



# 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

# 2007

## 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 2007 calendar year, or tax year beginning **1/1/2007**, and ending **12/31/2007**

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

Please use IRS label or print or type See Specific Instructions

**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, 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) ▶

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

- H** and **I** are not applicable to section 527 organizations.
- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I** Group Exemption Number ▶

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

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

**K** Check here  if the organization 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 ▶ **6,651,830**

**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.)

		1a		1b		1c		1d		1e	
<b>1</b> Contributions, gifts, grants, and similar amounts received:											
<b>a</b> Contributions to donor advised funds		0									
<b>b</b> Direct public support (not included on line 1a)		1,564,018									
<b>c</b> Indirect public support (not included on line 1a)		0									
<b>d</b> Government contributions (grants) (not included on line 1a)		539,736									
<b>e</b> Total (add lines 1a through 1d) (cash \$ 2,103,754 noncash \$ 0 )										2,103,754	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)										2,458,554	
<b>3</b> Membership dues and assessments										665,165	
<b>4</b> Interest on savings and temporary cash investments										28,699	
<b>5</b> Dividends and interest from securities										1,386	
<b>6a</b> Gross rents		0									
<b>b</b> Less: rental expenses		0									
<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		(A) Securities		(B) Other							
<b>b</b> Less: cost or other basis and sales expenses		0		0							
<b>c</b> Gain or (loss) (attach schedule)		0		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"/>										See Statement 1	
<b>a</b> Gross revenue (not including \$ 111,000 of contributions reported on line 1b)		9a		151,462							
<b>b</b> Less: direct expenses other than fundraising expenses		9b		96,030							
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a										9c 55,432	
<b>10a</b> Gross sales of inventory, less returns and allowances Stmt 2		10a		1,242,810							
<b>b</b> Less: cost of goods sold		10b		535,701							
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a										10c 707,109	
<b>11</b> Other revenue (from Part VII, line 103)										11 0	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 9c, 10c, and 11										12 6,020,099	
<b>13</b> Program services (from line 12, column (B))										13 4,093,218	
<b>14</b> Management and general (from line 12, column (C))										14 716,760	
<b>15</b> Fundraising (from line 12, column (D))										15 104,345	
<b>16</b> Payments to affiliates (attach schedule)										16 0	
<b>17</b> Total expenses. Add lines 13 and 14, column (A)										17 4,914,323	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12										18 1,105,776	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										19 6,863,138	
<b>20</b> Other changes in net assets or fund balances (attach explanation) Stmt 3										20 -882,637	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20										21 7,086,277	

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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
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	0	0		
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	131,592	52,637	39,477	39,478
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
<b>c</b>	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)	0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	2,146,649	1,789,066	326,270	31,313
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	0	0	0	0
<b>28</b>	Employee benefits not included on lines 25a - 27	245,270	212,639	31,065	1,566
<b>29</b>	Payroll taxes	173,958	140,760	27,881	5,317
<b>30</b>	Professional fundraising fees	0	0	0	0
<b>31</b>	Accounting fees	17,488	1,805	15,683	0
<b>32</b>	Legal fees	0	0	0	0
<b>33</b>	Supplies	197,896	178,460	17,795	1,641
<b>34</b>	Telephone	15,932	15,136	637	159
<b>35</b>	Postage and shipping	41,500	35,335	3,515	2,650
<b>36</b>	Occupancy	140,995	134,361	5,307	1,327
<b>37</b>	Equipment rental and maintenance	159,040	145,204	11,532	2,304
<b>38</b>	Printing and publications	33,603	30,556	71	2,976
<b>39</b>	Travel	38,634	38,634	0	0
<b>40</b>	Conferences, conventions, and meetings	65,550	31,400	27,011	7,139
<b>41</b>	Interest	99,967	0	99,967	0
<b>42</b>	Depreciation, depletion, etc (attach schedule)	373,143	354,486	18,657	0
<b>43</b>	Other expenses not covered above (itemize): <b>a See Statement 5</b>	1,033,106	932,739	91,892	8,475
<b>b</b>	-----				
<b>c</b>	-----				
<b>d</b>	-----				
<b>e</b>	-----				
<b>f</b>	-----				
<b>g</b>	-----				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>4,914,323</b>	<b>4,093,218</b>	<b>716,760</b>	<b>104,345</b>

0 Stmt 4

**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? ► <b>Education/Participation in wildlife conservation.</b> 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>Program Service Expenses</b> <small>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)</small>
<b>a See Statement 6</b> ..... ..... ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<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 Other program services (attach schedule)</b> (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). . . . ►	<b>4,093,218</b>

**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		
<b>Assets</b>	45	Cash—non-interest-bearing . . . . .	0	45	171,190	
	46	Savings and temporary cash investments . . . . .	534,482	46	271,993	
	47a	Accounts receivable . . . . .	14,624			
	b	Less: allowance for doubtful accounts . . . . .	0	30,462	47c	14,624
	48a	Pledges receivable . . . . .	425,084			
	b	Less: allowance for doubtful accounts . . . . .	0	0	48c	425,084
	49	Grants receivable . . . . .	1,891,020	49	1,658,658	
	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) . . . . .	0			
	b	Less: allowance for doubtful accounts . . . . .	0	0	51c	0
	52	Inventories for sale or use . . . . .	93,281	52	78,674	
	53	Prepaid expenses and deferred charges . . . . .	79,890	53	145,020	
	54a	Investments—publicly-traded securities . . . . . <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	290,853	54a	383,326	
	b	Investments—other securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0	
	55a	Investments—land, buildings, and equipment: basis . . . . .	0			
	b	Less: accumulated depreciation (attach schedule) . . . . .	0	0	55c	0
	56	Investments—other (attach schedule) . . . . .	0	56	0	
	57a	Land, buildings, and equipment: basis . . . . .	8,390,885			
b	Less: accumulated depreciation (attach schedule) Stmt 7 . . . . .	1,933,335	6,430,085	57c	6,457,550	
58	Other assets, including program-related investments (describe ▶ . . . . .)	0	58	0		
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	9,350,073	59	9,606,119		
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .	313,340	60	364,356	
	61	Grants payable . . . . .	0	61	0	
	62	Deferred revenue . . . . .	277,497	62	368,828	
	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 8 . . . . .	1,891,020	64b	1,786,658	
	65	Other liabilities (describe ▶ See Statement 9 . . . . .)	5,078	65	0	
66	<b>Total liabilities.</b> Add lines 60 through 65 . . . . .	2,486,935	66	2,519,842		
<b>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.					
	67	Unrestricted . . . . .	4,795,740	67	4,651,921	
	68	Temporarily restricted . . . . .	2,020,353	68	2,387,311	
	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	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	6,863,138	73	7,086,277		
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	9,350,073	74	9,606,119		



**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <b>18</b>		
<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>		✓
<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 the organization? See the instructions for the definition of "related organization." . . . . . <b>75c</b> If "Yes," attach a statement that includes the information described in the instructions.		✓
<b>d</b> Does the organization have a written conflict of interest policy? . . . . . <b>75d</b>	✓	

**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
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . . <b>76</b>		✓
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . <b>77</b> If "Yes," attach a conformed copy of the changes.		✓
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . <b>78a</b>		✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . . <b>78b</b>		
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . . <b>79</b>		✓
<b>80a</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>		✓
<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>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . <b>81a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . . <b>81b</b>		✓

<b>Part VI Other Information (continued)</b>		Yes	No
<b>82a</b>	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>b</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.)		
	<b>82b</b> <u>0</u>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?		
	<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>	
	<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>	
	<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
	<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
	<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
	<b>h</b> 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?	<b>85h</b>	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
	<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	
	<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88a</b>	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>b</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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
	<b>b</b> <b>501(c)(3) and 501(c)(4) orgs.</b> 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	<b>89b</b>	<input checked="" type="checkbox"/>
	<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<u>0</u>	
	<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization	<u>0</u>	
	<b>e</b> <b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	<input checked="" type="checkbox"/>
	<b>f</b> <b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	<input checked="" type="checkbox"/>
	<b>g</b> <b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	<input checked="" type="checkbox"/>
<b>90a</b>	List the states with which a copy of this return is filed <b>FL</b>		
	<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b> <u>110</u>	
<b>91a</b>	The books are in care of <b>NANCY GRZESIK</b> Telephone no. <b>321-254-9453</b> Located at <b>8225 N WICKHAM ROAD, MELBOURNE, FL</b> ZIP + 4 <b>32940</b>		
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>91b</b>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		

**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	
<b>93</b> Program service revenue:					
<b>a</b> Admissions					1,425,881
<b>b</b> Education and Conservation					648,610
<b>c</b> Animal Feeding and Tours					226,467
<b>d</b> Lodge Income					110,624
<b>e</b> Guest Services					46,972
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					665,165
<b>95</b> Interest on savings and temporary cash investments			14	28,699	
<b>96</b> Dividends and interest from securities . . . . .			14	1,386	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .			01	55,432	
<b>102</b> Gross profit or (loss) from sales of inventory			03	365,032	342,077
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		450,549	3,465,796
<b>105</b> Total (add line 104, columns (B), (D), and (E))					3,916,345

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 13

**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 a transferor?
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, for a transferor?
- 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
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Totals</b>				

**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
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2007, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

**Please Sign Here**

Signature of officer: *Nancy Grzesik*  
 Date: *5/14/08*  
**NANCY GRZESIK, ASSOC. ZOO DIRECTOR**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Stephen Kattell CPA*  
 Date: *5/12/08*  
 Check if self-employed:   
 Preparer's SSN or PTIN (See Gen. Inst. X):  
 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: \_\_\_\_\_  
 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

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

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

▶ **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 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
<b>JON BRANGAN</b> 8225 NORTH WICKHAM ROAD, MELBOURNE, FL 32905	<b>DEPUTY DIRECTOR 40</b>	<b>70,710</b>	<b>10,745</b>	<b>0</b>
<b>NANCY GRZESIK</b> 8225 NORTH WICKHAM ROAD, MELBOURNE, FL 32905	<b>ASSOC. DIRECTOR 40</b>	<b>60,000</b>	<b>4,731</b>	<b>0</b>
<b>DEBBIE ANDERSON</b> 8225 NORTH WICKHAM ROAD, MELBOURNE, FL 32905	<b>VETERINARIAN 40</b>	<b>55,697</b>	<b>11,679</b>	<b>0</b>
<b>CHRISTOPHER DELOREY</b> 8225 NORTH WICKHAM ROAD, MELBOURNE, FL 32905	<b>Staff 40</b>	<b>47,740</b>	<b>8,070</b>	<b>0</b>
<b>MICHELLE SMURL</b> 8225 NORTH WICKHAM ROAD, MELBOURNE, FL 32905	<b>Staff 40</b>	<b>47,740</b>	<b>10,624</b>	<b>0</b>
Total number of other employees paid over \$50,000 . . . . . ▶	<b>2</b>			

**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
<b>None</b>		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	<b>0</b>	

**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
<b>Don Facciobene</b> 5505 Babcock Street NE 4, Palm Bay, FL 32905, US	<b>Construction</b>	<b>170,300</b>
<b>IM Solutions</b> 402 Thrush Drive, Satelite Beach, FL 32937, US	<b>Audio Visual</b>	<b>60,900</b>
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶	<b>0</b>	

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

Yes No

**1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

**1**  Yes  No

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

**2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

**a** Sale, exchange, or leasing of property?

**2a**  Yes  No

**b** Lending of money or other extension of credit?

**2b**  Yes  No

**c** Furnishing of goods, services, or facilities?

**2c**  Yes  No

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**2d**  Yes  No

See Form 990, Pt. V

**e** Transfer of any part of its income or assets?

**2e**  Yes  No

**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.)

**3a**  Yes  No

**b** Did the organization have a section 403(b) annuity plan for its employees?

**3b**  Yes  No

**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

**3c**  Yes  No

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

**3d**  Yes  No

**4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

**4a**  Yes  No

**b** Did the organization make any taxable distributions under section 4966?

**4b**  Yes  No

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

**4c**  Yes  No

**d** Enter the total number of donor advised funds owned at the end of the tax year ▶ \_\_\_\_\_

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ \_\_\_\_\_

**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 ▶ 0

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

**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	
<b>Total</b> . . . . .					<b>0</b>

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	<b>968,385</b>	<b>576,005</b>	<b>402,365</b>	<b>254,131</b>	<b>2,200,886</b>
<b>16</b> Membership fees received	<b>646,009</b>	<b>649,746</b>	<b>530,942</b>	<b>444,635</b>	<b>2,271,332</b>
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	<b>3,936,179</b>	<b>3,268,909</b>	<b>2,296,772</b>	<b>1,679,439</b>	<b>11,181,299</b>
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	<b>53,201</b>	<b>10,133</b>	<b>1,864</b>	<b>1,804</b>	<b>67,002</b>
<b>19</b> Net income from unrelated business activities not included in line 18.	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>22</b> Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>23</b> Total of lines 15 through 22	<b>5,603,774</b>	<b>4,504,793</b>	<b>3,231,943</b>	<b>2,380,009</b>	<b>15,720,519</b>
<b>24</b> Line 23 minus line 17	<b>1,667,595</b>	<b>1,235,884</b>	<b>935,171</b>	<b>700,570</b>	<b>4,539,220</b>
<b>25</b> Enter 1% of line 23	<b>56,038</b>	<b>45,048</b>	<b>32,319</b>	<b>23,800</b>	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> <b>90,784</b>
<b>b</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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> <b>57,671</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> <b>4,539,220</b>
<b>d</b> Add: Amounts from column (e) for lines:					
18 <u>67,002</u> 19 <u>0</u>					
22 <u>0</u> 26b <u>57,671</u>					<b>26d</b> <b>124,673</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> <b>4,414,547</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> <b>97 %</b>
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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:					
(2006) ..... (2005) ..... (2004) ..... (2003) .....					
<b>b</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					
(2006) ..... (2005) ..... (2004) ..... (2003) .....					
<b>c</b> Add Amounts from column (e) for lines					
15 _____ 16 _____					
17 _____ 20 _____ 21 _____					<b>27c</b> _____
<b>d</b> Add. Line 27a total _____ and line 27b total _____					<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27f</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> _____ %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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
<b>29</b> 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? . . . . .		
<b>30</b> 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? . . . . .		
<b>31</b> 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.) ----- ----- -----		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> 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.) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</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.		
<b>35</b> 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 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

<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>	
<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>	
<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>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41). . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. . . . .	<b>44</b>	

**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) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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
<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.) . . . . .			<b>0</b>

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	\$144,299 00	\$57,700 00	\$86,599 00	\$52,542 00	\$34,057 00
Boo @ The Zoo	\$72,966 00	\$32,800 00	\$40,166.00	\$30,548 00	\$9,618 00
Great Taste of Suntree	\$20,095 00	\$8,000 00	\$12,095 00	\$6,426 00	\$5,669 00
All Other	\$25,102 00	\$12,500 00	\$12,602 00	\$6,514 00	\$6,088 00
<b>Total:</b>	<b>\$262,462.00</b>	<b>\$111,000.00</b>	<b>\$151,462.00</b>	<b>\$96,030.00</b>	<b>\$55,432.00</b>

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	\$618,202 00	\$276,125 00	\$342,077 00
Food Service	\$624,608 00	\$259,576 00	\$365,032 00
<b>Total:</b>	<b>\$1,242,810.00</b>	<b>\$535,701.00</b>	<b>\$707,109.00</b>

Statement 3  
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EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC  
59-2496749

**Other changes in Net Assets or Fund Balances**

<b>Explanation</b>	<b>Amount</b>
Loss on Renovation	-\$882,637 00
<b>Total:</b>	<b>-\$882,637.00</b>

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EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC  
59-2496749

**Depreciation and Depletion**

<b>Asset</b>	<b>Current Deprec.</b>
Property and Equipment	\$373,143 00
<b>Total</b>	<b>\$373,143.00</b>

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**EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC**

59-2496749

**Attachment listing other expenses for Part II**

<b>Description</b>	<b>Total:</b>	<b>Pgm Services</b>	<b>Mgt and General</b>	<b>Fundraising</b>
Insurance	\$275,432 00	\$254,119 00	\$21,313 00	\$0 00
Marketing	\$242,882 00	\$242,882 00	\$0 00	\$0 00
Animal Food Costs	\$154,577 00	\$154,577 00	\$0 00	\$0 00
Programs and Special Events	\$97,592 00	\$93,345 00	\$4,247 00	\$0 00
Bank and Service Charges	\$55,310 00	\$2,535 00	\$52,775 00	\$0 00
AZA Accreditation	\$47,462 00	\$47,462 00	\$0 00	\$0 00
Contract Services	\$46,415 00	\$45,157 00	\$1,172 00	\$86 00
Animal Health and Veterinary	\$36,855 00	\$36,855 00	\$0 00	\$0 00
Grant Expense	\$23,966 00	\$23,699 00	\$0 00	\$267 00
Uniforms	\$12,570 00	\$12,570 00	\$0 00	\$0 00
Other Employee Related Expense	\$12,546 00	\$11,417 00	\$1,004 00	\$125 00
Capital Campaign Expense	\$10,083 00	\$0 00	\$10,083 00	\$0 00
Donor Cultivation and Outreach	\$6,763 00	\$0 00	\$0 00	\$6,763 00
Animal Aquisitions	\$4,394 00	\$4,394 00	\$0 00	\$0 00
Local Business Expense	\$3,176 00	\$644 00	\$1,298 00	\$1,234 00
Animal Keeper Activity	\$2,091 00	\$2,091 00	\$0 00	\$0 00
Green Team	\$992 00	\$992 00	\$0 00	\$0 00
<b>Total:</b>	<b>\$1,033,106.00</b>	<b>\$932,739.00</b>	<b>\$91,892.00</b>	<b>\$8,475.00</b>

**Program Services**

<b>Achievement</b>	<b>Pgm. Svc. Exp.</b>
Zoological Park & Aquanum 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) <b>Grants and Allocations: \$0.00 This amount includes foreign grants: N/A</b>	\$1,491,409 00
Zoological Park & Aquanum 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 (41000 PARTICIPANTS IN A MYRIAD OF PROGRAMS) <b>Grants and Allocations: \$0.00 This amount includes foreign grants: N/A</b>	\$989,435.00
Zoological Park & Aquanum 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) <b>Grants and Allocations: \$0.00 This amount includes foreign grants: N/A</b>	\$423,987 00
Zoological Park & Aquanum 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 (329000 GUESTS) <b>Grants and Allocations: \$0.00 This amount includes foreign grants: N/A</b>	\$609,348 00
Zoological Park & Aquanum 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) <b>Grants and Allocations: \$0.00 This amount includes foreign grants: N/A</b>	\$528,053 00
Animal-Related Programs, General/Other: Nyami Nyami River Lodge - hosts Zoo and community events (10950 Visitors) <b>Grants and Allocations: \$0.00 This amount includes foreign grants: N/A</b>	\$50,986 00
<b>Total:</b>	<b>\$4,093,218.00</b>

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EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC  
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**Schedule of Land, Buildings and Equipment**

<b>Description</b>	<b>Cost</b>	<b>Depreciation</b>	<b>Book Value</b>
Buildings	\$3,495,697 00	\$730,358 00	\$2,765,339 00
Furniture and Equipment	\$433,139 00	\$326,346 00	\$106,793 00
Other Fixed Assets	\$3,353,646 00	\$876,631 00	\$2,477,015 00
Land	\$1,108,403 00	\$0 00	\$1,108,403 00
<b>Total:</b>	<b>\$8,390,885.00</b>	<b>\$1,933,335.00</b>	<b>\$6,457,550.00</b>

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EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC  
59-2496749

**Mortgages and Other Notes Payable**

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<b>Type:</b>	Non-Mortgage
<b>Lender's Name:</b>	Regions Bank
<b>Original Amount:</b>	\$2,000,000 00
<b>Balance Due:</b>	\$1,658,658 00
<b>Date of Note:</b>	05/01/2006
<b>Maturity Date:</b>	06/26/2016
<b>Repayment Terms:</b>	Tourism Development Tax Receipts to Regions Bank
<b>Interest Rate:</b>	5 49
<b>Security Provided by Borrower:</b>	Tourism Development Tax Receipts
<b>Purpose of Loan:</b>	Zoo Improvements and Debt Finance
<b>Description of Consideration:</b>	Cash
<b>FMV of Consideration:</b>	\$2,000,000 00
<b>Relationship:</b>	None

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<b>Type:</b>	Non-Mortgage
<b>Lender's Name:</b>	Wachovia
<b>Original Amount:</b>	\$128,000 00
<b>Balance Due:</b>	\$128,000 00
<b>Date of Note:</b>	12/01/2007
<b>Maturity Date:</b>	04/01/2008
<b>Repayment Terms:</b>	Accrued payments of interest only until demand
<b>Interest Rate:</b>	7 5
<b>Security Provided by Borrower:</b>	Personal Property
<b>Purpose of Loan:</b>	Working Capital
<b>Description of Consideration:</b>	Cash
<b>FMV of Consideration:</b>	\$0 00
<b>Relationship:</b>	None

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<b>Total Due:</b>	<b>\$1,786,658.00</b>
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EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC  
59-2496749

**Other Liabilities**

<b>Liability Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
CAPITAL LEASE OBLIGATIONS	\$5,078 00	\$0 00
<b>Total:</b>	<b>\$5,078.00</b>	<b>\$0.00</b>

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Question b(4)

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC  
59-2496749

Revenue Audit Line b(4)

Description	Amount
Special Events Direct Costs	\$96,030 00
Cost of Goods Sold	\$535,701 00
<b>Total:</b>	<b>\$631,731.00</b>

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Question b(4)

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC  
59-2496749

**Expense Audit Line b(4)**

<b>Description</b>	<b>Amount</b>
Special Events Expenses	\$96,030 00
Cost of Goods Sold	\$535,701 00
<b>Total:</b>	<b>\$631,731.00</b>

Officers, Directors, Trustees, and Key Employees

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
DAVID K WINSTEN	40	\$127,308 00	\$4,284 00	\$0 00
Title	Exec Director/CEO			
Addr 1	8225 NORTH WICKHAM 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 WICKHAM ROAD			
Addr 2				
CSZ	MELBOURNE, FL 32940-7924			
Country	United States			
BRYAN CHEEK	1	\$0 00	\$0 00	\$0 00
Title	Vice President			
Addr 1	8225 NORTH WICKHAM 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 WICKHAM 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 WICKHAM ROAD			
Addr 2				
CSZ	MELBOURNE, FL 32940-7924			
Country	United States			
JACQUELINE BARKER	1	\$0 00	\$0 00	\$0.00
Title	Immediate Past President			
Addr 1	8225 NORTH WICKHAM ROAD			
Addr 2				
CSZ	MELBOURNE, FL 32940-7924			
Country	United States			

<b>Name and Address</b>	<b>Ave. Hrs/week</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
JOHN DUDA	1	\$0 00	\$0 00	\$0 00
Title     Board Member				
Addr 1   8225 NORTH WICKHAM ROAD				
Addr 2				
CSZ     MELBOURNE, FL 32940-7924				
Country   United States				
JULIE HARRISON	1	\$0 00	\$0 00	\$0 00
Title     President				
Addr 1   8225 NORTH WICKHAM ROAD				
Addr 2				
CSZ     MELBOURNE, FL 32940-7924				
Country   United States				
KENNETH MITCHELL	1	\$0 00	\$0 00	\$0 00
Title     Board Member				
Addr 1   8225 NORTH WICKHAM 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 WICKHAM ROAD				
Addr 2				
CSZ     MELBOURNE, FL 32940-7924				
Country   United States				
LINDA DALE	1	\$0 00	\$0 00	\$0 00
Title     Treasurer				
Addr 1   8225 NORTH WICKHAM ROAD				
Addr 2				
CSZ     MELBOURNE, FL 32940-7924				
Country   United States				
PETER CUNNINGHAM	1	\$0 00	\$0 00	\$0 00
Title     Vice President				
Addr 1   8225 NORTH WICKHAM 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 WICKHAM ROAD				
Addr 2				
CSZ     MELBOURNE, FL 32940-7924				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Country United States				
ROCHELLE COOPER	1	\$0 00	\$0 00	\$0 00
Title Board Member				
Addr 1 8225 NORTH WICKHAM 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 WICKHAM ROAD				
Addr 2				
CSZ MELBOURNE, FL 32940-7924				
Country United States				
THOMAS BEDOR	1	\$0 00	\$0 00	\$0 00
Title President Elect				
Addr 1 8225 NORTH WICKHAM ROAD				
Addr 2				
CSZ MELBOURNE, FL 32940-7924				
Country United States				
MIKE CREWS	1	\$0 00	\$0 00	\$0 00
Title: Board Member				
Addr 1 8225 NORTH WICKHAM ROAD				
Addr 2				
CSZ MELBOURNE, FL 32940-7924				
Country United States				
DAN LEBLANC	1	\$0 00	\$0 00	\$0 00
Title Board Member				
Addr 1. 8225 NORTH WICKHAM ROAD				
Addr 2				
CSZ: MELBOURNE, FL 32940-7924				
Country United States				
KIM MIKOLAJCZYK	1	\$0 00	\$0 00	\$0 00
Title Secretary				
Addr 1 8225 NORTH WICKHAM ROAD				
Addr 2				
CSZ MELBOURNE, FL 32940-7924				
Country United States				
<b>TOTALS</b>		<b>\$127,308.00</b>	<b>\$4,284.00</b>	<b>\$0.00</b>

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Part VIII

Question

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA INC

59-2496749

**Relationship of Activities**

<b>Line No</b>	<b>Relationship of Activities to the Accomplishment of Exempt Purposes</b>
93 a	The Zoo charges admission for attending the Zoological Park
93 e	In addition to admission, several additional fee-based programs are available to the public
93 d	The Zoo uses the lodge to host events which include wildlife and conservation education
94	Individuals or families can purchase a Zoo membership which entitles them to ongoing benefits including year-round admission to the Zoological Park
102	Gift shop items are offered to visitors during their visit to the Zoological Park
93 b	The Zoo conducts a variety of conservation and education programs relating directly to the mission of the Zoo
93 c	The Zoo performs a number of auxiliary functions and programs which promote wildlife education and conservation