

# Return of Organization Exempt From Income Tax

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

**2004**

Department of the Treasury  
Internal Revenue Service

**Open to Public Inspection**

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

**A For the 2004 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

<b>C</b> Name of organization <b>EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC</b>		<b>D</b> Employer identification number <b>59-2496749</b>
Number and street (or P O box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number
<b>8225 NORTH WICKHAM ROAD</b>		<b>(321) 254-9453</b>
City or town	State or country	ZIP + 4
<b>MELBOURNE</b>	<b>FL</b>	<b>329407924</b>

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.**

**H(a)** Is this a group return for affiliates? Yes  No

**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_

**H(c)** Are all affiliates included? Yes  No   
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes  No

**I** Group Exemption Number \_\_\_\_\_

**G Website:** **WWW.BREVARDZOO.ORG**

**J Organization type** (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **4,012,099**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	108,396	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	293,969	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>402,365</u> non-cash \$ <u>0</u> )	<b>1d</b>		402,365
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		1,329,991
	<b>3</b> Membership dues and assessments	<b>3</b>		530,942
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		1,864
	<b>5</b> Dividends and interest from securities	<b>5</b>		0
	<b>6a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		0
<b>7</b> Other investment income (describe _____)	<b>7</b>		0	
Revenue	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		0 <b>8a</b>	0	
		0 <b>8b</b>	0	
		0 <b>8c</b>	0	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		0	
Revenue	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ <u>108,396</u> of contributions reported on line 1a)	<b>9a</b>	206,074
		<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	157,034
		<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	
Revenue	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	867,989	
		<b>b</b> Less: cost of goods sold	<b>10b</b>	623,122
		<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	
Expenses	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		672,874
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		3,231,943
	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		2,418,739
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		932,056
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		8,000
Expenses	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		0
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		3,358,795
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-126,852
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		7,042,072
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		34
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		6,915,254

SCANNED AUG 29 2005

3

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize): a SEE STATEMENT 1, b, c, d, e, f, 44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.

Joint Costs. Check [ ] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ ; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

Table with 2 columns: Description of program service accomplishments, Program Service Expenses. Row a: BIOLOGICAL AND BOTANICAL EXHIBITS FOR THE EDUCATION AND RECREATION OF RESIDENTS AND VISITORS IN BREVARD COUNTY. PROMOTION OF AWARENESS FOR NEED TO CONSERVE RESOURCES. APPROXIMATELY 296,000 VISITORS DURING 2004. (Grants and allocations \$ ) 2,418,739. Row b: (Grants and allocations \$ ). Row c: (Grants and allocations \$ ). Row d: (Grants and allocations \$ ). Row e: Other program services (attach schedule) (Grants and allocations \$ ). Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 2,418,739

**Part IV Balance Sheets** (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	5,000	<b>45</b>	5,000
	<b>46</b> Savings and temporary cash investments . . . . .	696,606	<b>46</b>	450,978
	<b>47 a</b> Accounts receivable . . . . .	18,475		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	0	2,125	18,475
	<b>47 a</b> Pledges receivable . . . . .	15,357		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	0	10,000	15,357
	<b>49</b> Grants receivable . . . . .	1,936,640	<b>49</b>	1,746,481
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>50</b>	0
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . .	0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	0	0	0
	<b>52</b> Inventories for sale or use . . . . .	63,019	<b>52</b>	74,379
	<b>53</b> Prepaid expenses and deferred charges . . . . .	19,626	<b>53</b>	32,501
	<b>54</b> Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	36,961	<b>54</b>	33,197
	<b>55 a</b> Investments—land, buildings, and equipment: basis . . . . .	0		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	0	0	0
<b>56</b> Investments—other (attach schedule) . . . . .	0	<b>56</b>	0	
<b>57 a</b> Land, buildings, and equipment: basis . . . . .	8,904,953			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	2,420,605	6,414,230	6,484,348	
<b>58</b> Other assets (describe <input type="checkbox"/> See attached worksheet ) . . . . .	314,618	<b>58</b>	312,156	
<b>59</b> <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	9,498,825	<b>59</b>	9,172,872	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	257,745	<b>60</b>	170,894
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	218,295	<b>62</b>	305,224
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	1,959,964	<b>64b</b>	1,764,071
	<b>65</b> Other liabilities (describe <input type="checkbox"/> LEASE PAYABLE ) . . . . .	20,749	<b>65</b>	17,497
<b>66</b> <b>Total liabilities</b> (add lines 60 through 65) . . . . .	2,456,753	<b>66</b>	2,257,686	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .	4,900,071	<b>67</b>	4,997,836
	<b>68</b> Temporarily restricted . . . . .	2,137,001	<b>68</b>	1,871,305
	<b>69</b> Permanently restricted . . . . .	5,000	<b>69</b>	46,045
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	7,042,072	<b>73</b>	6,915,186	
<b>74</b> <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	9,498,825	<b>74</b>	9,172,872	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	3,215,943
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	3,215,943
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	3,215,943

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	3,362,869
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		4,074
(4)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	4,074
<b>c</b>	Line a minus line b	<b>c</b>	3,358,795
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	3,358,795

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name SEE Str City STATEMENT 2 ST ZIP	Title Hr/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
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Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	0
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> FL		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	
91	The books are in care of <input type="checkbox"/> Name NANCY GRZESIK Telephone no. <input type="checkbox"/> (321) 254-9453 Located at <input type="checkbox"/> 8225 N WICKHAM ROAD City _____ ST _____ ZIP + 4 <input type="checkbox"/> 329407924		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <b>ADMISSIONS</b>					1,329,991
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					530,942
95 Interest on savings and temporary cash investments			14	1,864	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	49,040	
102 Gross profit or (loss) from sales of inventory					244,867
103 Other revenue					672,874
a <b>AUXILIARY ACTIVITIES</b>					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		50,904	2,778,674
105 Total (add line 104, columns (B), (D), and (E))					2,829,578

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 3

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including attachments, and all information provided, and I believe that it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Please Sign Here  
 Signature of officer: *[Handwritten Signature]*  
 Type or print name and title: **KEITH WINSTEN EXECUTIVE**

Paid Preparer's Use Only  
 Preparer's signature: *[Handwritten Signature]*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **SHERRILL A BULLOCK CPA  
 1600 SARNO ROAD STE 119L, ME...**

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC

59-2496749

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name NONE Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name NONE Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	254,131	183,232	3,117,875	249,023	3,804,261
<b>16</b> Membership fees received	444,635	321,955	276,188	236,760	1,279,538
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,140,959	1,414,956	1,229,879	988,421	4,774,215
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,804	4,870	1,825	16,865	25,364
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	538,480	431,578	419,023	325,429	1,714,510
<b>23</b> Total of lines 15 through 22	2,380,009	2,356,591	5,044,790	1,816,498	11,597,888
<b>24</b> Line 23 minus line 17	1,239,050	941,635	3,814,911	828,077	6,823,673
<b>25</b> Enter 1% of line 23	23,800	23,566	50,448	18,165	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 136,473
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 500,000
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 6,823,673
d Add: Amounts from column (e) for lines: 18 25,364 19 0					26d 2,239,874
22 1,714,510 26b 500,000					26e 4,583,799
e Public support (line 26c minus line 26d total)					26f 67.17%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 0 16 0					27c 0
17 0 20 0 21 0					27d 0
d Add: Line 27a total 0 and line 27b total 0					27e 0
e Public support (line 27c total minus line 27d total)					27f 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Line 9 (990) - Special events and activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	SAFARI UNDER THE STARS	HOLIDAY NIGHTS	BOO AT THE ZOO	-----	
1a Number of special events	-----	-----	-----	-----	
2 Gross receipts	84,706	24,093	23,987	73,288	2 206,074
3 Less contributions					3 0
4 Gross revenue	84,706	24,093	23,987	73,288	4 206,074
5 Less direct expenses	31,544	35,990	31,495	58,005	5 157,034
6 Net income or (loss)	53,162	-11,897	-7,508	15,283	6 49,040

**Line 20 (990) - Other changes in net assets or fund balances**

1 PRIOR YEAR NET ADJUSTMENTS TO INCOME	1 -4,040
2 NET UNREALIZED LOSS ON INVESTMENTS	2 4,074
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10 Total	10 34

**Line 47 (990) - Accounts receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 ACCOUNTS RECEIVABLE	1	2,125	18,475		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	2,125	18,475	0	0

**Line 48 (990) - Pledges receivable**

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 PLEDGES RECEIVABLE	1	10,000	15,357		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total pledges receivable	11	10,000	15,357	0	0

**Line 54 (990) - Investments - Securities**

Check one box below to indicate how securities are report:

Cost

End of year market value (FMV)

	Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
Securities at end of year				
1 CORPORATE STOCK			0	0
2 LUTHERN BROTHERHOOD-VAR MF			9,138	9,941
3 MERK & CO			20,513	14,270
4 WRIGLEY WM JR CO			5,509	6,781
5 MEDCOHEALTH			1,801	2,205
6			0	0
7			0	0
8			0	0
9			0	0
10			0	0
11			0	0
12			0	0
13			0	0
14			0	0
15			0	0
16			0	0
17			0	0
18			0	0
19			0	0
20			0	0
21 Totals . . . . .	21	0	36,961	33,197

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	LAND	1,108,403	1,108,403
2			
3			
4			
5			
6	Total land (net of any amortization)	1,108,403	1,108,403

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	VEHICLES	86,830	90,584		
8	BUILDINGS	1,879,751	2,319,573		
9	EXHIBITS	4,925,747	4,937,131		
10	EQUIPMENT	220,216	233,158		
11	TRAIN	176,871	176,871		
12	SERVICE ROAD	17,000	17,000		
13	EQUIPMENT UNDER CAPITAL LEASE	22,233	22,233		
14	ACCUMULATED DEPRECIATION			2,022,821	2,420,605
15					
16					
17	Total buildings and equipment	7,328,648	7,796,550	2,022,821	2,420,605
18	Buildings and equipment (less accumulated depreciation)			5,305,827	5,375,945
19	Total land, buildings and equipment			6,414,230	6,484,348

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total	0	0	0

**Line 58 (990) - Other assets**

		Beginning	End
1	CONSTRUCTION IN PROGRESS	109,887	99,478
2	DEPOSITS	22,450	30,897
3	COLLECTIONS - ANIMALS	175,025	175,025
4	UNAMORTIZED LOAN COSTS	7,256	6,756
5			
6			
7			
8			
9			
10			
11	Total other assets	314,618	312,156

**Line 64b (990) - Mortgages and other notes payable**

	Lender's name	Check if lender is a business	Original amount	Balance due beginning of year	Balance due end of year
1	RINGHAVER EQUIPMENT COMPANY	<input checked="" type="checkbox"/>	30,037	23,324	17,590
2	SUNTRUST BANK	<input checked="" type="checkbox"/>	2,092,851	1,936,640	1,746,481
19	Totals		2,122,888	1,959,964	1,764,071

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1	CAT SKID STEER LOADER	9/19/2002	9/19/2007	577.81 MTHLY	5.79%
2	GRANTS RECEIVABLE	1/23/2003	7/23/2015	VARIED MTHLY	1.75 + LIBOR

	Purpose of loan	Description of consideration	FMV of consideration
1	PURCHASE OF EQUIPMENT		
2	CONSTRUCTION OF AFRICA EXHIBIT		

**Line 65 (990) - Other liabilities**

	Beginning	End
1 LEASE PAYABLE	20,749	17,497
2		
3		
4		
5		
6		
7		
8		
9		
10		
11 Total other liabilities	20,749	17,497

**STATEMENT 1 - FORM 990, PART II, LINE 43 - OTHER FUNCTIONAL EXPENSES**

<u>DESCRIPTION</u>	<u>TOTAL EXPENSES</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT &amp; GENERAL</u>	<u>FUNDRAISING</u>
DIRECT AND BULK MAILING	25,912	25,912	0	0
LIABILITY INSURANCE	93,318	90,042	3,276	0
MARKETING	200,456	0	200,456	0
MISCELLANEOUS	168,563	34,100	134,463	0
MAINTENANCE	100,752	97,215	3,537	0
NEWSLETTER	26,188	26,188	0	0
TAXES, LICENSES, AND FEES	35,549	34,644	905	0
UTILITIES	74,391	47,720	26,671	0
VEHICLES	5,509	4,352	1,157	0
WEBSITE	1,200	0	1,200	0
TOTAL	<u>731,838</u>	<u>360,173</u>	<u>371,665</u>	<u>0</u>

## STATEMENT 2 - FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME	TITLE	CITY, STATE, ZIP	AVERAGE		
			HOURS	COMP	BENEFITS
KEITH WINSTEN	EXECUTIVE DIRECTOR	MELBOURNE FL 32940	40	20,769	0
MARGO MCKNIGHT	EXECUTIVE DIRECTOR (PRIOR)	MELBOURNE FL 32940	40	66,408	0
JON BRANGAN	ASSOCIATE DIRECTOR	MELBOURNE FL 32940	40	53,615	0
SANDI BOONE	ASSOCIATE DIRECTOR	TITUSVILLE FL 32780	40	47,928	0
JACQUELINE BARKER	PRESIDENT	SATELLITE BEACH FL 32937	VARIES	0	0
PETER CUNNINGHAM	PAST PRESIDENT	COCOA BEACH FL 32931	VARIES	0	0
THOMAS BEDOR	VICE PRESIDENT	MELBOURNE FL 32940	VARIES	0	0
JULIE HARRISON	VICE PRESIDENT	SATELLITE BEACH FL 32937	VARIES	0	0
INGRID MATTA	VICE PRESIDENT	MERRITT ISLAND FL 32952	VARIES	0	0
VICTORIA BAUGHAN	SECRETARY	ROCKLEDGE FL 32955	VARIES	0	0
LINDA DALE	TREASURER	MERRITT ISLAND FL 32953	VARIES	0	0
JEFF WHITE	DIRECTOR	CAPE CANAVERAL FL 32920	VARIES	0	0
DREW DENICK	DIRECTOR	MELBOURNE FL 32901	VARIES	0	0
ELISE VAUGHN	DIRECTOR	MELBOURNE FL 32901	VARIES	0	0
BILL BIEBERBACH	DIRECTOR	COCOA BEACH FL 32931	VARIES	0	0
JAY DECATOR	DIRECTOR	VIERA FL 32940	VARIES	0	0
DUANE DEFREESE	DIRECTOR	INDIALANTIC FL 32903	VARIES	0	0
RICHARD DIPATRI	DIRECTOR	VIERA FL 32940	VARIES	0	0
JOHN DUDA	DIRECTOR	VIERA FL 32940	VARIES	0	0
JACK GIBSON	DIRECTOR	ROCKLEDGE FL 32955	VARIES	0	0
STEPHEN LACEY	DIRECTOR	MELBOURNE FL 32901	VARIES	0	0
BRENDA MULBERRY	DIRECTOR	MERRITT ISLAND FL 32953	VARIES	0	0
ANN NANCE	DIRECTOR	MERRITT ISLAND FL 32952	VARIES	0	0
ARTHUR NIERGARTH	DIRECTOR	MELBOURNE FL 32952	VARIES	0	0
PETER ROCHESTER	DIRECTOR	MERRITT ISLAND FL 32952	VARIES	0	0

**SCHEDULE A PART IV-A, LINE 22 - OTHER INCOME**

	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>
AUXILLIARY ACTIVITIES	538,480	431,578	419,023	315,575
EDUCATIONAL EVENTS AND SALE OF EDUCATIONAL MATERIALS		0	0	9,854
TOTAL	<u>538,480</u>	<u>431,578</u>	<u>419,023</u>	<u>325,429</u>



**FORM 990 (2004) EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC 59-2496749**

**STATEMENT 3 - FORM 990, PART VIII, RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	
93a	PAYMENTS BY PERSONS VISITING THE ZOOLOGICAL AND BIOLOGICAL PARK FOR RECREATIONAL AND EDUCATIONAL PURPOSES.
94	DUES FROM PERSONS SUPPORTING THE ORGANIZATION'S GOALS; AMOUNTS COMPARE REASONABLY WITH AVAILABLE BENEFITS
102	SALES OF ITEMS SUPPORTING THE ORGANIZATION'S GOALS INCLUDING EDUCATIONAL MATERIALS AND ITEMS DESIGNED TO PROMOTE EXTENDED STAYS IN THE PARK.
103	OTHER ACTIVITIES SUCH AS EDUCATIONAL EVENTS AND SALE OF EDUCATIONAL MATERIALS TO INCREASE PUBLIC AWARENESS OF ANIMALS' BEHAVIOR AND HABITAT.

Form 4562 Statement - ALL

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC

59-2496749

Item No.	Description of Property	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2004 Deprec.	2004 Accum. Deprec.
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**Depreciation Detail**

**MACRS deductions for prior years (Line 17)**

22	BUILDING - ANIMAL H	4/1/1994		100.00%	50,000	0	0	50,000	20	SL/GDS	HY	18,438	2,500	20,938
25	BUILDING-EDUCATIC	4/1/1994		100.00%	110,000	0	0	110,000	20	SL/GDS	HY	40,563	5,500	46,063
96	BUILDING-ADMINISTI	4/1/1994		100.00%	70,000	0	0	70,000	20	SL/GDS	HY	25,816	3,500	29,316
138	BUILDING-GIFT SHOF	4/1/1994		100.00%	40,000	0	0	40,000	20	SL/GDS	HY	14,750	2,000	16,750
139	BUILDING-CONCESS	4/1/1994		100.00%	20,000	0	0	20,000	20	SL/GDS	HY	7,375	1,000	8,375
20	EXHIBIT-PAWS/SA E	4/1/1994		100.00%	2,694,000	0	0	2,694,000	20	SL/GDS	HY	1,279,650	134,700	1,414,350
94	FLAG POLE	6/30/1994		100.00%	2,339	0	0	2,339	10	SL/GDS	HY	2,222	117	2,339
8	CAGE MATERIAL	6/30/1994		100.00%	1,571	0	0	1,571	10	SL/GDS	HY	1,493	78	1,571
9	CAGES	6/30/1994		100.00%	3,295	0	0	3,295	10	SL/GDS	HY	3,131	164	3,295
13	OFFICE EXHIBIT	6/30/1994		100.00%	388	0	0	388	20	SL/GDS	HY	184	19	203
17	SIGNS-EXHIBIT (MUL	6/30/1994		100.00%	2,025	0	0	2,025	10	SL/GDS	HY	1,925	100	2,025
21	EXHIBIT-NATIVE FL	6/30/1994		100.00%	91,000	0	0	91,000	20	SL/GDS	HY	43,225	4,550	47,775
23	SIGNAGE	6/30/1994		100.00%	8,964	0	0	8,964	10	SL/GDS	HY	8,515	448	8,963
39	BILLBOARD	6/1/1995		100.00%	1,575	0	0	1,575	10	SL/GDS	HY	1,359	158	1,517
40	KIOSK	6/1/1995		100.00%	842	0	0	842	10	SL/GDS	HY	726	84	810
43	MAR/ROCK ROAD	6/15/1995		100.00%	17,000	0	0	17,000	20	SL/GDS	HY	7,331	850	8,181
44	EAGLE EXHIBIT	6/30/1995		100.00%	832	0	0	832	20	SL/GDS	HY	359	42	401
41	SPONSOR SIGN	7/1/1995		100.00%	791	0	0	791	10	SL/GDS	HY	662	79	741
37	ENTRY GATE	10/1/1995		100.00%	5,145	0	0	5,145	10	SL/GDS	HY	4,181	515	4,696
38	FOUNDER'S SIGN	10/1/1995		100.00%	5,117	0	0	5,117	10	SL/GDS	HY	4,158	512	4,670
42	PAWS ON SIGN	10/1/1995		100.00%	776	0	0	776	10	SL/GDS	HY	631	78	709
141	BUILDING-PICNIC PA	10/15/1995		100.00%	3,356	0	0	3,356	20	SL/GDS	HY	1,364	168	1,532
33	FRUIT BAT EXHIBIT	10/15/1995		100.00%	760	0	0	760	20	SL/GDS	HY	309	38	347
34	TAPIR EXHIBIT	10/15/1995		100.00%	32,055	0	0	32,055	20	SL/GDS	HY	13,023	1,603	14,626
36	RED WOLF EXHIBIT	11/15/1995		100.00%	4,094	0	0	4,094	20	SL/GDS	HY	1,638	205	1,843
60	RED WOLF EXHIBIT	11/15/1995		100.00%	7,000	0	0	7,000	20	SL/GDS	HY	3,150	350	3,500
30	AVIARY	12/15/1995		100.00%	35,374	0	0	35,374	20	SL/GDS	HY	14,150	1,769	15,919
12159E	AVIARY BOARDWALK	12/15/1995		100.00%	13,497	0	0	13,497	20	SL/GDS	HY	5,399	675	6,074
32	OUTBACK BOARDWALK	12/15/1995		100.00%	6,537	0	0	6,537	20	SL/GDS	HY	2,615	327	2,942
119	TRAIN RENOVATION	12/25/1995		100.00%	12,620	0	0	12,620	20	SL/GDS	HY	5,127	631	5,758
120	TRAIN TRACK/BUILD	12/25/1995		100.00%	77,380	0	0	77,380	20	SL/GDS	HY	31,436	3,869	35,305
198	TRAIN	12/25/1995		100.00%	60,000	0	0	60,000	20	SL/GDS	HY	24,375	3,000	27,375
35	BUILDING-MAINTENA	12/31/1995		100.00%	107,174	0	0	107,174	20	SL/GDS	HY	34,832	5,359	40,191
67	EXHIBIT AUSTRALIA	1/1/1996		100.00%	2,239	0	0	2,239	20	SL/GDS	HY	882	112	994
122	ADD'L TRAIN	1/1/1996		100.00%	2,570	0	0	2,570	20	SL/GDS	HY	1,013	129	1,142
28	KANGAROO EXHIBIT	4/1/1996		100.00%	14,300	0	0	14,300	20	SL/GDS	HY	5,452	715	6,167
29	AUSTRALIA EXHIBIT	4/1/1996		100.00%	6,927	0	0	6,927	20	SL/GDS	HY	2,640	346	2,986
64	ADD'L AUSTRALIA EX	4/1/1996		100.00%	19,759	0	0	19,759	20	SL/GDS	HY	7,533	988	8,521
65	BIRDS OF PREY EXH	7/1/1996		100.00%	1,750	0	0	1,750	20	SL/GDS	HY	646	88	734
98	PARKING LOT	11/1/1996		100.00%	11,260	0	0	11,260	20	SL/GDS	HY	4,011	563	4,574
114	ADD'L PARKING	11/1/1996		100.00%	5,266	0	0	5,266	20	SL/GDS	HY	1,876	263	2,139
123	TRAIN SHELTER	12/31/1996		100.00%	4,223	0	0	4,223	20	SL/GDS	HY	1,504	211	1,715
157	HOSHIZAKI ICE MACH	2/26/1997		100.00%	2,372	0	0	2,372	7	SL/GDS	HY	2,202	169	2,371
158	BEVERAGE AIR REAC	2/26/1997		100.00%	2,127	0	0	2,127	7	SL/GDS	HY	1,975	152	2,127
147	PARKING LOT	3/4/1997		100.00%	1,303	0	0	1,303	20	SL/GDS	HY	423	65	488
142	ASIA-GIBBON EXHIBI	3/6/1997		100.00%	17,950	0	0	17,950	7	SL/GDS	HY	16,668	1,282	17,950
148	BUILDING-PICNIC PA	3/11/1997		100.00%	65,383	0	0	65,383	20	SL/GDS	HY	21,249	3,269	24,518
75	ASIA-BOARDWALK	3/17/1997		100.00%	13,057	0	0	13,057	7	SL/GDS	HY	12,124	933	13,057
200	SEARS TRACTOR	5/3/1997		100.00%	1,363	0	0	1,363	20	SL/GDS	HY	443	68	511
146	BUILDING-MAINTENA	5/21/1997		100.00%	1,464	0	0	1,464	7	SL/GDS	HY	1,359	105	1,464

Form 4562 Statement - ALL

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC

59-2496749

Item No.	Description of Property	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec., 179, Bonus	2004 Deprec.	2004 Accum. Deprec.
199	TRAIN SHED	5/21/1997		100.00%	1,462	0	0	1,462	7	SL/GDS	HY	1,358	104	1,462
143	AUSTRALIA-DINGO N	11/26/1997		100.00%	736	0	0	736	7	SL/GDS	HY	683	53	736
144	AUSTRALIA-OUTBAC	12/31/1997		100.00%	32,288	0	0	32,288	7	SL/GDS	HY	29,982	2,306	32,288
164	AMERICAN ALLIGATC	1/16/1998		100.00%	2,012	0	0	2,012	7	SL/GDS	HY	1,586	287	1,873
165	JAGUAR EXHIBIT	1/28/1998		100.00%	7,526	0	0	7,526	7	SL/GDS	HY	5,913	1,075	6,988
173	ROBINSON EQUIP/KL	9/24/1998		100.00%	10,243	0	0	10,243	7	SL/GDS	HY	8,048	1,463	9,511
166	LATIN AMERICA EXH	10/7/1998		100.00%	6,640	0	0	6,640	7	SL/GDS	HY	5,217	949	6,166
194	GOLF CART- USED	2/4/1999		100.00%	2,627	0	0	2,627	5	SL/GDS	HY	2,583	44	2,627
183	PENTIUM 300 31 MEC	4/16/1999		100.00%	695	0	0	695	5	SL/GDS	HY	649	46	695
184	HOOD	8/10/1999		100.00%	2,200	0	0	2,200	7	SL/GDS	HY	1,388	314	1,702
149	BUILDING-PAVILLION	12/31/1999		100.00%	942	0	0	942	20	SL/GDS	HY	188	47	235
150	BUILDING-ANIMAL H	12/31/1999		100.00%	4,324	0	0	4,324	20	SL/GDS	HY	865	216	1,081
167	BOARDWALK AND C/	12/31/1999		100.00%	29,989	0	0	29,989	20	SL/GDS	HY	5,997	1,499	7,496
195	BAND SAW	2/21/2000		100.00%	710	0	0	710	5	SL/GDS	HY	544	142	686
168	SNAKE CAGE A	6/30/2000		100.00%	1,095	0	0	1,095	10	SL/GDS	HY	384	110	494
169	SNAKE CAGE B	6/30/2000		100.00%	1,826	0	0	1,826	10	SL/GDS	HY	640	183	823
185	GRILL	7/1/2000		100.00%	1,266	0	0	1,266	7	SL/GDS	HY	633	181	814
196	STORAGE CABINET	7/11/2000		100.00%	552	0	0	552	5	SL/GDS	HY	386	110	496
27	AC UNIT	7/18/2000		100.00%	1,540	0	0	1,540	7	SL/GDS	HY	752	220	972
186	EDUCA COMPUTER 1	7/24/2000		100.00%	1,300	0	0	1,300	5	SL/GDS	HY	888	260	1,148
187	EDUCA COMPUTER 2	8/9/2000		100.00%	1,283	0	0	1,283	5	SL/GDS	HY	877	257	1,134
188	EDUCA COMPUTER 3	8/9/2000		100.00%	1,283	0	0	1,283	5	SL/GDS	HY	877	257	1,134
189	EDUCA COMPUTER 4	8/9/2000		100.00%	1,283	0	0	1,283	5	SL/GDS	HY	877	257	1,134
170	WETLANDS OUTFALI	8/15/2000		100.00%	25,835	0	0	25,835	20	SL/GDS	HY	4,414	1,292	5,706
118	DISPLAYS FOR EDUC	9/28/2000		100.00%	4,267	0	0	4,267	7	SL/GDS	HY	1,982	610	2,592
197	PRESSURE WASHER	10/1/2000		100.00%	999	0	0	999	5	SL/GDS	HY	650	200	850
191	TRANSPONDER REA	12/31/2000		100.00%	1,407	0	0	1,407	7	SL/GDS	HY	603	201	804
217	TRAIN CAR WITH HAI	2/7/2001		100.00%	16,000	0	0	16,000	20	SL/GDS	HY	2,333	800	3,133
209	10HP 1 LPH 3450 MO	5/9/2001		100.00%	697	0	0	697	7	SL/GDS	HY	266	100	366
202	COMPAQ 800MHZ CC	5/11/2001		100.00%	1,116	0	0	1,116	3	SL/GDS	HY	992	124	1,116
212	A/C CONTROL	5/16/2001		100.00%	702	0	0	702	7	SL/GDS	HY	259	100	359
218	STEREO SYSTEM	5/24/2001		100.00%	1,253	0	0	1,253	7	SL/GDS	HY	462	179	641
216	EDUCATION VAN	5/31/2001		100.00%	15,590	0	0	15,590	5	SL/GDS	HY	8,055	3,118	11,173
211	JOHN DEERE HD75 M	7/5/2001		100.00%	4,504	0	0	4,504	7	SL/GDS	HY	1,608	643	2,251
207	PANEL FRONT 92	7/6/2001		100.00%	2,278	0	0	2,278	7	SL/GDS	HY	813	325	1,138
203	COMPAQ 51022 COM	7/31/2001		100.00%	533	0	0	533	3	SL/GDS	HY	439	89	528
208	LAGOON DISPLAY	9/3/2001		100.00%	931	0	0	931	7	SL/GDS	HY	310	133	443
204	COMPAQ 5102U COM	9/9/2001		100.00%	553	0	0	553	3	SL/GDS	HY	430	92	522
240	KAYAK TRAILER	9/10/2001		100.00%	2,500	0	0	2,500	5	SL/GDS	HY	1,167	500	1,667
206	EQUIPMENT-KAYAKS	9/11/2001		100.00%	11,056	0	0	11,056	7	SL/GDS	HY	3,685	1,579	5,264
215	AT&T PHONE SYSTE	11/7/2001		100.00%	1,301	0	0	1,301	3	SL/GDS	HY	940	217	1,157
213	COMPUTER-AMD 85C	12/11/2001		100.00%	1,116	0	0	1,116	3	SL/GDS	HY	775	186	961
214	COMPUTER-AMD CPI	12/13/2001		100.00%	1,116	0	0	1,116	3	SL/GDS	HY	775	186	961
220	AUSTRALIAN AVIAR	12/31/2001		100.00%	6,447	0	0	6,447	20	SL/GDS	HY	644	322	966
221	CAPYBARA NIGHT HO	12/31/2001		100.00%	592	0	0	592	7	SL/GDS	HY	170	85	255
222	SPIDER MONKEY NIC	12/31/2001		100.00%	592	0	0	592	7	SL/GDS	HY	170	85	255
223	IGUANA NIGHT HOUS	12/31/2001		100.00%	592	0	0	592	7	SL/GDS	HY	170	85	255
224	COTTON TOP NIGHT	12/31/2001		100.00%	592	0	0	592	7	SL/GDS	HY	170	85	255
225	HOWLER MONKEY N	12/31/2001		100.00%	592	0	0	592	7	SL/GDS	HY	170	85	255
226	TAPIR NIGHT HOUSE	12/31/2001		100.00%	4,867	0	0	4,867	10	SL/GDS	HY	974	487	1,461
227	SIAMANG NIGHT HOI	12/31/2001		100.00%	2,713	0	0	2,713	7	SL/GDS	HY	542	271	813
228	AVIARY KIOSK	12/31/2001		100.00%	2,438	0	0	2,438	7	SL/GDS	HY	696	348	1,044
229	BAT EXHIBIT	12/31/2001		100.00%	109,011	0	0	109,011	20	SL/GDS	HY	10,902	5,451	16,353
230	BUTTERFLY GARDEN	12/31/2001		100.00%	772	0	0	772	10	200DB	HY	188	89	277

**Form 4562 Statement - ALL**

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC

59-2496749

Item No.	Description of Property	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2004 Deprec.	2004 Accum. Deprec
231	IGUANA EXHIBIT	12/31/2001		100.00%	8,871	0	0	8,871	20	SL/GDS	HY	888	444	1,332
232	SPIDER MONKEY EXI	12/31/2001		100.00%	9,962	0	0	9,962	20	SL/GDS	HY	996	498	1,494
235	JAGUAR EXHIBIT	12/31/2001		100.00%	65,037	0	0	65,037	20	SL/GDS	HY	3,252	3,252	6,504
234	A/C UNIT	5/13/2002		100.00%	4,193	0	0	4,193	10	SL/GDS	HY	699	419	1,118
237	CAT SKID STEER LO,	9/19/2002		100.00%	39,625	0	0	39,625	7	SL/GDS	HY	7,076	5,661	12,737
300	SUNTRUST LOAN CC	1/23/2003		100.00%	7,506	0	0	7,506	15	SL/GDS	HY	250	500	750
305	VAN	5/7/2003		100.00%	4,500	0	0	4,500	5	SL/GDS	HY	450	900	1,350
309	COPIER/DUPLICATOI	10/31/2003		100.00%	20,983	0	0	20,983	7	SL/GDS	HY	1,499	2,998	4,497
301	BUILDINGS	12/31/2003		100.00%	455,426	0	0	455,426	20	SL/GDS	HY	11,386	22,771	34,157
302	NORTH NIGHT HOUS	12/31/2003		100.00%	788,727	0	0	788,727	20	SL/GDS	HY	19,718	39,436	59,154
303	SOUTH NIGHT HOUS	12/31/2003		100.00%	147,754	0	0	147,754	20	SL/GDS	HY	3,694	7,388	11,082
304	NECROPSY BUILDIN	12/31/2003		100.00%	11,943	0	0	11,943	20	SL/GDS	HY	299	597	896
306	JOHN DEERE	12/31/2003		100.00%	6,439	0	0	6,439	5	SL/GDS	HY	644	1,288	1,932
307	TRUCK	12/31/2003		100.00%	23,865	0	0	23,865	5	SL/GDS	HY	2,387	4,773	7,160
308	2 SCALES	12/31/2003		100.00%	7,380	0	0	7,380	7	SL/GDS	HY	527	1,054	1,581
310	AFRICA EXHIBITS	12/31/2003		100.00%	1,611,368	0	0	1,611,368	20	SL/GDS	HY	40,284	80,568	120,852
Total MACRS deductions for prior years (Line 17)					7,209,183	0	0	7,209,183				1,897,230	385,440	2,282,670
<b>GDS 5-year property (Line 19b)</b>														
313	EXCEL X-RAY	9/7/2004	F-7	100.00%	3,226		0	3,226	5	SL/GDS	HY		323	323
313	SOFTERWARE SOFT	11/19/2004		100.00%	9,715		0	9,715	5	SL/GDS			972	972
Total GDS 5-year property (Line 19b)					12,941	0	0	12,941				0	1,295	1,295
<b>GDS 7-year property (Line 19c)</b>														
312	TRAILER - ADV SERV	4/12/2004	F-10	100.00%	3,753		0	3,753	7	SL/GDS	HY		268	268
Total GDS 7-year property (Line 19c)					3,753	0	0	3,753				0	268	268
<b>GDS 20-year property (Line 19f)</b>														
215	EXHIBIT - AFRICA	6/30/2004		100.00%	11,385		0	11,385	20	SL/GDS			285	285
316	EDUCATION CENTER	12/31/2004		100.00%	439,823		0	439,823	20	SL/GDS			10,996	10,996
Total GDS 20-year property (Line 19f)					451,208	0	0	451,208				0	11,281	11,281
<b>Subtotal</b>					7,677,085	0	0	7,677,085				1,897,230	398,284	2,295,514
					7,677,085	0	0	7,677,085				1,897,230	398,284	2,295,514

**Form 4562 Reconciliation**

Annual depreciation and amortization	398,284
Special allowance except listed property (Line 14)	0
Listed property special allowance (Line 25)	0
Section 179 deduction claimed (includes prior year disallowed)	0
Section 179 deduction carried forward to future year	0
Section 179 deduction (Line 12)	0
Less amortization included in total annual depreciation and amortization (Line 44)	0
<b>Form 4562, Line 22</b>	<b>398,284</b>

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



▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)**

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only  **All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.**

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC</b>	Employer identification number <b>59-2496749</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>8225 NORTH WICKHAM ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MELBOURNE, FL 329407924</b>	

**Check type of return to be filed (file a separate application for each return):**

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ SANDI BOONE

Telephone No. ▶ (321) 254-9453 FAX No. ▶ \_\_\_\_\_

- 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15/2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2004 or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.