

# Return of Organization Exempt From Income Tax

**2005**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

SCANNED AUG 10 2006

**A** For the 2005 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization: **EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: \_\_\_\_\_  
**8225 NORTH WICKHAM ROAD**  
 City or town State or country ZIP + 4: **MELBOURNE FL 329407924**

**D** Employer identification number: **59-2496749**  
**E** Telephone number: \_\_\_\_\_

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶ \_\_\_\_\_

**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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,242,016**

**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 ▶ \_\_\_\_\_

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

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

Line	Description	Amount
<b>1</b>	Contributions, gifts, grants, and similar amounts received.	
<b>a</b>	Direct public support	164,566
<b>b</b>	Indirect public support	0
<b>c</b>	Government contributions (grants)	104,810
<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ 269,376 noncash \$ 0)	269,376
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	1,154,939
<b>3</b>	Membership dues and assessments	639,467
<b>4</b>	Interest on savings and temporary cash investments	10,133
<b>5</b>	Dividends and interest from securities	0
<b>6a</b>	Gross rents	
<b>b</b>	Less rental expenses	
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	0
<b>7</b>	Other investment income (describe )	0
<b>8a</b>	Gross amount from sales of assets other than inventory	0
<b>b</b>	Less cost or other basis and sales expenses	0
<b>c</b>	Gain or (loss) (attach schedule)	0
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	0
<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 \$ 0 of contributions reported on line 1a)	386,454
<b>b</b>	Less direct expenses other than fundraising expenses	322,218
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	64,236
<b>10a</b>	Gross sales of inventory, less returns and allowances	987,823
<b>b</b>	Less cost of goods sold	676,954
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	310,869
<b>11</b>	Other revenue (from Part VII, line 103)	793,824
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	3,242,844
<b>13</b>	Program services (from line 44, column (B))	2,617,678
<b>14</b>	Management and general (from line 44, column (C))	1,134,846
<b>15</b>	Fundraising (from line 44, column (D))	0
<b>16</b>	Payments to affiliates (attach schedule)	0
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	3,752,524
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	-509,680
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	6,915,186
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	0
<b>21</b>	<b>Net assets or fund balances at end of year</b> (combine lines 18, 19, and 20)	6,405,506

RECEIVED  
 JUL 17 2006  
 OGDEN, UT  
 IRS-OSC

**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 the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc.	0	0	0	0
26	Other salaries and wages	2,013,241	1,341,980	671,261	0
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	0	0	0	0
29	Payroll taxes	0	0	0	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	0	0	0	0
32	Legal fees	0	0	0	0
33	Supplies	253,703	233,861	19,842	0
34	Telephone	0	0	0	0
35	Postage and shipping	0	0	0	0
36	Occupancy	0	0	0	0
37	Equipment rental and maintenance	50,492	14,432	36,060	0
38	Printing and publications	0	0	0	0
39	Travel	24,924	9,435	15,489	0
40	Conferences, conventions, and meetings	0	0	0	0
41	Interest	86,469	80,571	5,898	0
42	Depreciation, depletion, etc (attach schedule)	396,272	382,361	13,911	0
43	Other expenses not covered above (itemize)				
a	See attached statement	927,423	555,038	372,385	0
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,752,524	2,617,678	1,134,846	0

**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  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 the instructions)

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.

What is the organization's primary exempt purpose? ► ZOOLOGICAL PARK	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) <b>a</b> BIOLOGICAL AND BOTANICAL EXHIBITS FOR THE EDUCATION AND RECREATION OF RESIDENTS AND VISITORS IN BREVARD COUNTY. PROMOTION OF AWARENESS FOR NEED TO CONSERVE RESOURCE: APPROXIMATELY 296,000 VISITORS DURING 2005 ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,617,678
<b>b</b> ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b> ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b> ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ►	2,617,678

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	5,000	45	0
	46 Savings and temporary cash investments	450,978	46	352,900
	47 a Accounts receivable	72,606		
	b Less: allowance for doubtful accounts	0	47c	72,606
	48 a Pledges receivable	11,172		
	b Less: allowance for doubtful accounts	0	48c	11,172
	49 Grants receivable	1,746,481	49	1,446,037
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	0		
	b Less: allowance for doubtful accounts	0	51c	0
	52 Inventories for sale or use	74,379	52	61,685
	53 Prepaid expenses and deferred charges	32,501	53	101,443
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	33,197	54	0
	55 a Investments—land, buildings, and equipment: basis	0		
	b Less: accumulated depreciation (attach schedule)	0	55c	0
56 Investments—other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment basis	9,136,227			
b Less: accumulated depreciation (attach schedule)	2,818,070	57c	6,318,157	
58 Other assets (describe <input type="checkbox"/> See attached statement )	212,678	58	181,281	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	9,172,872	59	8,545,281	
Liabilities	60 Accounts payable and accrued expenses	170,894	60	352,709
	61 Grants payable		61	
	62 Deferred revenue	305,224	62	315,503
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	1,764,071	64b	1,457,552
	65 Other liabilities (describe <input type="checkbox"/> LEASE PAYABLE )	17,497	65	14,011
66 <b>Total liabilities.</b> Add lines 60 through 65	2,257,686	66	2,139,775	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	4,997,836	67	4,821,428
	68 Temporarily restricted	1,871,305	68	1,537,033
	69 Permanently restricted	46,045	69	47,045
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <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)	6,915,186	73	6,405,506	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	9,172,872	74	8,545,281	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	4,242,017
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	0	
2	Donated services and use of facilities	b2	0	
3	Recoveries of prior year grants	b3	0	
4	Other (specify) _____ See attached statement	b4	999,173	
	Add lines b1 through b4			<b>b</b> 999,173
<b>c</b>	Subtract line b from line a			<b>c</b> 3,242,844
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1	0	
2	Other (specify) _____	d2	0	
	Add lines d1 and d2			<b>d</b> 0
<b>e</b>	Total revenue (Part I, line 12) Add lines c and d			<b>e</b> 3,242,844

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	4,751,697
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	0	
2	Prior year adjustments reported on Part I, line 20	b2	0	
3	Losses reported on Part I, line 20	b3	0	
4	Other (specify) _____ See attached statement	b4	999,173	
	Add lines b1 through b4			<b>b</b> 999,173
<b>c</b>	Subtract line b from line a			<b>c</b> 3,752,524
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1	0	
2	Other (specify) _____	d2	0	
	Add lines d1 and d2			<b>d</b> 0
<b>e</b>	Total expenses (Part I, line 17) Add lines c and d			<b>e</b> 3,752,524

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
Name SEE Str City SCHEDULE 1 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			
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			
Name _____ Str City _____ ST ZIP	Title Hr/WK			

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)</b>	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <span style="float: right;">▶ ----- 23</span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .	<b>75b</b>	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<b>75c</b>	X
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				

<b>Part VI Other Information (See the instructions)</b>	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>	X
<b>77</b> 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	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	<b>78b</b>	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	X
<b>80 a</b> 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?	<b>80a</b>	X
<b>b</b> If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct and indirect political expenditures (See line 81 instructions) . . . . . <span style="float: right;">81a N/A</span>		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>	X

Part VI Other Information (continued)

		Yes	No
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?		X
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		N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
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.			
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		X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A , section 4955 ▶ N/A		
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		▶ N/A	
d Enter Amount of tax on line 89c, above, reimbursed by the organization		▶ N/A	
90 a	List the states with which a copy of this return is filed ▶ FL		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		90b	97
91 a	The books are in care of ▶ Name NANCY GRZESIK Telephone no ▶ (321) 254-9453 Located at ▶ 8225 N WICKHAM ROAD City MELBOURNE ST FL ZIP + 4 ▶ 329407924		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		91b	X
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶		91c	X
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 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 <u>ADMISSIONS</u>					1,154,939
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					639,467
95 Interest on savings and temporary cash investments			14	10,133	
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	64,236	
102 Gross profit or (loss) from sales of inventory					310,869
103 Other revenue					793,824
a <u>AUXILIARY ACTIVITIES</u>					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		74,369	2,899,099
105 Total (add line 104, columns (B), (D), and (E))					2,973,468

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 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)
1	SEE SCHEDULE 2

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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)

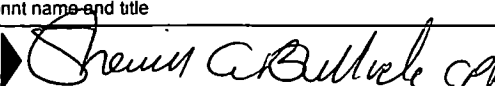
Please Sign Here

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

Signature of officer: 

Type or print name and title: \_\_\_\_\_

Paid Preparer's Use Only

Preparer's 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 4947(a)(1) Nonexempt Charitable Trust

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

OMB No 1545-0047

**2005**

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 <b>EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC</b>	Employer identification number <b>59-2496749</b>
---	---

**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
DAVID KEITH WINSTEN, 1937 AUBURN LAKES ROCKLEDGE, FL 32940	EXECUTIVE DIRECTOR 50+	120,000	0	0
JON BRANGAN, 2228 WESTMINSTER DR COCOA, FL 32926	DEPUTY DIRECTOR 40-50	64,000	0	0
DEB ANDERSON, 9720 146TH AVE FELLSMERE, FL 32948	VETERINARIAN 40-50	52,500	0	0
NANCY GRZESIK, 499 ROYSTON LANE MELBOURNE, FL 32940	ASSOCIATE ZOO DIRE 50+	51,000	0	0
	0	0	0	0
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A 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
NONE		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶		0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50 000 for other services . . . ▶		0

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

	Yes	No
<p>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 )</p> <p>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</p>		X
<p>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 )</p>		
<p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>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 )</p>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>		X
<p>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?</p>		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	402,365	254,131	183,232	3,117,875	3,957,603
16 Membership fees received	530,942	444,635	321,955	276,188	1,573,720
17 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	1,623,898	1,140,959	1,414,956	1,229,879	5,409,692
18 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	1,864	1,804	4,870	1,825	10,363
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	672,874	538,480	431,578	419,023	2,061,955
23 Total of lines 15 through 22	3,231,943	2,380,009	2,356,591	5,044,790	13,013,333
24 Line 23 minus line 17	1,608,045	1,239,050	941,635	3,814,911	7,603,641
25 Enter 1% of line 23	32,319	23,800	23,566	50,448	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 152,073
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 250,000
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 7,603,641
d Add Amounts from column (e) for lines 18 10,363 19 0					26d 2,322,318
22 2,061,955 26b 250,000					26e 5,281,323
e Public support (line 26c minus line 26d total)					26f 69.46%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 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				
(2004) (2003) (2002) (2001)					
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 11b, 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					
(2004) (2003) (2002) (2001)					
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)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f 0				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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					

**Part V Private School Questionnaire (See page 7 of the instructions )**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ..... ..... .....		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ..... .....		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ..... ..... .....		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group      Check **b**  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	0
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is—                      The lobbying nontaxable amount is— Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000                      \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000                      \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000                      \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                      \$1,000,000	<b>41</b>	0
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**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 instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions )

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

**b** Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a - Direct public support</b>		
1 Contributions	164,566	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5		5
6		6
7		7
8		8
9		9
10 Total	164,566	10 0
<b>Line 1b - Indirect public support</b>		
<b>Line 1c - Government contributions (grants)</b>	104,810	

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

	Event A	Event B	Event C	All others	Totals
1 Special event name	SAFARI UNDER THE STARS	BOO AT THE ZOO	ZAAC CONFERENCE	-----	
1a Number of special events					
2 Gross receipts	97,143	90,807	52,837	145,667	2 386,454
3 Less contributions					3 0
4 Gross revenue	97,143	90,807	52,837	145,667	4 386,454
5 Less direct expenses	39,927	30,278	48,011	204,002	5 322,218
6 Net income or (loss)	57,216	60,529	4,826	-58,335	6 64,236

**Line 10c (990) - Gross Profit from Sale of Inventory**

	Category	Gross Sales	Cost of Goods Sold	Net
1	GIFT SHOP	493,821	351,692	142,129
2	FOOD SERVICE	494,002	325,262	168,740
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11	Totals	987,823	676,954	310,869



**Line 43 (990) - Other Deductions**

927,423

555,038

372,385

0

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	UTILITIES	86,039	55,192	30,847	
2	NEWSLETTER	22,921	22,921	0	
3	DIRECT AND BULK MAIL	23,706	23,706	0	
4	LIABILITY INSURANCE	112,408	104,741	7,667	
5	MAINTENANCE	287,091	263,131	23,960	
6	VEHICLES	10,234	8,085	2,149	
7	DUES, FEES, AND MEMBERSHIPS	12,105	8,506	3,599	
8	MISCELLANEOUS	341,403	61,252	280,151	
9	VOLUNTEERS AND DOCENTS	3,969	0	3,969	
10	WEBSITE	4,233	0	4,233	
11	POSTAGE	10,599	0	10,599	
12	UNIFORMS	12,715	7,504	5,211	
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**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	SERVICE ROAD	17,000	17,000		
8	ANIMAL EXHIBITS	4,937,131	4,937,132		
9	BUILDINGS	2,319,573	2,354,938		
10	EQUIPMENT	233,158	253,158		
11	TRAIN	176,871	176,871		
12	VEHICLES	90,584	90,584		
13	EQUIPMENT UNDER CAPITAL LEASE	22,233	22,233		
14	CONSTRUCTION IN PROGRESS	99,478	175,908		
15	ACCUMULATED DEPRECIATION			2,420,605	2,818,070
16					
17	Total buildings and equipment	7,896,028	8,027,824	2,420,605	2,818,070
18	Buildings and equipment (less accumulated depreciation)			5,475,423	5,209,754
19	Total land, buildings and equipment			6,583,826	6,318,157

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**

212,678

181,281

		Beginning	End
1	DEPOSITS	30,897	0
2	COLLECTIONS - ANIMALS	175,025	175,025
3	UNAMORTIZED LOAN COSTS	6,756	6,256
4			
5			
6			
7			
8			
9			
10			

**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	17,590	11,515
2	SUNTRUST BANK	<input checked="" type="checkbox"/>	2,092,851	1,746,481	1,446,037
19	Totals		2,122,888	1,764,071	1,457,552

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 7900%
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**

17,497

14,011

		Beginning	End
1	LEASE PAYABLE	17,497	14,011
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Line b(4) and line d(2), Part IV-A (990) - Reconciliation of Rev. per Audited Financial Stmts.**

Line b(4) Other			
1	SPECIAL EVENTS EXPENSE	1	322,219
2	COSTS OF GOODS SOLD	2	676,954
3		3	
4		4	
5		5	
6	Total Line b(4), Part IV-A	6	999,173
Line d(2) Other			
1		1	
2		2	
3		3	
4		4	
5		5	
6	Total Line d(2), Part IV-A	6	0

**Line b(4) and line d(2), Part IV-B (990) - Reconciliation of Exp. per Audited Financial Stmts.**

Line b(4) Other			
1	SPECIAL EVENTS EXPENSE	1	322,219
2	COST OF GOODS SOLD	2	676,954
3		3	
4		4	
5		5	
6	Total Line b(4), Part IV-B	6	999,173
Line d(2) Other			
1		1	
2		2	
3		3	
4		4	
5		5	
6	Total Line d(2), Part IV-B	6	0

**Line 22 (Sch A (990/990-EZ)) - Other Income**

Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
1 AUXILLIARY ACTIVITIES	672,874	538,480	431,578	419,023	2,061,955
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
Total of Other Income	672,874	538,480	431,578	419,023	2,061,955

## Form 4562 Statement - 990

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	2005 Deprec	2005 Accum Deprec
---------	-------------------------	------------------------	------------	-----------	---------------------	-------------------	-------------------	----------------	-----------------	--------	-----------	--------------------------------	-------------	-------------------

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

22	BUILDING - ANIMAL F	4/1/1994	R-5	100 00%	50,000	0	0	50,000	20	SL		20,938	2,500	23,438
25	BUILDING-EDUCATIC	4/1/1994		100 00%	110,000	0	0	110,000	20	SL		46,063	5,500	51,563
96	BUILDING-ADMINISTI	4/1/1994		100 00%	70,000	0	0	70,000	20	SL		29,316	3,500	32,816
138	BUILDING-GIFT SHOF	4/1/1994		100 00%	40,000	0	0	40,000	20	SL		16,750	2,000	18,750
139	BUILDING-CONCESS	4/1/1994		100 00%	20,000	0	0	20,000	20	SL		8,375	1,000	9,375
20	EXHIBIT-PAWS/SA E	4/1/1994		100 00%	2,694,000	0	0	2,694,000	20	SL		1,414,350	134,700	1,549,050
13	OFFICE EXHIBIT	6/30/1994		100 00%	388	0	0	388	20	SL		203	19	222
21	EXHIBIT-NATIVE FL	6/30/1994	R-5	100 00%	91,000	0	0	91,000	20	SL/ADS		47,775	4,550	52,325
39	BILLBOARD	6/1/1995		100 00%	1,575	0	0	1,575	10	SL		1,517	58	1,575
40	KIOSK	6/1/1995		100 00%	842	0	0	842	10	SL		810	32	842
43	MAR/ROCK ROAD	6/15/1995		100 00%	17,000	0	0	17,000	20	SL		8,181	850	9,031
44	EAGLE EXHIBIT	6/30/1995		100 00%	832	0	0	832	20	SL		401	42	443
41	SPONSOR SIGN	7/1/1995		100 00%	791	0	0	791	10	SL		741	40	781
37	ENTRY GATE	10/1/1995		100 00%	5,145	0	0	5,145	10	SL		4,696	257	4,953
38	FOUNDER'S SIGN	10/1/1995		100 00%	5,117	0	0	5,117	10	SL		4,670	256	4,926
42	PAWS ON SIGN	10/1/1995		100 00%	776	0	0	776	10	SL		709	39	748
141	BUILDING-PICNIC PA	10/15/1995		100 00%	3,356	0	0	3,356	20	SL		1,532	168	1,700
33	FRUIT BAT EXHIBIT	10/15/1995		100 00%	760	0	0	760	20	SL		347	38	385
34	TAPIR EXHIBIT	10/15/1995		100 00%	32,055	0	0	32,055	20	SL		14,626	1,603	16,229
36	RED WOLF EXHIBIT	11/15/1995		100 00%	4,094	0	0	4,094	20	SL		1,843	205	2,048
60	RED WOLF EXHIBIT	11/15/1995		100 00%	7,000	0	0	7,000	20	SL		3,500	350	3,850
30	AVIARY	12/15/1995		100 00%	35,374	0	0	35,374	20	SL		15,919	1,769	17,688
121	AVIARY BOARDWAL	12/15/1995		100 00%	13,497	0	0	13,497	20	SL		6,074	675	6,749
32	OUTBACK BOARDW/	12/15/1995		100 00%	6,537	0	0	6,537	20	SL		2,942	327	3,269
119	TRAIN RENOVATION	12/25/1995		100 00%	12,620	0	0	12,620	20	SL		5,758	631	6,389
120	TRAIN TRACK/BUILD	12/25/1995		100 00%	77,380	0	0	77,380	20	SL		35,305	3,869	39,174
198	TRAIN	12/25/1995		100 00%	60,000	0	0	60,000	20	SL		27,375	3,000	30,375
35	BUILDING-MAINTENA	12/31/1995		100 00%	107,174	0	0	107,174	20	SL		40,191	5,359	45,550
67	EXHIBIT AUSTRALIA	1/1/1996		100 00%	2,239	0	0	2,239	20	SL		994	112	1,106
122	ADD'L TRAIN	1/1/1996		100 00%	2,570	0	0	2,570	20	SL		1,142	129	1,271
29	AUSTRALIA EXHIBIT	4/1/1996		100 00%	6,927	0	0	6,927	20	SL/ADS		2,986	346	3,332
64	ADD'L AUSTRALIA E	4/1/1996		100 00%	19,759	0	0	19,759	20	SL		8,521	988	9,509
65	BIRDS OF PREY EXH	7/1/1996		100 00%	1,750	0	0	1,750	20	SL		734	88	822
98	PARKING LOT	11/1/1996		100 00%	11,260	0	0	11,260	20	SL		4,574	563	5,137
114	ADD'L PARKING	11/1/1996		100 00%	5,266	0	0	5,266	20	SL		2,139	263	2,402
123	TRAIN SHELTER	12/31/1996		100 00%	4,223	0	0	4,223	20	SL		1,715	211	1,926
147	PARKING LOT	3/4/1997		100 00%	1,303	0	0	1,303	20	SL		488	65	553
148	BUILDING-PICNIC PA	3/11/1997		100 00%	65,383	0	0	65,383	20	SL		24,518	3,269	27,787
200	SEARS TRACTOR	5/3/1997		100 00%	1,363	0	0	1,363	20	SL		511	68	579
164	AMERICAN ALLIGATC	1/16/1998		100 00%	2,012	0	0	2,012	7	SL		1,873	139	2,012
165	JAGUAR EXHIBIT	1/28/1998		100 00%	7,526	0	0	7,526	7	SL		6,988	538	7,526
173	ROBINSON EQUIP/KL	9/24/1998		100 00%	10,243	0	0	10,243	7	SL		9,511	732	10,243
166	LATIN AMERICA EXH	10/7/1998		100 00%	6,640	0	0	6,640	7	SL		6,166	474	6,640
184	HOOD	8/10/1999		100 00%	2,200	0	0	2,200	7	SL		1,702	314	2,016
149	BUILDING-PAVILLION	12/31/1999		100 00%	942	0	0	942	20	SL		235	47	282
150	BUILDING-ANIMAL H	12/31/1999		100 00%	4,324	0	0	4,324	20	SL		1,081	216	1,297
167	BOARDWALK AND C/	12/31/1999		100 00%	29,989	0	0	29,989	20	SL		7,496	1,499	8,995
195	BAND SAW	2/21/2000		100 00%	710	0	0	710	5	SL		686	24	710
168	SNAKE CAGE A	6/30/2000		100 00%	1,095	0	0	1,095	10	SL		494	110	604
169	SNAKE CAGE B	6/30/2000		100 00%	1,826	0	0	1,826	10	SL		823	183	1,006

## Form 4562 Statement - 990

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	2005 Deprec	2005 Accum Deprec
185	GRILL	7/1/2000		100 00%	1,266	0	0	1,266	7	SL		814	181	995
196	STORAGE CABINET	7/11/2000		100 00%	552	0	0	552	5	SL		496	55	551
27	AC UNIT	7/18/2000		100 00%	1,540	0	0	1,540	7	SL		972	220	1,192
186	EDUCA COMPUTER 1	7/24/2000		100 00%	1,300	0	0	1,300	5	SL		1,148	130	1,278
187	EDUCA COMPUTER 2	8/9/2000		100 00%	1,283	0	0	1,283	5	SL		1,134	128	1,262
188	EDUCA COMPUTER 3	8/9/2000		100 00%	1,283	0	0	1,283	5	SL		1,134	128	1,262
189	EDUCA COMPUTER 4	8/9/2000		100 00%	1,283	0	0	1,283	5	SL		1,134	128	1,262
170	WETLANDS OUTFALL	8/15/2000		100 00%	25,835	0	0	25,835	20	SL		5,706	1,292	6,998
118	DISPLAYS FOR EDUC	9/28/2000		100 00%	4,267	0	0	4,267	7	SL		2,592	610	3,202
197	PRESSURE WASHER	10/1/2000		100 00%	999	0	0	999	5	SL		850	100	950
191	TRANSPONDER REA	12/31/2000		100 00%	1,407	0	0	1,407	7	SL		804	201	1,005
217	TRAIN CAR WITH HA	2/7/2001		100 00%	16,000	0	0	16,000	20	SL		3,133	800	3,933
209	10HP 1 LPH 3450 MO	5/9/2001		100 00%	697	0	0	697	7	SL		366	100	466
212	A/C CONTROL	5/16/2001		100 00%	702	0	0	702	7	SL		359	100	459
218	STEREO SYSTEM	5/24/2001		100 00%	1,253	0	0	1,253	7	SL		641	179	820
216	EDUCATION VAN	5/31/2001		100 00%	15,590	0	0	15,590	5	SL		11,173	3,118	14,291
211	JOHN DEERE HD75 M	7/5/2001		100 00%	4,504	0	0	4,504	7	SL		2,251	643	2,894
207	PANEL FRONT 92	7/6/2001		100 00%	2,278	0	0	2,278	7	SL		1,138	325	1,463
208	LAGOON DISPLAY	9/3/2001		100 00%	931	0	0	931	7	SL		443	133	576
240	KAYAK TRAILER	9/10/2001		100 00%	2,500	0	0	2,500	5	SL		1,667	500	2,167
206	EQUIPMENT-KAYAKS	9/11/2001		100 00%	11,056	0	0	11,056	7	SL		5,264	1,579	6,843
220	AUSTRALIAN AVIAR	12/31/2001		100 00%	6,447	0	0	6,447	20	SL		966	322	1,288
221	CAPYBARA NIGHT HO	12/31/2001		100 00%	592	0	0	592	7	SL		255	85	340
222	SPIDER MONKEY NIC	12/31/2001		100 00%	592	0	0	592	7	SL		255	85	340
223	IGUANA NIGHT HOUS	12/31/2001		100 00%	592	0	0	592	7	SL		255	85	340
224	COTTON TOP NIGHT	12/31/2001		100 00%	592	0	0	592	7	SL		255	85	340
225	HOWLER MONKEY N	12/31/2001		100 00%	592	0	0	592	7	SL		255	85	340
226	TAPIR NIGHT HOUSE	12/31/2001		100 00%	4,867	0	0	4,867	10	SL		1,461	487	1,948
227	SIAMANG NIGHT HOI	12/31/2001		100 00%	2,713	0	0	2,713	10	SL		813	271	1,084
228	AVIARY KIOSK	12/31/2001		100 00%	2,438	0	0	2,438	7	SL		1,044	348	1,392
229	BAT EXHIBIT	12/31/2001		100 00%	109,011	0	0	109,011	20	SL		16,353	5,451	21,804
230	BUTTERFLY GARDEN	12/31/2001		100 00%	772	0	0	772	10	SL		277	77	354
231	IGUANA EXHIBIT	12/31/2001		100 00%	8,871	0	0	8,871	20	SL		1,332	444	1,776
232	SPIDER MONKEY EXI	12/31/2001		100 00%	9,962	0	0	9,962	20	SL		1,494	498	1,992
235	JAGUAR EXHIBIT	12/31/2001		100 00%	65,037	0	0	65,037	20	SL		6,504	3,252	9,756
234	A/C UNIT	5/13/2002		100 00%	4,193	0	0	4,193	10	SL		1,118	419	1,537
237	CAT SKID STEER LO,	9/19/2002		100 00%	39,625	0	0	39,625	7	SL		12,737	5,661	18,398
300	SUNTRUST LOAN CC	1/23/2003		100 00%	7,506	0	0	7,506	15	SL		750	500	1,250
305	VAN	5/7/2003		100 00%	4,500	0	0	4,500	5	SL		1,350	900	2,250
309	COPIER/DUPLICATOI	10/31/2003		100 00%	20,983	0	0	20,983	7	SL		4,497	2,998	7,495
301	BUILDINGS	12/31/2003		100 00%	455,426	0	0	455,426	20	SL		34,157	22,771	56,928
302	NORTH NIGHT HOUS	12/31/2003		100 00%	788,727	0	0	788,727	20	SL		59,154	39,436	98,590
303	SOUTH NIGHT HOUS	12/31/2003		100 00%	147,754	0	0	147,754	20	SL		11,082	7,388	18,470
304	NECROPSY BUILDING	12/31/2003		100 00%	11,943	0	0	11,943	20	SL		896	597	1,493
306	JOHN DEERE	12/31/2003		100 00%	6,439	0	0	6,439	5	SL		1,932	1,288	3,220
307	TRUCK	12/31/2003		100 00%	23,865	0	0	23,865	5	SL		7,160	4,773	11,933
308	2 SCALES	12/31/2003		100 00%	7,380	0	0	7,380	7	SL		1,581	1,054	2,635
310	AFRICA EXHIBITS	12/31/2003		100 00%	1,611,368	0	0	1,611,368	20	SL		120,852	80,568	201,420
312	TRAILER - ADV SERV	4/12/2004	F-10	100 00%	3,753	0	0	3,753	7	SL		268	536	804
215	EXHIBIT - AFRICA	6/30/2004		100 00%	11,385	0	0	11,385	20	SL		285	569	854
313	EXCEL X-RAY	9/7/2004	F-7	100 00%	3,226	0	0	3,226	5	SL		323	645	968
313	SOFTERWARE SOFT	11/19/2004		100 00%	9,715	0	0	9,715	5	SL		972	1,943	2,915
316	EDUCATION CENTER	12/31/2004		100 00%	439,823	0	0	439,823	20	SL		10,996	21,991	32,987



**Form 4562 Statement - 990**

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	2005 Deprec	2005 Accum Deprec
Total MACRS deductions for prior years (Line 17)					7,564,078	0	0	7,564,078				2,191,132	399,977	2,591,109
<b>ADS class life (Line 20a)</b>														
323	DELL POWEREDGE 2	4/30/2005	F-5	100 00%	20,000		0	20,000	5	SL		0	2,000	2,000
317	GIFT SHOP RENOV	5/1/2005		100 00%	35,365		0	35,365	20	SL		0	884	884
Total ADS class life (Line 20a)					55,365	0	0	55,365				0	2,884	2,884
<b>Subtotal</b>					7,619,443	0	0	7,619,443				2,191,132	402,861	2,593,993
					7,619,443	0	0	7,619,443				2,191,132	402,861	2,593,993

**Form 4562 Reconciliation**

Annual depreciation and amortization	402,861
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
<u>Less amortization included in total annual depreciation and amortization (Line 44)</u>	<u>0</u>
<b>Form 4562 , Line 22</b>	<b>402,861</b>

SCHEDULE 1

FORM 990, PART V-A

## CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME	ADDRESS	TITLE	AVG HOURS PER WEEK	COMPENSATION	CONTRIB TO	EXPENSE ACCT
					EMPLOYEE BENEFIT PLAN	AND OTHER ALLOWANCES
DAVID WINSTEN	1937 AUBURN LAKES DR ROCKLEDGE FL 32940	EXECUTIVE DIRECTOR	50+	120,000	0	0
JON BRANGAN	2228 WESTMINSTER DR COCOA FL 32926	DEPUTY DIRECTOR	40-50	64,000	0	0
DEB ANDERSON	9720 146TH AVE FELLSMERE FL 32948	VETERINARIAN	40-50	52,500	0	0
NANCY GRZESIK	499 ROYSTON LANE MELBOURNE FL 32940	ASSOCIATE ZOO DIRECTOF	50+	51,000	0	0
JACQUELINE BARKEI	327 S LAKESIDE DR SATELLITE BEACH FL 32937	PRESIDENT	VARIES	0	0	0
PETER CUNNINGHAM	838 NASSAU RD COCOA BCH FL 32931	IMMEDIATE PAST PRESIDEI	VARIES	0	0	0
JEFF WHITE	377 CORAL DR CAPE CANAVERAL FL 32920	DIRECTOR	VARIES	0	0	0
DREW DENICK	2809 HARBOR CITY BLVD MELBOURNE FL 32901	DIRECTOR	VARIES	0	0	0
LINDA DALE	280 N TROPICAL TRAIL MERRITT ISLAND FL 32953	TREASURER	VARIES	0	0	0
VICTORIA BAUGHAN	409 ROCKLEDGE DR ROCKLEDGE FL 32955	DIRECTOR	VARIES	0	0	0
ELISE VAUGHN	901 E MELBOURNE AVE MELBOURNE FL 32901	DIRECTOR	VARIES	0	0	0
THOMAS BEDOR	658 ROSSMOR CIRCLE MELBOURNE FL 32940	DIRECTOR	VARIES	0	0	0
BILL BIEBERABACH	3850 S BANANA RIVER BLVD COCOA BCH FL 32931	DIRECTOR	VARIES	0	0	0
JAY DECATOR	7380 MURRELL RD STE 201 VIERA FL 32940	DIRECTOR	VARIES	0	0	0
DUANE DEFREESE	200 DELAND AVE INDIALANTIC FL 32903	DIRECTOR	VARIES	0	0	0
RICHARD DIPATRI	2700 JUDGE FRAN JAMIESON WAY VIERA FL 32940	DIRECTOR	VARIES	0	0	0
JOHN DUDA	185 S ATLANTIC AVE COCOA BCH FL 32931	DIRECTOR	VARIES	0	0	0
JACK GIBSON	48 VALENCIA ROAD ROCKLEDGE FL 32955	DIRECTOR	VARIES	0	0	0
JULIE HARRISON	465 LANTERNBACK ISLAND DR SATELLITE BCH FL 329	DIRECTOR	VARIES	0	0	0
STEPHEN LACEY	1901 S HARBOR CITY BLVD STE 500 MELB FL 32901	DIRECTOR	VARIES	0	0	0
INGRID MATTA	1519 CLEARLAKE ROAD COCOA FL 32922	DIRECTOR	VARIES	0	0	0
BRENDA MULBERRY	6116 N COURTENAY PKWY MERRITT ISLAND FL 32953	DIRECTOR	VARIES	0	0	0
ANN NANCE	8880 S TROPICAL TRAIL MERRITT ISLAND FL 32952	DIRECTOR	VARIES	0	0	0
ARTHUR NIERGARTH	2285 W EAU GALLIE BLVD MELBOURNE FL 32935	DIRECTOR	VARIES	0	0	0
PETER ROCHESTER	100 S SYKES CREEK PKWY MERRITT ISLAND FL 32952	DIRECTOR	VARIES	0	0	0
LARRY SHAW	3275 SUNTREE BLVD MELBOURNE FL 32940	DIRECTOR	VARIES	0	0	0
CHRIS SORENSEN	701 W COCOA BCH CSWY COCOA BCH FL 32931	DIRECTOR	VARIES	0	0	0

SCHEDULE 2

## PART VIII

## RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISH

## LINE #

93a	PAYMENTS BY PERSONS VISITING THE ZOOLOGICAL AND BIC EDUCATIONAL PURPOSES
94	DUES FROM PERSONS SUPPORTING THE ORGANIZATION'S G WITH AVAILABLE BENEFITS
102	SALES OF ITEMS SUPPORTING THE ORGANIZATION'S GOALS ITEMS DESIGNED TO PROMOTE EXTENDED STAYS IN THE PAI
103	OTHER ACTIVITIES SUCH AS EDUCATIONAL EVENTS AND SAL INCREASE PUBLIC AWARENESS OF ANIMALS' BEHAVIOR AND

## 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
- 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> <small>File by the due date for filing your return See instructions</small>	Name of Exempt Organization <b>EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC</b>	Employer identification number <b>59-2496749</b>
	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 ▶ NANCY GRZESIK

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 8/15/2006 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶  calendar year 2005 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.