

Form **990**

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)

OMB No 1545-0047

2006

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

A For the 2006 calendar year, or tax year beginning **1/1/2006**, 2006, and ending **12/31/2006**, 20

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 WYCKHAM ROAD**
 City or town, state or country, and ZIP + 4: **MELBOURNE, FL 32940-7924**

D Employer identification number: **59 2496749**

E Telephone number: **(321) 254-9453**

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **6086763**

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

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 _____

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

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a		0	
b	Direct public support (not included on line 1a)	1b		1,313,085	
c	Indirect public support (not included on line 1a)	1c		0	
d	Government contributions (grants) (not included on line 1a)	1d		142,815	
e	Total (add lines 1a through 1d) (cash \$ 1,455,900 noncash \$ 0)				1e 1,455,900
2	Program service revenue including government fees and contracts (from Part VII, line 93)				2 3,216,168
3	Membership dues and assessments				3 684,015
4	Interest on savings and temporary cash investments				4 34,679
5	Dividends and interest from securities				5 18,522
6a	Gross rents	6a		0	
b	Less: rental expenses	6b		0	
c	Net rental income or (loss). Subtract line 6b from line 6a				6c 0
7	Other investment income (describe _____)				7 0
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less: cost or other basis and sales expenses	0	8a 0		
c	Gain or (loss) (attach schedule)	0	8b 0		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	0	8c 0		
8d					0
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				See Statement 1
a	Gross revenue (not including \$ 219,443 of contributions reported on line 1b)	9a		52,907	
b	Less: direct expenses other than fundraising expenses	9b		119,522	
c	Net income or (loss) from special events. Subtract line 9b from line 9a				9c -66,615
10a	Gross sales of inventory, less returns and allowances Stmt 2	10a		624,572	
b	Less: cost of goods sold	10b		307,765	
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a				10c 316,807
11	Other revenue (from Part VII, line 103)				11 0
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12 5,659,476
Expenses	13 Program services (from line 44, column (B))				13 4,271,080
	14 Management and general (from line 44, column (C))				14 731,489
	15 Fundraising (from line 44, column (D))				15 89,186
	16 Payments to affiliates (attach schedule)				16 0
	17 Total expenses. Add lines 16 and 14, column (A)				
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12				18 567,721
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 6,405,506
	20 Other changes in net assets or fund balances (attach explanation) Stmt 3				20 -110,089
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20				

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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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) Stmt 4	25a 128,172	76,904	25,634	25,634
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 1,918,669	1,583,244	318,277	17,148
27	Pension plan contributions not included on lines 25a, b, and c	27 0	0	0	0
28	Employee benefits not included on lines 25a - 27	28 303,450	252,669	49,945	836
29	Payroll taxes	29 156,234	126,652	26,309	3,273
30	Professional fundraising fees	30 0	0	0	0
31	Accounting fees	31 7,805	0	7,805	0
32	Legal fees	32 0	0	0	0
33	Supplies	33 164,579	151,863	10,687	2,029
34	Telephone	34 15,236	14,474	609	153
35	Postage and shipping	35 47,134	42,830	762	3,542
36	Occupancy	36 433,109	426,436	5,339	1,334
37	Equipment rental and maintenance	37 100,520	88,902	10,145	1,473
38	Printing and publications	38 22,229	22,069	160	0
39	Travel	39 70,715	34,554	34,332	1,829
40	Conferences, conventions, and meetings	40 0	0	0	0
41	Interest	41 108,975	0	108,975	0
42	Depreciation, depletion, etc (attach schedule)	42 449,507	439,446	10,061	0 Stmt 5
43	Other expenses not covered above (itemize): See Statement 6	43a 1,165,421	1,011,037	122,449	31,935
a	-----	43b			
b	-----	43c			
c	-----	43d			
d	-----	43e			
e	-----	43f			
f	-----	43g			
g	-----				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 5,091,755	4,271,080	731,489	89,186

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 \$ _____; (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? ► Education/participation in wildlife conservation.	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)</small>
<p>a See Statement 7</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►</p>	4,271,080

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) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	0	45	0
	46 Savings and temporary cash investments	352,900	46	534,482
	47a Accounts receivable	47a 30,462		
	b Less: allowance for doubtful accounts	47b 0	72,606	47c 30,462
	48a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	11,172	48c 0
	49 Grants receivable		1,446,037	49 1,891,020
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a 0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		0	50b 0
	51a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use		61,685	52 93,281
	53 Prepaid expenses and deferred charges		101,443	53 79,890
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0	54a 290,853
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b 0
	55a Investments—land, buildings, and equipment, basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
	56 Investments—other (attach schedule)		0	56 0
	57a Land, buildings, and equipment: basis	57a 9,671,497		
b Less: accumulated depreciation (attach schedule) Stmt 8	57b 3,241,412	6,318,157	57c 6,430,085	
58 Other assets, including program-related investments (describe ▶ See Statement 9)		181,281	58 0	
59 Total assets (must equal line 74). Add lines 45 through 58		8,545,281	59 9,350,073	
Liabilities	60 Accounts payable and accrued expenses	352,709	60	313,340
	61 Grants payable	0	61	0
	62 Deferred revenue	315,503	62	277,497
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule) Stmt 10		1,457,552	64b 1,891,020
	65 Other liabilities (describe ▶ See Statement 11)		14,011	65 5,078
	66 Total liabilities. Add lines 60 through 65		2,139,775	66 2,486,935
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	4,821,428	67	4,795,740
	68 Temporarily restricted	1,537,033	68	2,020,353
	69 Permanently restricted	47,045	69	47,045
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	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 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		6,405,506	73 6,863,138	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		8,545,281	74 9,350,073	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	20		
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)	75b		✓
c 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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions	75c		✓
d Does the organization have a written conflict of interest policy?	75d	✓	

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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		✓
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.	77		✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
80a 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?	80a		✓
b If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0			
b Did the organization file Form 1120-POL for this year?	81b		✓

Part VI Other information (continued)		Yes	No
82a 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		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	✓	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
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?	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		
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		
88a 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	88a		✓
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		✓
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 , section 4912 0 ; section 4955 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		✓
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			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		✓
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		✓
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		✓
90a 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, 2006 (See instructions)	90b 110		
91a The books are in care of NANCY GRZESIK Telephone no 321-254-9453 Located at 8225 N WYCKHAM ROAD, MELBOURNE, FL ZIP + 4 32940			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	Yes	No ✓

Part VI Other Information (continued)

Yes	No
	<input checked="" type="checkbox"/>

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | **92** |

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 ZOO ADMISSIONS					1,742,421
b EDUCATION & CONSERVATION PROGRAM					633,173
c FOOD SERVICE			03	603,854	
d ANIMAL FEEDING AND TOURS					184,138
e OTHER RELATED PROGRAMS					52,582.00
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					684,015
95 Interest on savings and temporary cash investments			14	34,679	
96 Dividends and interest from securities			14	18,522	
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			01	-66,615	
102 Gross profit or (loss) from sales of inventory					316,807
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		590,440	3,613,136
105 Total (add line 104, columns (B), (D), and (E))					4,203,576

Note: Line 105 plus line 1e, 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)
▼	See Statement 15

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
	%			

Part X Information Regarding Transfers Associated with

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual?
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, for any life insurance policy?
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here

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

Nancy Grzesik Signature of officer 6/8/07 Date

NANCY GRZESIK, ASSOC. ZOO DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Stephen Kattell CPA* Date: *6/1/07* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **Kattell and Company P L**
4055 NW 43rd Street Suite 28, Gainesville, FL 32606

EIN: _____ Preparer's SSN or PTIN (See Gen Inst X): _____
Phone no: (**352**) **395-6565**

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

2006

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 EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC	Employer identification number 59 : 2496749
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
JON BRANGAN 8225 NORTH WYCKHAM ROAD, MELBOURNE,	DEPUTY DIRECTOR 40	68,650	4,128	0
NANCY GRZESIK 8225 NORTH WYCKHAM ROAD, MELBOURNE,	ASSOC. DIRECTOR 40	55,985	108	0
DEBBIE ANDERSON 8225 NORTH WYCKHAM ROAD, MELBOURNE,	VETERINARIAN 40	54,075	3,540	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		
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
DON FACCIOBENE CONSTRUCTION 5505 BABCOCK STREET NE 4, PALM BAY, FL 32905, US	CONSTRUCTION	292,370
BILLINGS PRODUCTION 190-A INDUSTRIAL BLVD, MCKINNEY, TX 75069, US	EXHIBIT RENTAL	141,829
PAYNE RESTAURANT EQUIPMENT 565 GUS HIPPI BLVD, ROCKLEDGE, FL 32955, US	EQUIPMENT SUPPLIER	60,816
NETDIRECTIVES TECHNOLOGIES 5430 VILLAGE DRIVE, ROCKLEDGE, FL 32955, US	INFORMATION TECHNOLOGIES	53,523
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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p>	<p>1</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></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>		
<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>	<p>2a</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
<p>b Lending of money or other extension of credit?</p>	<p>2b</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
<p>c Furnishing of goods, services, or facilities?</p>	<p>2c</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<p>2d</p>	<p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>e Transfer of any part of its income or assets?</p>	<p>2e</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
<p>See Form 990, Pt. V</p>		
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	<p>3a</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	<p>3b</p>	<p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	<p>3c</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<p>3d</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<p>4a</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
<p>b Did the organization make any taxable distributions under section 4966?</p>	<p>4b</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<p>4c</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . ▶ _____</p>		
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____</p>		<p>0</p>
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____</p>		<p>0</p>

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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** ▶
- 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.)
- 11a 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.)
- 11b 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization.
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	576,005	402,365	254,131	183,223	1,415,724
16 Membership fees received	649,746	530,942	444,635	321,955	1,947,278
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	3,268,909	2,296,772	1,679,439	1,846,534	9,091,654
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	10,133	1,864	1,804	4,870	18,671
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	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	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	4,504,793	3,231,943	2,380,009	2,356,582	12,473,327
24 Line 23 minus line 17	1,235,884	935,171	700,570	510,048	3,381,673
25 Enter 1% of line 23	45,048	32,319	23,800	23,566	
26 Organizations described on lines 10 or 11:					26a 67,633
a Enter 2% of amount in column (e), line 24					
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,381,673
d Add. Amounts from column (e) for lines	18 18,671	19 0			
	22 0	26b 0			26d 18,671
e Public support (line 26c minus line 26d total)					26e 3,363,002
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99 %
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.					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
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:					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add. Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____ %
					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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?	29	
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?	30	
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.) ----- ----- -----	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.) ----- -----	32d	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement) ----- ----- -----	33h	
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	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	41	
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 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
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i 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

Statement 1
Form 990
Page 1
Part I
Question 9

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC
59-2496749

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
SAFARI UNDER THE STARS	\$144,913 00	\$132,133 00	\$12,780.00	\$49,408 00	-\$36,628 00
BOO AT THE ZOO	\$85,387 00	\$70,321 00	\$15,066.00	\$33,332 00	-\$18,266.00
OTHER SPECIAL EVENTS	\$21,626 00	\$9,375.00	\$12,251.00	\$31,947 00	-\$19,696.00
GREAT TASTE OF SUNTREE	\$20,424 00	\$7,614.00	\$12,810 00	\$4,835 00	\$7,975.00
Total:	\$272,350.00	\$219,443.00	\$52,907.00	\$119,522.00	-\$66,615.00

Statement 2
Form 990
Page 1
Part I
Question 10

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC
59-2496749

Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
GIFT SHOP SALES	\$624,572 00	\$307,765.00	\$316,807 00
Total:	\$624,572.00	\$307,765.00	\$316,807.00

Statement 3
Form 990
Page: 1
Part: I
Question: 20

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC
59-2496749

Other changes in Net Assets or Fund Balances

Explanation	Amount
Adjustment of earlier years' activity	-\$110,089 00
Total:	-\$110,089.00

Statement 4
Form 990
Page. 2
Part II
Question. 25

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC
59-2496749

Compensation Detail - Officers, Directors, Etc.

Description	Total:	Pgm Services	Mgt and General	Fundraising
DAVID K WINSTEN				
Compensation	\$123,600 00	\$74,160 00	\$24,720 00	\$24,720 00
Benefits	\$4,572 00	\$2,744 00	\$914 00	\$914 00
Expenses	\$0 00	\$0 00	\$0 00	\$0 00
Total	\$128,172.00	\$76,904 00	\$25,634 00	\$25,634 00
Total:	\$128,172.00	\$76,904.00	\$25,634.00	\$25,634.00

Statement 5
Form 990
Page 2
Part II
Question 42

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC
59-2496749

Depreciation and Depletion

Asset	Current Deprec.
PROPERTY AND EQUIPMENT	\$449,507 00
Total	\$449,507.00

Statement 6
Form 990
Page. 2
Part II
Question 43

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC
59-2496749

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
FUEL	\$15,514 00	\$15,514.00	\$0 00	\$0 00
ANIMAL HEALTH AND VETERINARY	\$25,109 00	\$25,109 00	\$0 00	\$0 00
BANK AND SERVICE CHARGES	\$113,212 00	\$0 00	\$113,212 00	\$0 00
INSURANCE	\$163,800 00	\$162,172 00	\$1,628 00	\$0.00
ANIMAL ACQUISITIONS	\$18,270 00	\$18,270 00	\$0 00	\$0 00
DONOR CULTIVATION	\$16,167 00	\$0 00	\$0 00	\$16,167 00
UNIFORMS	\$14,505 00	\$14,117 00	\$363 00	\$25 00
LOCAL BUSINESS EXPENSE	\$2,567.00	\$679 00	\$1,629 00	\$259 00
FOOD COSTS	\$345,687 00	\$345,687 00	\$0 00	\$0.00
CONTRACT SERVICES	\$68,861 00	\$53,162 00	\$614 00	\$15,085 00
PROGRAMS & PROJECTS	\$119,757 00	\$119,375 00	\$382 00	\$0 00
OTHER EMPLOYEE RELATED	\$11,182 00	\$10,461 00	\$716 00	\$5 00
GREEN TEAM	\$2,509 00	\$2,509 00	\$0 00	\$0 00
MARKETING	\$239,691 00	\$235,786 00	\$3,905 00	\$0 00
GRANT SUPPLIES	\$4,777 00	\$4,383 00	\$0 00	\$394 00
ANIMAL KEEPER ACTIVITY	\$3,813 00	\$3,813 00	\$0 00	\$0 00
Total:	\$1,165,421.00	\$1,011,037.00	\$122,449.00	\$31,935.00

Program Services

Achievement	Pgm. Svc. Exp.
Zoological Park & Aquarium Programs Marketing and Membership - efforts which serve to promote awareness of the Zoo and its mission, including costs relating to membership enhancement activities (11000 MEMBER HOUSEHOLDS, 33,000 MEMBERS) Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	\$541,777 00
Zoological Park & Aquarium Programs Animal Collections and Care - programs to provide animal exhibits for the enjoyment and education of Zoo visitors, as well as the costs to maintain the animal collection and the veterinarian department (550 ANIMALS REPRESENTING 165 SPECIES) Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	\$1,346,822 00
Zoological Park & Aquarium Programs Merchandising and Selling Operations - costs related to the operation of the gift shop and concession areas that are provided for the convenience of Zoo visitors and in advancement of the Zoo's mission (25 CATEGORIES REPRESENT HUNDREDS OF ITEMS) Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	\$628,911.00
Zoological Park & Aquarium Programs Education and Conservation Activities - costs related to the education of the general public regarding the habitat and conservation of our planet's resources Programs include schools, community events and conservation activities both local and international (38330 PARTICIPANTS IN A MYRIAD OF PROGRAMS) Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	\$988,753 00
Zoological Park & Aquarium Programs Park Operations and Maintenance - expenses which serve to allow the standard daily operation of the zoological and botanical park areas, including grounds maintenance, exhibit supplies and other items (336000 GUESTS) Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	\$764,817 00
Total:	\$4,271,080.00

Statement 8
Form 990
Page 4
Part IV
Question 57

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC
59-2496749

Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
BUILDINGS	\$7,686,709 00	\$2,909,672 00	\$4,777,037 00
OTHER FIXED ASSETS	\$586,504 00	\$222,011.00	\$364,493 00
FURNITURE AND EQUIPMENT	\$289,881.00	\$109,729 00	\$180,152 00
LAND	\$1,108,403 00	\$0 00	\$1,108,403 00
Total:	\$9,671,497.00	\$3,241,412.00	\$6,430,085.00

Statement 9
Form 990
Page: 4
Part IV
Question 58

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC
59-2496749

Other Assets

Asset Description	BOY Amount	EOY Amount
UNAMORTIZED LOAN COSTS	\$6,256 00	\$0 00
COLLECTIONS - ANIMALS	\$175,025 00	\$0 00
Total:	\$181,281.00	\$0.00

Statement 10
Form 990
Page: 4
Part IV
Question: 64b

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC
59-2496749

Mortgages and Other Notes Payable

Type:	non-Mortgage
Lender's Name:	AMSOUTH LEASING CORPORATION
Original Amount:	\$2,000,000 00
Balance Due:	\$1,891,020.00
Date of Note:	05/01/2006
Maturity Date:	06/26/2016
Repayment Terms:	TOURIST DEVELOPMENT TAX RECEIPTS TO AMSOUTH
Interest Rate:	5.49
Security Provided by Borrower:	TOURISM DEVELOPMENT TAX RECEIPTS
Purpose of Loan:	ZOO IMPROVEMENTS AND DEBT REFINANCE
Description of Consideration:	CASH
FMV of Consideration:	\$2,000,000 00
Relationship:	NONE

Total Due: \$1,891,020.00

Statement 11

Form 990

Page: 4

Part: IV

Question: 65

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC

59-2496749

Other Liabilities

Liability Description	BOY Amount	EOY Amount
CAPITAL LEASE OBLIGATIONS	\$14,011.00	\$5,078.00
Total:	\$14,011.00	\$5,078.00

Statement 12
Form 990
Page 5
Part IV-A
Question d(2)

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC
59-2496749

Revenue Audit Line d(2)

Description	Amount
AMOUNTS SHOWN AS EXPENSES ON AUDIT AND REDUCTION OF REVENUE ON 990 LINE 9 & 10	-\$427,287.00
Total:	-\$427,287.00

Statement 13
Form 990
Page. 5
Part: IV-B
Question: d(2)

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC
59-2496749

Expense Audit Line d(2)

Description	Amount
AMOUNTS SHOWN AS EXPENSES ON AUDIT AND REDUCTION OF REVENUE ON 990 LINES 9 & 10	-\$427,287 00
Total:	-\$427,287.00

Statement 14
Form 990
Page. 5
Part V
Question

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC
59-2496749

Officers, Directors, Trustees, and Key Employees

Name and Address	Hrs	Comp.	Benefits	Expenses
JACQUELINE BARKER	1	\$0 00	\$0 00	\$0 00
Title President				
Addr 1 8225 NORTH WYCKHAM ROAD				
Addr 2				
CSZ MELBOURNE, FL 32940-7924				
Country United States				
JULIE HARRISON	1	\$0 00	\$0 00	\$0 00
Title PRESIDENT ELECT				
Addr 1 8225 NORTH WYCKHAM ROAD				
Addr 2				
CSZ MELBOURNE, FL 32940-7924				
Country: United States				
PETER CUNNINGHAM	1	\$0.00	\$0 00	\$0 00
Title: IMMEDIATE PAST PRESIDENT				
Addr 1 8225 NORTH WYCKHAM ROAD				
Addr 2				
CSZ MELBOURNE, FL 32940-7924				
Country United States				
THOMAS BEDOR	1	\$0 00	\$0 00	\$0 00
Title: Vice President				
Addr 1: 8225 NORTH WYCKHAM ROAD				
Addr 2				
CSZ MELBOURNE, FL 32940-7924				
Country United States				
STEPHEN LACEY	1	\$0.00	\$0 00	\$0 00
Title Vice President				
Addr 1 8225 NORTH WYCKHAM ROAD				
Addr 2				
CSZ MELBOURNE, FL 32940-7924				
Country. United States				
INGRID MATTA	1	\$0 00	\$0 00	\$0 00
Title Vice President				
Addr 1 8225 NORTH WYCKHAM ROAD				
Addr 2				
CSZ MELBOURNE, FL 32940-7924				
Country United States				

Name and Address	Hrs	Comp.	Benefits	Expenses
LINDA DALE	1	\$0 00	\$0 00	\$0 00
Title: Treasurer Addr 1: 8225 NORTH WYCKHAM ROAD Addr 2: CSZ: MELBOURNE, FL 32940-7924 Country: United States				
ANN NANCE	1	\$0 00	\$0 00	\$0 00
Title: Secretary Addr 1: 8225 NORTH WYCKHAM ROAD Addr 2: CSZ: MELBOURNE, FL 32940-7924 Country: United States				
BILL BIEBERBACH	1	\$0 00	\$0 00	\$0 00
Title: Board Member Addr 1: 8225 NORTH WYCKHAM ROAD Addr 2: CSZ: MELBOURNE, FL 32940-7924 Country: United States				
BRYAN CHEEK	1	\$0 00	\$0 00	\$0 00
Title: Board Member Addr 1: 8225 NORTH WYCKHAM ROAD Addr 2: CSZ: MELBOURNE, FL 32940-7924 Country: United States				
ROCHELLE COOPER	1	\$0 00	\$0 00	\$0 00
Title: Board Member Addr 1: 8225 NORTH WYCKHAM ROAD Addr 2: CSZ: MELBOURNE, FL 32940-7924 Country: United States				
JAY DECATOR	1	\$0 00	\$0 00	\$0 00
Title: Board Member Addr 1: 8225 NORTH WYCKHAM ROAD Addr 2: CSZ: MELBOURNE, FL 32940-7924 Country: United States				
JOHN DUDA	1	\$0 00	\$0 00	\$0 00
Title: Board Member Addr 1: 8225 NORTH WYCKHAM ROAD Addr 2: CSZ: MELBOURNE, FL 32940-7924				

Name and Address		Hrs	Comp.	Benefits	Expenses
Country	United States				
KENNETH MITCHELL		1	\$0 00	\$0 00	\$0 00
Title	Board Member				
Addr 1	8225 NORTH WYCKHAM ROAD				
Addr 2					
CSZ:	MELBOURNE, FL 32940-7924				
Country	United States				
BRENDA MULBERRY		1	\$0 00	\$0.00	\$0 00
Title	Board Member				
Addr 1:	8225 NORTH WYCKHAM ROAD				
Addr 2:					
CSZ	MELBOURNE, FL 32940-7924				
Country	United States				
PETER ROCHESTER		1	\$0 00	\$0 00	\$0.00
Title:	Board Member				
Addr 1	8225 NORTH WYCKHAM ROAD				
Addr 2					
CSZ	MELBOURNE, FL 32940-7924				
Country	United States				
LARRY SHAW		1	\$0.00	\$0 00	\$0 00
Title	Board Member				
Addr 1	8225 NORTH WYCKHAM ROAD				
Addr 2:					
CSZ	MELBOURNE, FL 32940-7924				
Country	United States				
CHRIS SORENSEN		1	\$0 00	\$0 00	\$0.00
Title	Board Member				
Addr 1	8225 NORTH WYCKHAM ROAD				
Addr 2					
CSZ.	MELBOURNE, FL 32940-7924				
Country	United States				
ELISE VAUGHN		1	\$0 00	\$0 00	\$0 00
Title	Board Member				
Addr 1:	8225 NORTH WYCKHAM ROAD				
Addr 2:					
CSZ	MELBOURNE, FL 32940-7924				
Country	United States				
JEFF WHITE		1	\$0 00	\$0 00	\$0 00
Title	Board Member				
Addr 1	8225 NORTH WYCKHAM ROAD				
Addr 2					

Name and Address	Hrs	Comp.	Benefits	Expenses
CSZ MELBOURNE, FL 32940-7924 Country United States				
DAVID K WINSTEN	40	\$123,600 00	\$4,572 00	\$0 00
Title: Exec Director/CEO Addr 1 8225 NORTH WYCKHAM ROAD Addr 2 CSZ MELBOURNE, FL 32940-7924 Country United States				
TOTALS		\$123,600.00	\$4,572.00	\$0.00

Statement 15

Form 990

Page 8

Part VIII

Question

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC

59-2496749

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
93 a	THE ZOO CHARGES ADMISSION FOR ATTENDING THE ZOOLOGICAL PARK
93 b	THE ZOO CONDUCTS A VARIETY OF CONSERVATION AND EDUCATION PROGRAMS RELATING DIRECTLY TO THE MISSION OF THE ORGANIZATION
93 e	THE ZOO PERFORMS A NUMBER OF AUXILLIARY FUNCTIONS AND PROGRAMS WHICH PROMOTE WILDLIFE EDUCATION AND CONSERVATION
102	GIFT SHOP SALES STIMULATE AND ENHANCE PUBLIC AWARENESS, INTEREST AND APPRECIATION FOR WILDLIFE CONSERVATION
93 d	IN ADDITION TO REGULAR ADMISSION, SEVERAL ADDITIONAL FEE-BASED PROGRAMS ARE AVAILABLE TO THE PUBLIC
94	INDIVIDUALS OR FAMILIES CAN PURCHASE A ZOO MEMBERSHIP WHICH ENTITLES THEM TO ONGOING BENEFITS INCLUDING YEAR-ROUND ADMISSION TO THE ZOOLOGICAL PARK.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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.

Type or print	Name of Exempt Organization EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC	Employer identification number 59 : 2496749
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 8225 North Wickham Road	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Melbourne, FL 32940-7924, US	

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 |

Nancy Grzesik

- The books are in the care of ▶ **8225 North Wickham Road, Melbourne, FL 32940-7924, US**

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 8/15/2007 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2006** 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

3a 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. \$ _____

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. \$ _____

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. \$ _____

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.