lake Monroe, FL 32747</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Dino Ferri, PO Box 470309, Lake Monroe, FL 32747

Telephone No. ▶ 561-801-1288 FAX No. ▶ 561-801-1288

- If the organization does not have an office or place of business in the United States, check this box ..... ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ..... ▶ . If it is for part of the group, check this box ... ▶  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05-17, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 07-01, 20 19, and ending 06-30, 20 20.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 07-01-2019, and ending 06-30-2020

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

Go to www.irs.gov/Form8879EO for the latest information.

2019

Department of the Treasury Internal Revenue Service

Name of exempt organization

Central Florida Zoological Society, Inc.

Employer identification number

59-1357197

Name and title of officer

Kevin DeSanti, Treasurer

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

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

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, b Total tax, b Tax based on investment income, b Balance Due). Includes amounts like 5,274,725.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize Erin Perdue CPA LLC to enter my PIN 43241 as my signature

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date 10-15-2020

Part III Certification and Authentication

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

616526 43241 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 04-13-2021

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

For Paperwork Reduction Act Notice, see instructions.

**Schedule A - Cost of Goods Sold. Enter method of inventory valuation** ▶

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

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

(see instructions)

1. Description of property

(1) Conference Hall Rental

(2)

(3)

(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)	70,046	
(2)		
(3)		
(4)		
<b>Total</b>	<b>70,046</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) .. ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
	70,046	

**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)				
(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).
Total dividends-received deductions included in column 8 .....				

Statement of Program Service Accomplishments

2019 PG01

Name(s) as shown on return

Your Social Security Number

Central Florida Zoological Society, Inc.

59-1357197

Form 990-Part III(a)  
Statement of Service Accomplishment

Statement #4

Program Service Code	
Program Service Expenses	\$300415
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

**Explanation**  
See Schedule O

Federal Supporting Statements

2019 PG01

Name(s) as shown on return

Tax ID Number

Central Florida Zoological Society, Inc.

59-1357197

990-T - Part II - Line 27  
Other Deductions

Statement #9

Description	Amount
Advertising	\$1,541
Utilities	\$17,913
Insurance	\$6,000
Supplies	<u>\$330</u>
<b>Total</b>	<u><u>\$25,784</u></u>

FOR YOUR RECORDS ONLY

Form 990 - Schedule D - Part VI - Line 1e  
Investments - Other

PG01  
Statement #D1e

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
Animals	0	469,772	403,023	66,749
Vehicles	0	188,503	143,105	45,398
Work In Progress	<u>0</u>	<u>403,811</u>	<u>0</u>	<u>403,811</u>
<b>Total</b>	<u><u>0</u></u>	<u><u>1,062,086</u></u>	<u><u>546,128</u></u>	<u><u>515,958</u></u>

Schedule A, Line 5 - Excess 2% Limitation Contributors

(Keep for your records)

2019

Name(s) as shown on return

Central Florida Zoological Society, Inc.

Tax ID Number

59-1357197

2% of the amount on Schedule A, Part II, line 11, column (f) .....

144,156

Name	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
EE Haddock Jr Family Foundation					13,020	13,020	
Jerry Fugua					10,000	10,000	
Isermann Family Foundation					10,000	10,000	
Wal Rose Site Development					25,000	25,000	
Wharton Smith					25,000	25,000	
Tim Smith					17,500	17,500	
Seminole County TDC					479,250	479,250	335,094
FL Division of Cultural Affairs					44,637	44,637	
Florida Fish and Wildlife					7,115	7,115	
Wayne M Densch Charities					52,210	52,210	
Universl Orlando Foundation					26,000	26,000	
BK Helmen Charitable Trust					25,000	25,000	

Total

335,094



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

**2019**

For calendar year 2019 or other tax year beginning 07-01, 2019, and ending 06-30, 20 20.

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

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

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

Department of the Treasury  
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501( C ) ( 3 )</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>C Book value of all assets at end of year <b>13,276,444</b></p>	<p>Print or Type</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>PO Box 470309</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>Lake Monroe, FL 32747</b></p>	<p>D Employer identification number (Employees' trust, see instructions.) <b>59-1357197</b></p> <p>E Unrelated business activity code (See instructions.)</p>
<p>F Group exemption number (See instructions.) ▶</p>		<p>G Check organization type ▶ <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>	

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ \_\_\_\_\_ . 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 a 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
1a Gross receipts or sales ..			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7) .....	2		
3 Gross profit. Subtract line 2 from line 1c .....	3		
4a Capital gain net income (attach Schedule D) .....	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .....	4b		
c Capital loss deduction for trusts .....	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) .....	5		
6 Rent income (Schedule C) .....	6	70,046	70,046
7 Unrelated debt-financed income (Schedule E) .....	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) ..	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) ..	9		
10 Exploited exempt activity income (Schedule I) .....	10		
11 Advertising income (Schedule J) .....	11		
12 Other income (See instructions; attach schedule) .....	12		
13 Total. Combine lines 3 through 12 .....	13	70,046	70,046

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K) .....	14		
15 Salaries and wages .....	15		55,087
16 Repairs and maintenance .....	16		996
17 Bad debts .....	17		
18 Interest (attach schedule) (see instructions) .....	18		
19 Taxes and licenses .....	19		
20 Depreciation (attach Form 4562) .....	20	89,806	
21 Less depreciation claimed on Schedule A and elsewhere on return .....	21a		89,806
22 Depletion .....	22		
23 Contributions to deferred compensation plans .....	23		
24 Employee benefit programs .....	24		
25 Excess exempt expenses (Schedule I).....	25		
26 Excess readership costs (Schedule J) .....	26		
27 Other deductions (attach schedule) .....	27	Statement #9	25,784
28 Total deductions. Add lines 14 through 27 .....	28		171,673
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 .....	29		(101,627)
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) .....	30		
31 Unrelated business taxable income. Subtract line 30 from line 29 .....	31		(101,627)

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Description, Amount, and Total. Rows include: 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 32; 33 Amounts paid for disallowed fringes 33; 34 Charitable contributions (see instructions for limitation rules) 34; 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 35; 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36; 37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 37; 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38; 39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 39 0

Part IV Tax Computation

Table with 3 columns: Description, Amount, and Total. Rows include: 40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40; 41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) 41; 42 Proxy tax. See instructions 42; 43 Alternative minimum tax (trusts only) 43; 44 Tax on Noncompliant Facility Income. See instructions 44; 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45

Part V Tax and Payments

Table with 3 columns: Description, Amount, and Total. Rows include: 46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a; b Other credits (see instructions) 46b; c General business credit. Attach Form 3800 (see instructions) 46c; d Credit for prior year minimum tax (attach Form 8801 or 8827) 46d; e Total credits. Add lines 46a through 46d 46e; 47 Subtract line 46e from line 45 47; 48 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 48; 49 Total tax. Add lines 47 and 48 (see instructions) 49; 50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 50; 51 a Payments: A 2018 overpayment credited to 2019 51a; b 2019 estimated tax payments 51b; c Tax deposited with Form 8868 51c; d Foreign organizations: Tax paid or withheld at source (see instructions) 51d; e Backup withholding (see instructions) 51e; f Credit for small employer health insurance premiums (attach Form 8941) 51f; g Other credits, adjustments, and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total 51g; 52 Total payments. Add lines 51a through 51g 52; 53 Estimated tax penalty (see instructions). Check if Form 2220 is attached 53; 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54; 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55; 56 Enter the amount of line 55 you want: Credited to 2020 estimated tax 56; Refunded 56

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

Table with 3 columns: Description, Yes, No. Rows include: 57 At any time during the 2019 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 57 Yes No; 58 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. 58 Yes No; 59 Enter the amount of tax-exempt interest received or accrued during the tax year 59 \$

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

Sign Here Signature of officer Date Treasurer Title May the IRS discuss this return with the preparer shown below (see instructions)? [ ] Yes [X] No

Table with 5 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN. Rows include: Paid Preparer Use Only; Erin Perdue; Erin Perdue; 04-13-2021; [ ] self-employed; P0224965; Firm's name: Erin Perdue CPA LLC; Firm's address: 322 E Central Blvd Suite 605 Orlando FL 32801; Firm's EIN: [ ]; Phone no.: 407-383-7668

**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)					
(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)				
(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)						
(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 25.
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)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) .						
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**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)						
(2)						
(3)						
(4)						
Totals from Part I .....						
Totals, Part II (lines 1-5) .....	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 26.

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)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 .....			

2019 Filing Instructions  
Central Florida Zoological Society, Inc.  
Tax year ending 06-30-2020

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return has been e-filed, do not mail.

Due date:

05-17-2021

The return reflects neither a refund nor a balance due.

2019 Filing Instructions  
Central Florida Zoological Society, Inc.  
Tax year ending 06-30-2020

Form filed:

Form 990-T and supplemental forms and schedules

Filing method:

The return has been e-filed, do not mail.

Due date:

11-16-2020

The return reflects neither a refund nor a balance due.

8868 Filing Instructions  
Central Florida Zoological Society, Inc.  
Tax year ending 06-30-2020

Form filed:

Form 8868

Filing method:

The extension has been e-filed, do not mail.

Due date:

11-16-2020