FOR TAX YEAR 2022

CENTRAL FLORIDA ZOOLOGICAL SOCIETY INC

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

	Acknowledgement and General Information for Entities That File Returns Electronically	2022
Name(s) as shown on return	logical Society Inc	Employer Identification Number
Central Florida Zoo Entity address <u>PO Box 470309</u> <u>Lake Monroe, FL</u> Thank you for part 1. [X] 2022 990	32747 cipating in IRS e-file.	electronically.
The electronic fil 2. X 990 an electronic sig	ing services were provided by Erin Perdue CPA LLC income tax retum was accepted on <u>05-14-2024</u> using a Person nature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to e D assigned to this retum is <u>6165262024135du11ncc</u>	nal Identification Number (PIN) as enter or generate a PIN signature.
	DO NOT SEND A PAPER COPY OF ENTITY'S RETURN OU DO, IT WILL DELAY THE PROCESSING OF THE RET	

	Acknowledgement and General Information for Entities That File Returns Electronically	2022
Name(s) as shown on return	legical Society Inc.	Employer Identification Number **-***7197
Central Florida Zoo Entity address		
PO Box 470309		
Lake Monroe, FL		
Thank you for part	cipating in IRS e-file.	
1. X 2022 <u>990T</u> The electronic fil	income tax retum for <u>Federal</u> was filed e	electronically.
	income tax retum was accepted on <u>05-14-2024</u> using a Person nature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to en D assigned to this retum is <u>61652620241350jlfm2n</u>	nal Identification Number (PIN) as nter or generate a PIN signature.
	DO NOT SEND A PAPER COPY OF ENTITY'S RETURN T OU DO, IT WILL DELAY THE PROCESSING OF THE RET	

Here Richard Glover, CEO Type or print name and title Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if PTIN Preparer Erin Perdue 05-14-2024 self-employed P02249653 Preparer Firm's name Erin Perdue CPA LLC Firm's EIN Use Only Firm's address 322 E Central Blvd Unit 605 Phone no. Orlando FL 32801 407-383-7668 May the IRS discuss this retum with the preparer shown above? See instructions Yes X No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)		00		Poturn o	f Organization Exampt E	rom Inco	mo Toy		OMB No. 1545-0047
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For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)	May t	he IRS	discuss this						
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Form	990 (2022) Central Florida Zoological Society Inc	59-135719	7 Page 2
	rt III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	Dedicated to education, preservation, beauty and wonder of annimals and their habitats through a		
	commitment to share knowledge, engage visitors and celebrate our natural world.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,936,718 including grants of \$) (Revenue	\$ 6,5	14,254)
	See Schedule O		
4b	(Code:) (Expenses \$ 821,854 including grants of \$) (Revenue	\$ 4	16,306)
	Education-In the current year the educational department played a vital role in engageing over		
	95,000 learners, leaders and advocates in the Central Florida community. Many of our programs are		
	integrated curriculum-based that target the Florida sunshine state standards. The education		
	programs are specifically created from each stage of life from early learning to adult. Education		
	programs encourage curiosity and understanding about our environment and bring awareness to the		
	vital role that our zoologocal park plays in connecting families to nature. In addition, the		
	zoological park is a unique venue for students to engage in problem solving and critical		
	thinking, with opportunities for real life applications.		
4c	(Code:) (Expenses \$ 534,044 including grants of \$) (Revenue	\$ 2	23,776)
	Guest services-our visitor services department performs a great variety of services to our		
	community. It is through the hard and dedicated work that these people perform each and every day		
	which greatly enhances the community's overall experience at the Central Florida Zoo.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 418,496 including grants of \$) (Revenue \$)	
4e	Total program service expenses 5,711,112		
EEA		F	Form 990 (2022)

Form	n 990 (2022) Central Florida Zoological Society Inc	59-1357197	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			<u> </u>
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable.			
а				
a	complete Schedule D, Part VI	11a	x	
b		Tia		<u> </u>
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
<u> </u>	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			<u> </u>
u		11d		v
0	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X X
		<u>11e</u>		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.15		v
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		
L.	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	10		v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			V
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			~
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
b		20b		──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form	990 (2022) Central Florida Zoological Society Inc	59-1357197	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part J	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
v	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		~
21				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		v
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
_	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule.M.	. 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization?If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form	990 (2022) Central Florida Zoological Society Inc	59-135719	7	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	138			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ļ	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q	ļ	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	ļ			
ia	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country	••••	ти		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
Fo			Fo		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ļ	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	•	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	ļ	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?	ļ	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ļ	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requir		7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
0	sponsoring organization have excess business holdings at any time during the year?		8		х
9	Sponsoring organizations maintaining donor advised funds.	ł	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	ł	9b		X
10	Section 501(c)(7) organizations. Enter:	ł	30		
	Initiation fees and capital contributions included on Part VIII, line 12	1			
a ĸ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
b		L			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	l			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	••	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	L			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	ļ	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	-	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	ļ			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and finiates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 11a Has the organization novided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a 12b Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," 12a X 13 Did the organization have a written whisteblower policy? 13a X 12b X 14 Did the organization have a written document retention and destruction policy? 13a X 12c X 15 Did the organization have a written document retention and destruction policy? 14 X 15b X 16 the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 15a X 15b X 17 Uher officers of the process on Schedule O. See instructions. 16a X 15b X 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar	Forr	n 990 (2022) Central Florida Zoological Society Inc 59-13	57197		P	age 6
Check If Schedule C contains a response or note to any line in this Part VI X Section A. Governing Body and Management In 1	Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	nd for a	"No"		
Section A. Governing Body and Management Yes No 1a Enter the number of voting mortces of the governing body, or if the governing body delayated twoad authority to an exocutive committee or similar committee, explain on Schedula O. 1a 21 1a 21 2 X.3 Did the organization mortces included in line 1a, above, who are independent		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instr	ructions	S.		
In Ener the number of voling members of the governing body at the end of the tax year		Check if Schedule O contains a response or note to any line in this Part VI				Х
In the The number of voling members of the governing body, or 1a 21 If there are methed afferences involuting that amount of the starway methods of the governing body, or 1b 21 If any office, decoter, insele, or key employee have a family relationship or a business relationship with any office differed, endex, insele, or key employees to an endependent	Sec	ction A. Governing Body and Management				
If the governing body despection voltage rights among members of the governing body, or Image: Shedule 0. b Even the rember of voltage members included in line 1a, above, who are independent					Yes	No
if the governing body delogated broad authority to an executive committee or similar committee, explain on Schedule 0. Ib 21 2 Did any officer, frustee, or key employee have a family relationship or a business relationship with any other officer, frustee, or key employee 1 as a family relationship or a business relationship with any other officer, frustee, or key employee 1 as a management otheraps with or other parson? 2 X 3 Did the organization delogate control over management otheraps with any other officer, frustee, or key employees 1 as a management otheraps with any other officer, frustee, or key employees 1 as a management otheraps with any other officer, frustee, or key end by or a significant delogate control over management otheraps with a control over management otheraps with a control over management otheraps with a management otheraps with a control over any other parson? 3 X 4 Did the organization have members or stockholders? 6 X 5 Did the organization have members, stockholders? 7 X 8 Did the organization have members, stockholders? 7 X 8 Did the organization have members, stockholders? 7 X 9 Is there any officer, frustee, or key employee liked in Part VII. Section A, who cannot be reached at the organization have written officies and parsons and decresson of Schochelle O. 7	1a	Enter the number of voting members of the governing body at the end of the tax year	21			
b Committee, explain on Schedule O. b Entric Hen unberd voltang methods: include a ,above, who are independent		If there are material differences in voting rights among members of the governing body, or				
b Committee, explain on Schedule O. b Entric Hen unberd voltang methods: include a ,above, who are independent		if the governing body delegated broad authority to an executive committee or similar				
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9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			-			
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16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a X Section C. Disclosure 16b 16b 16b 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed 125 16b 16b </td <td>b</td> <td>Other officers or key employees of the organization</td> <td></td> <td>15b</td> <td></td> <td>Х</td>	b	Other officers or key employees of the organization		15b		Х
with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a X Section C. Disclosure 16b 16b 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed 162 16b 16		If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed 162 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 163 (3) s only) available for public inspection. Indicate how you made these available. Check all that apply. 0 Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records.	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed 16b 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Pescribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records.		with a taxable entity during the year?		16a		Х
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records.	b					
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Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Image: Note: Section of Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records.				16b		
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and financial statements available to the public during the tax year.State the name, address, and telephone number of the person who possesses the organization's books and records.	19					
20 State the name, address, and telephone number of the person who possesses the organization's books and records.						
	20					
		Scott Berner (407)323-4450, PO Box 470309, Lake Monroe, FL 32747				

Form 990 (2022	Central Florida Zoological Society Inc	59-1357197	Page 7			
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensat	ed Employees, and				
	Independent Contractors					
	Check if Schedule O contains a response or note to any line in this Part VII					
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year ending with or with	thin the				
organization's ta	ax year.					
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.						

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	alcu organizai		mpen	13010	cu a	ny cui	icin		10300.	
				((C)					
(A)	(B)	(B) Position (do not check more than one						(D)	(E)	(F)
Name and title	Average					han one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or In	Ins	q	Ke	en	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	direc	titut	Officer	y en	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ree t cor				
	below	uste	trus		/ee	nper				
	dotted line)	e	tee			Highest compensated employee				
						ă				
(1) Al Sarabasa	1.00									
Director		X						0	0	0
(2) Nicolet Severe	1.00									
Director		Х						0	0	0
(3) Abby Sanchez	1.00									
Director		Х						0	0	0
(4) Melissa Nelson	1.00									
Director		X						0	0	0
(5) Trenton Newton	1.00									
Director		Х						0	0	0
(6) Carrie Vanderhoef	1.00									
Director		Х						0	0	0
(7) Sam Weissman	1.00									
Director		Х						0	0	0
(8) Brenada Urias	1.00									
Director		Х						0	0	0
(9) Tim Smith	1.00									
Director		Х						0	0	0
(10)Stephen Turner	1.00									
Director		Х						0	0	0
(11)Bob Morrison	1.00									
Director		Х						0	0	0
(12)Robert Connelly	1.00									
Director		Х						0	0	0
(13)Judy Desrosiers	1.00									
Director		Х						0	0	0
(14)Esther McIlvain	1.00									
Secretary/Treasurer		Х						0	0	0
EEA										Form 990 (2022)

Form 990 (2022) Central Florida Zoolog Part VII Section A. Officers, Directors, Tru	ical Society stees, Key	/ Inc / Emj	ploy	ees	, ar	nd Hi	ghe	est Compensat	59-13571 ted Employees	197 Page 8 (continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles cer and	ss pers d a dire	ition bre th son is	aan one both an (trustee) employee employee		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)Chandler Robertson Board Chair	1.00	x						0	0	0
(16)Oliver Pinnock	1.00								0	<u>0</u>
Vice Chair (17)Alecia Meulendyk	1.00	X			_			0	0	0
Director		Х						0	0	0
(18)Geoffrey Moore	<u>1.00</u>							0	0	0
Director (19)Jeremy McCauley	1.00	X						0	0	0
Director		Х						0	0	0
(20)Traci Houchin	1.00	x						0	0	0
(21)Amy Lockhart	1.00	_ ^						0	0	0
Director		X						0	0	0
(22)										
(23)										
(24)										
(25)										
1b Subtotal c Total from continuation sheets to Part VII, Section	A						-			
d Total (add lines 1b and 1c)								0	0	0
2 Total number of individuals (including but not limi reportable compensation from the organization	ted to those I	isted a	ibove	e) wh	o re	ceived	d mo	ore than \$100,000	of	0
3 Did the organization list any former officer, direc	tor trustee k	ev em	nlov	<u>ee 0</u>	r hir	nhest	com	inensated		Yes No
employee on line 1a? If "Yes," complete Schedu		•	• •			-		•		3 X
4 For any individual listed on line 1a, is the sum of r										
organization and related organizations greater th individual					piete	e Sche	eaul	e J for such		4 X
5 Did any person listed on line 1a receive or accrue	compensatio	on from	n any	unre		-				
for services rendered to the organization? If "Yes Section B. Independent Contractors	s," complete	Sched	lule J	J for s	such	n pers	on.	<u></u>		5 X
1 Complete this table for your five highest compensations	ated independ	dent co	ontrac	ctors	that	receiv	ved i	more than \$100,00)0 of	
compensation from the organization. Report comp										
(A) Name and business addre	\$5							(B) Description of servic	es	(C) Compensation
2 Total number of independent contractors (includir	ng but not lim	ited to	thos	e liste	ed a	above)	who	0		
received more than \$100,000 of compensation fro	om the organi	zation								Form 990 (2022)

Form 99	<u>`</u>				gical	Society Inc			59-135719	97 Page 9
Part \	VIII	Statement of Reve	enue	;						
		Check if Schedule O co	ontair	is a respons	se or n	ote to any line in thi				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns			1a					
	b	Membership dues		1b						
nts	c	Fundraising events		1c						
Grai	d	<u> </u>								
Contributions, Gifts, Grants and Other Similar Amounts	e	3 ()		1e	942,866					
imis G	f	All other contributions, gif	-			0.050.470				
ution lier S		and similar amounts not in			1f	2,853,178				
Gr	g	Noncash contributions inclines 1a-1f		a in	10	¢				
Cor and	h				1g	\$	3,796,044			
						Business Code	3,790,044			
	22	Gate Receipts				713110	3,096,689	3,096,689	-	
g		Other Concessions				713110	920,075	920,075		
Program Service Revenue		Passholder Fees				713110	723,985	723,985		-
ram Servi Revenue	d	Education Programs				611600	416,306	416,306		_
grai Re	e									
Pro	f	All other program service i	rever	nue						
	g	Total. Add lines 2a-2f					5,157,055			
	3	Investment income (includi	ing d	vidends, inte	erest, a	and				
		other similar amounts)								
	4	Income from investment of		•	d proc	eeds				
	5	Royalties		(i) Rea		(1) D				
	6a	Gross rents	oss rents 6a		174	(ii) Personal				
		Less: rental expenses	6b	10,	1/4					
		Rental income or (loss)	6c	16.	174					
		Net rental income or (loss)					16,174		16,174	
	7a	Gross amount from (i) Securit			(ii) Other	- 1				
	1.0	sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
e		and sales expenses	7b							
veni		Gain or (loss)	7c							
Other Revenue		Net gain or (loss)								
ther	8a	Gross income from fundrai	ising							
Ò		events (not including \$	n lin		-					
		of contributions reported o 1c). See Part IV, line 18			8a					
	h	Less: direct expenses			8b					
		Net income or (loss) from f								
		Gross income from gaming		5						
		activities, See Part IV, line	19.		9a					
	b	Less: direct expenses			9b					
	c	Net income or (loss) from g	gami	ng activities						
	10a	Gross sales of inventory, le	ess							
		returns and allowances			10a					
		Less: cost of goods sold			10t	-				
	c	Net income or (loss) from s	sales	ot inventor	y					
	110					Business Code				
e	11a b								+	+
scellanou Revenue	c b									+
Miscellanous Revenue		All other revenue							+	+
Σ		Total. Add lines 11a-11d				·				
		Total revenue. See instruc					8,969,273	5,157,055	16,174	0

Central Florida Zoological Society Inc

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Page 10

_	Check if Schedule O contains a response or note to a				
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	145,838	122,705	13,213	9,920
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,318,446	2,792,036	300,665	225,745
8	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)	87,568	32,682	54,066	82
9	Other employee benefits	86,354	29,518	56,100	73
0	Payroll taxes	245,270	206,363	22,222	16,685
1	Fees for services (nonemployees):			,	,
а	Management				
b	Legal	148,527	64,402	64,770	19,355
С	Accounting	,0	0.1,102	0.1,1.0	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
y	(A) amount, list line 11g expenses on Schedule O.)				
2		143,119	77,801		65,318
	Advertising and promotion			04 761	
3	Office expenses	278,622	153,611	94,761	30,250
4	Information technology				
5	Royalties	404 700	400 500	070.000	
6		401,708	129,508	272,200	
7					
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0		30,445		30,445	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	765,660	759,118	6,542	
3	Insurance	769,965	354,958	400,031	14,976
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Animal Care	328,451	328,451		
b	Repairs	389,909	363,606	15,287	11,016
с	Utilities	220,353	202,304	15,614	2,435
d	Credit Card fee	4,000	2,000	2,000	
е	All other expenses	422,853	92,049	201,304	129,500
5	Total functional expenses. Add lines 1 through 24e	7,787,088	5,711,112	1,549,220	526,756
26	Joint costs. Complete this line only if the				-,
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

	990 (20	,	ety Inc	;	5	9-13571	97 Page 1
Part	X	Balance Sheet					_
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			3,502,000	1	4,721,564
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		•		3	
	4	Accounts receivable, net	• • •		4,267	4	1,681
	5	Loans and other receivables from any current or former	officer,	director,			
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso	ins			5	
	6	Loans and other receivables from other disqualified pers					
		under section 4958(f)(1)), and persons described in sec	tion 49	58(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			71,891	8	59,345
As	9	Prepaid expenses and deferred charges			164,219	9	322,678
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,661,297	_		
	b	Less: accumulated depreciation	10b	7,943,277	9,936,625	10c	9,718,020
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets			3,252,670	14	3,240,990
	15	Other assets. See Part IV, line 11	43,338	15	43,338		
	16	Total assets. Add lines 1 through 15 (must equal line 3		16,975,010	16	18,107,616	
	17	Accounts payable and accrued expenses	384,028	17	440,514		
	18	Grants payable				18	
	19	Deferred revenue			350,600	19	408,430
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	of Sche	dule D		21	
~	22	Loans and other payables to any current or former office	er, dire	ctor,			
litie		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
Liabilities		controlled entity or family member of any of these perso	ins			22	
	23	Secured mortgages and notes payable to unrelated thin	d parti	es	393,056	23	320,249
	24	Unsecured notes and loans payable to unrelated third p	oarties		203,781	24	112,693
	25	Other liabilities (including federal income tax, payables	to relat	ed third			
		parties, and other liabilities not included on lines 17-24)	. Comp	lete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,331,465	26	1,281,886
		Organizations that follow FASB ASC 958, check here	Х				
		and complete lines 27, 28, 32, and 33.					
ses	27	Net assets without donor restrictions			12,241,156	27	13,423,341
alan	28	Net assets with donor restrictions		_	3,402,389	28	3,402,389
Ba		Organizations that do not follow FASB ASC 958, check	here				
nnc		and complete lines 29 through 33.					
or F	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipmen				30	
Ass	31	Retained earnings, endowment, accumulated income, o				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			15,643,545	32	16,825,730
	33	Total liabilities and net assets/fund balances			16,975,010	33	18,107,616
EEA							Form 990 (2022

Form	990 (2022) Central Florida Zoological Society Inc	59-1357197		Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,9	969,2	73
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,7	787,0	88
3	Revenue less expenses. Subtract line 2 from line 1	3	1,1	82,1	85
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,6	643,5	45
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	16,8	325,7	30
Par	rt XII Financial Statements and Reporting	l l		-	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	n 990	(2022)

Form 990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No. 1545-0047
	For caler	ndar year 2022 or other tax year beginning $07-01$, 2022, and ending $06-30$, 20	23	2022
	I UI Calei			Open to Public Inspection
Department of the Treasury Internal Revenue Service	D	Go to www.irs.gov/Form990T for instructions and the latest information. o not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		for 501(c)(3) Organizations Only
A Check box if		Name of organization (\Box Check box if name changed and see instructions.)	D Employe	r identification number
address changed.		Central Florida Zoological Society Inc	59-1357	7197
B Exempt under section	Print	Number, street, and room or suite no. If a P.O. box, see instructions.		cemption number
X 501(C)(3)	or	PO Box 470309	(see inst	ructions)
408(e) 220(e)	Туре	City or town, state or province, country, and ZIP or foreign postal code		
408A 530(a)		Lake Monroe, FL 32747	F Che	eck box if
529(a) 529A	C Book va	alue of all assets at end of year	ana	amended return.
G Check organization t	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State c	ollege/university
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439	<u> </u>	
		tion filing a consolidated retum with a 501(c)(2) titleholding corporation		
	-	Schedules A (Form 990-T)		1
K During the tax year, v	was the co	orporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
If "Yes," enter the na	ame and ic	dentifying number of the parent corporation		
L The books are in car	re of Sc	ott Berner PO Box 470309 Lake Mon FL 32747 Telephone number	(407)323	3-4450
Part I Total Ur	nrelated	Business Taxable Income		
1 Total of unrelated	business	taxable income computed from all unrelated trades or businesses (see		
instructions)			1	
2 Reserved			2	
3 Add lines 1 and 2			3	;
4 Charitable contribu	utions (se	e instructions for limitation rules)	4	
5 Total unrelated bu	isiness tax	kable income before net operating losses. Subtract line 4 from line 3	5	;
6 Deduction for net c	operating	loss. See instructions	6	;
7 Total of unrelated	business	taxable income before specific deduction and section 199A deduction.		
Subtract line 6 from	m line 5		7	,
8 Specific deduction	(generall	y \$1,000, but see instructions for exceptions)	8	; [
9 Trusts. Section 19	99A deduc	ction. See instructions	9	
10 Total deductions.	Add lines	8 and 9	1(0
11 Unrelated busines	ss taxable	income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero			1	1 0
Part II Tax Cor	mputatio	วท		
1 Organizations taxa	able as co	prporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2 Trusts taxable at t	rust rates	. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from:	: 🗌 Ta	ax rate schedule or 🛛 Schedule D (Form 1041)	2	2
3 Proxy tax. See ins	structions		3	
4 Other tax amounts	. See inst	ructions	4	
5 Alternative minimu	ım tax (tru	ists only)	5	j
		y income. See instructions	6	;
		b to line 1 or 2, whichever applies	7	,
For Paperwork Reduction	n Act Noti	ice, see instructions.		Form 990-T (2022)

EEA

	Central Florida Zoological Society Inc		59-1357197	Page 2
Part I				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
С	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
е	Total credits. Add lines 1a through 1d		1e	
2	Subtract line 1e from Part II, line 7		2	
3	Other amounts due. Check if from: Form 4255 Form 8611 Form Other (attach statement) Other (attach statement) Form		56 <u>3</u>	
4	Total tax. Add lines 2 and 3 (see instructions).	sly deferred under		
	section 1294. Enter tax amount here	-	4	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a	Payments: A 2021 overpayment credited to 2022	6a		
b	2022 estimated tax payments. Check if section 643(g) election applies	6b		
С	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
	Other credits, adjustments, and payments:			
-	Form 4136 Other Total	6g		
7	Total payments. Add lines 6a through 6g		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpai	id	10	
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax	Refun		
Part I	V Statements Regarding Certain Activities and Other Information	(see instructio	ns)	
1	At any time during the 2022 calendar year, did the organization have an interest in or a s	ignature or other author	ority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the org	anization may have to	file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the na	ame of the foreign cou	ntry	
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of	of, or transferor to, a fo	oreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year		\$	_
4	Enter available pre-2018 NOL carryovers here \$ Do not inclu	ide any post-2017 NOI	_ carryover	
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by an	y deduction reported c	n	
	Part I, line 6.			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and post-2017 NOL carryo			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the	•		_
	Business Activity Code	Available post-2017	7 NOL carryover	_
		\$		_
		\$		_
		\$		_
		\$		_
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF,	or Form 1128? If "No	" ,	
_	explain in Part V			
Part \				
Provide	e the explanation required by Part IV, line 6b. Also, provide any other addition	al information. See	instructions.	

Sign			rjury, I declare that I have examine ct, and complete. Declaration of pro					
Here	_				CEO		with the prep	discuss this return arer shown below
	Si	gnature of officer		Date	Title		(see instructi	ons)? Yes X No
		Print/Type prepare	er's name	Preparer's signature		Date	Check if	PTIN
Paid		Erin Perdue				05-14-2024	self-employed	P02249653
Prepar	er	Firm's name	Erin Perdue CPA LLC				Firm's EIN 82	-3518399
Use O	nly	Firm's address	322 E Central Blvd Unit	605			Phone no.	
			Orlando FL 32801				40	7-383-7668

SCHEDULE A (Form 990-T)

Department of the Treasury

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Go to www.irs.gov/Form990T for instructions and the latest information.

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

Open to Public Inspection for 1(0)(2)

Internal Revenue Service	al Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).					
A Name of the organizatio	n		B Employer identific	ation number		
Central Florida Zoologio	cal Society Inc	59-1357197				
C Unrelated business a	activity code (see instructions)	532000	D Sequence: 1	of 1		

E Describe the unrelated trade or business Facility Rental

Par	t I Unrelated Trade or Business Income	(A) I	ncome	(B) Expense	s	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	;				
2	Cost of goods sold (Part III, line 8)					
3	Gross profit. Subtract line 2 from line 1c					
4a	Capital gain net income (attach Schedule D (Form 1041 or					
	Form 1120)). See instructions	1				
b	Net gain (loss) (Form 4797) (attach Form 4797). See					
	instructions)				
с	Capital loss deduction for trusts	;				
5	Income (loss) from a partnership or an S corporation (attach					
-	statement)					
6	Rent income (Part IV)					
7	Unrelated debt-financed income (Part V)					
8	Interest, annuities, royalties, and rents from a controlled					
Ū	organization (Part VI)					
9	Investment income of section 501(c)(7), (9), or (17)					
Ū	organizations (Part VII)					
10	Exploited exempt activity income (Part VIII)					
11	Advertising income (Part IX)					
12	Other income (see instructions; attach statement)					
13	Total. Combine lines 3 through 12					
Part			on dedu	ctions Deduction	e muet	he
Tan	directly connected with the unrelated business income.				5 muət	De
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	5,936
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions		7	140,534		
8	Less depreciation claimed in Part III and elsewhere on return		8a	· · · ·	8b	140,534
9	Depletion				9	i
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		S	tatement #9	14	31,869
15	Total deductions. Add lines 1 through 14				15	178,339
16	Unrelated business income before net operating loss deduction. Subtract line		rt I, line 1	3,		-,
	column (C)		-		16	(178,339)
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line 16				18	(178,339)
	perwork Reduction Act Notice, see instructions.					ule A (Form 990-T) 2022

Schedu	ule A (Form 990-T) 2022 Central Florida Zoologica	59-1357197	Page 2					
Part	III Cost of Goods Sold Enter							
1	Inventory at beginning of year			1				
2	Purchases			2				
3	Cost of labor			3				
4	Additional section 263A costs (attach statement)			4				
5	Other costs (attach statement)	5						
6	Total. Add lines 1 through 5	6						
7	Inventory at end of year			7				
8	Cost of goods sold. Subtract line 7 from line 6. Enter her			8				
9	Do the rules of section 263A (with respect to property pro				Yes No			
Part								
1	Description of property (property street address, city, stat			ions.				
	A Conference Hall Rental, Address: PO Box	470309 Lake Monro	be FL 32747					
	B [
	D [_]							
		A	В	C	D			
2	Rent received or accrued							
а	From personal property (if the percentage of							
	rent for personal property is more than 10%							
	but not more than 50%)							
b	From real and personal property (if the							
	percentage of rent for personal property exceeds							
	50% or if the rent is based on profit or income)							
С	Total rents received or accrued by property.							
	Add lines 2a and 2b, columns A through D							
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)							
	Deductions developments to the black to serve							
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)							
_			/=.	I				
5	Total deductions. Add line 4 columns A through D. Enter	r here and on Part I, lin	e 6, column (B)					
Part	V Unrelated Debt-Financed Income (see	instructions)						
1	Description of debt-financed property (street address, city	, state, ZIP code). Cheo	ck if a dual-use. See in	structions.				
	A 🗌							
	в 🗌							
	с 🗌							
	D []							
		А	В	С	D			
2	Gross income from or allocable to debt-financed							
	property							
3	Deductions directly connected with or allocable							
	to debt-financed property							
а	Straight line depreciation (attach statement)							
b	Other deductions (attach statement)							
с	Total deductions (add lines 3a and 3b,							
	columns A through D)							
4	Amount of average acquisition debt on or allocable							
	to debt-financed property (attach statement)							
5	Average adjusted basis of or allocable to debt-							
	financed property (attach statement)							
6	Divide line 4 by line 5	%	%	%	%			
7	Gross income reportable. Multiply line 2 by line 6							
8	Total gross income (add line 7, columns A through D). E	nter here and on Part I	line 7 column (A)					
9	Allocable deductions. Multiply line 3c by line 6							
10	Total allocable deductions. Add line 9, columns A throug	h D. Enter here and or	n Part I, line 7, column	(B) –				
11	Total dividends - received deductions included in line 10	<u> </u>	<u></u>					
					A (E 000 T) 0000			

Schedule	A (Form 990-T) 2022 Cen	tral Florida Zool	logical Society	/ Inc		59-135	57197 Page 3
Part V	I Interest, Annuiti	es, Royalties, a	and Rents fro	om C	ontrolled Organiza	tions (see instrue	ctions)
					Exempt Co	ontrolled Organizations	1
		2. Employer identification number	ntification income (los		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
			Nonexem	pt Co	ntrolled Organizatior	าร	
	7. Taxable income	inco	: unrelated me (loss) structions)	g	 Total of specified payments made 	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
Totals						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Part V	II Investment Inco	ome of a Secti	on 501(c)(7),	(9),	or (17) Organizatio	on (see instructions	S)
1.	Description of income	2. Amou	nt of income	1	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.Total deductions and set-asides (add columns 3 and 4)
(1)							
(2)							
(3)							
(4)							
Totals		Enter here	ts in column 2. and on Part I, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part V	III Exploited Exer	mpt Activity Ind	come, Other	Than	Advertising Incom	ne (see instructio	ns)
	Description of exploited a	· · · · ·	_,			(
	Gross unrelated business	· · · · · · · · · · · · · · · · · · ·	e or business. E	nter he	ere and on Part I, line 10	0, column (A)	2
3 E	Expenses directly connec	ted with production	n of unrelated bu	usines	s income. Enter here ar	nd on Part I,	
I	ine 10, column (B)						3
4 ľ	Net income (loss) from ur	nrelated trade or b	usiness. Subtrac	t line :	3 from line 2. If a gain, o	complete	
	U						4
	Gross income from activit						5
	Expenses attributable to i						6
	Excess exempt expenses					unt on line	
	 Enter here and on Part 	II, line 12					7

Schedule A (Form 990-T) 2022

EEA

	Ile A (Form 990-T) 2022 Central Florida Zoolog	ical Soc	ciety Inc		59-13	357197 Page 4
Part	, , , , , , , , , , , , , , , , , , ,					
1	Name(s) of periodical(s). Check box if reporting A B C	g two or i	nore periodicals on a co	onsolidated basis.		
	D					
Entera	amounts for each periodical listed above in the co	rrespond				
2	Gross advertising income		A	В	C	D
а	Add columns A through D. Enter here and on Pa	art I, line	11, column (A)			
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on Pa	art I, line	11, column (B)			
4	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero					
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the great Part II, line 13			or zero here and o	n	
Part				e instructions)		
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
	Enter here and on Part II, line 1					
Part	XI Supplemental Information (se	e instr	uctions)			

SCHEDULE	A
(Form 990)	

Public Charity Status and Public Support

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

Department of the Treasury
Internal Revenue Service
Name of the organization

OMB	No.	1545-	0047

if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chari	2022					
Attach to Form 990 or Form 990-EZ.		Open to Public				
Go to www.irs.gov/Form990 for instructions and the latest information	Inspection					
	Employer identification	number				
/ Inc	59-135719	7				
Charity Status. (All organizations must complete this part.) See instructions.						
ation because it is: (For lines 1 through 12, check only one box.)						

Cent	ral F	Iorida Zoological Society Inc					59-1357197	
Par	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The o	rgani	ization is not a private foundation be	ecause it is: (For lin	es 1 through 12, check c	only one bo	x.)		
1		A church, convention of churches,	or association of c	hurches described in se	ction 170(b	o)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990)	.)			
3		A hospital or a cooperative hospita	l service organizati	ion described in section	170(b)(1)(A)(iii).		
4		A medical research organization of	perated in conjunct	ion with a hospital descr	ibed in se	ction 170(b	o)(1)(A)(iii). Enter the	
	I	hospital's name, city, and state:						
5		An organization operated for the be	nefit of a college of	r university owned or ope	erated by a	a governme	ental unit described in	
	:	section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local governme	-					
7		An organization that normally receiv			overnment	tal unit or f	rom the general public	
	_ (described in section 170(b)(1)(A)(v	i). (Complete Part	II.)				
8		A community trust described in sec	ction 170(b)(1)(A)(v	i). (Complete Part II.)				
9		An agricultural research organization	on described in sec	ction 170(b)(1)(A)(ix) ope	erated in c	onjunction	with a land-grant colle	ge
	(or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	tate of the college or	
		university:						
10	:	An organization that normally receiv receipts from activities related to its support from gross investment inco acquired by the organization after.	exempt functions, me and unrelated b	subject to certain except ousiness taxable income	tions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	SS
11		An organization organized and ope	erated exclusively t	o test for public safety. S	See section	n 509(a)(4)).	
12		An organization organized and ope	rated exclusively fo	r the benefit of, to perform	n the funct	tions of, or	to carry out the purpos	es of
	(one or more publicly supported org	anizations describ	ed in section 509(a)(1) c	r section 5	509(a)(2).	See section 509(a)(3).	Check
	1	the box on lines 12a through 12d th	at describes the typ	be of supporting organization	ation and c	omplete lir	nes 12e, 12f, and 12g.	
а	[Type I. A supporting organizati	on operated, supe	rvised, or controlled by it	s supporte	ed organiza	ation(s), typically by given a structure of the structure	/ing
		the supported organization(s) the	he power to regula	rly appoint or elect a maj	ority of the	e directors	or trustees of the	
		supporting organization. You n	nust complete Part	IV, Sections A and B.				
b		Type II. A supporting organizat	ion supervised or o	controlled in connection	with its su	pported or	ganization(s), by havin	g
		control or management of the s	upporting organiza	tion vested in the same p	persons that	at control o	r manage the supporte	d
	_	organization(s). You must com	plete Part IV, Sect	ions A and C.				
С	L	Type III functionally integrated.		•				th,
	-	its supported organization(s) (s						
d	L	Type III non-functionally integra		•				. ,
		that is not functionally integrate	•	• • •		•	ent and an attentivenes	S
	-	requirement (see instructions).						
е	L	Check this box if the organization				•••	I, Type II, Type III	
	_	functionally integrated, or Type		integrated supporting or	ganizatior).		
f		nter the number of supported organ						
g		ovide the following information about	11	8 ()				
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum	• •	instructions)	instructions)
					Vee	Nia		
					Yes	No		
(A)								
(B)								
(C)								
(D)								

(E)

		a Zoological So				59-1357197	Page 2
Part							
	(Complete only if you checked the second sec	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	alify under
	Part III. If the organization fails t	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Section	on A. Public Support						
-	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,237,816	750,453	3,002,700	3,043,873	2,302,837	10,337,679
2	Tax revenues levied for the	.,_0.,0.0		0,002,00			,
_	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
U	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	1,237,816	750,453	3,002,700	3,043,873	2,302,837	10,337,679
5	The portion of total contributions by	1,237,010	730,433	5,002,700	3,043,073	2,302,037	10,337,079
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						95,745
$\frac{6}{2}$	Public support. Subtract line 5 from line 4.						10,241,934
	on B. Total Support	()	(1)	()	()) = = = = (()	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,237,816	750,453	3,002,700	3,043,873	2,302,837	10,337,679
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	280,996	281,394	267,860		98,114	928,364
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	136,509	70,046	59,358	59,926	94,749	420,588
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						11,686,631
12	Gross receipts from related activities, etc	. (see instructio	, ns)			12	
13	First 5 years. If the Form 990 is for the or				th tax vear as)(3)
	organization, check this box and stop her						Π
Section	on C. Computation of Public Support F						
14	Public support percentage for 2022 (line		ivided by line	11 column (f))		14	87.64 %
15	Public support percentage from 2021 Sch		-			15	85.98 %
16a	33 1/3% support test - 2022. If the organi						
104	box and stop here. The organization qual						X
h	33 1/3% support test - 2021. If the organi			-			
b							
47-	this box and stop here. The organization			-			44:-
17a	10%-facts-and-circumstances test - 2022	-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa				on qualifies as	a publicly supp	
	organization						
b	10%-facts-and-circumstances test - 2021	-					
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain						-
	in Part VI how the organization meets the	e facts-and-circu	umstances tes	st. The organiz	ation qualifies	as a publicly su	pported
	organization						
18	Private foundation. If the organization did	I not check a bo	ox on line 13, [•]	16a, 16b, 17a,	or 17b, check	this box and se	e
	instructions	<u></u>					

Schedul	e A (Form 990) 2022 Central Florida	a Zoological So	ociety Inc			59-1357197	Page 3
Part	III Support Schedule for Organization	ons Describe	d in Section 5	509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	nization failed	to qualify und	ler Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Sectio	on A. Public Support			· •	•	,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						()
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
5	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4							
	organization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	First 5 years. If the Form 990 is for the org	anization's fire	t second thir	d fourth or fift	h tay yaar as a	section 501(c)	(3)
14	-				ii lax yeai as a	Section 301(c)	(3)
Soctio	organization, check this box and stop here on C. Computation of Public Support P						
			ivided by line 1	$2 \operatorname{colump}(f)$		15	0/
15	Public support percentage for 2022 (line 8					15	<u>%</u>
$\frac{16}{\text{Soctiv}}$	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment Incon				(f))	47	
17	Investment income percentage for 2022 (I			-		17	%
18	Investment income percentage from 2021						<u>%</u>
19a	33 1/3% support tests - 2022. If the organ						_
	17 is not more than 33 1/3%, check this be		-				
b	33 1/3% support tests - 2021. If the organizatio						_
	line 18 is not more than 33 1/3%, check this bo		-			-	
20	Private foundation. If the organization did	not check a bo	ox on line 14 1	9a or 19b che	eck this box an	d see instructio	ns

Schedule A (Form 990) 2022 Central Part IV Supporting Organizations

	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complet and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	I, cor	mplet	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a	<u> </u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a	<u> </u>	<u> </u>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	<u> </u>	<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
-	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
-	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
4.6	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40		
	supporting organizations)? If "Yes," answer 10b below.	10a	-	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	4.01		
	determine whether the organization had excess business holdings.)	10b	1	1

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b clow, the governing body of a supported organization? b A family member of a person described on line 11 a above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers and the support of organization of the support of organization and the tay boart to regularly appoint or elect at least a majority of the organization officers, directors, or trustees at all times during the tay year? If "No." describe in Part VI how the supported organization of and/or remove officers, directors, or trustees were allocated among the supported organization and what conditions or existicant. Amy appled to such power allorg bat years. Did the organization operate for the benefit of any supported organization off the supporting organization. Section C. Type II Supporting Organizations Were a majority of the organizations and what conditions or existence in Amy appled to such powers during the supported organization. Section C. Type II Supporting Organizations Were a majority of the organization or directors or trustees during the support of organization of the two control or management of the supporting organization. Yes Were a majority of the organization setters, functions of the support of organization of the tay organization. Yes Were a control decentry of organizations were (1) a during the provide discustor or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization. Yes Were a majority of the organization was vested in the same persons that controlled or managed the support organization settencers, trustees wort or dis out the organization set the support o		Central Florida Zobiological Society inc 55-1537197		F	aye 5
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1 La below, the governing body of a supported organization? A Sami, sense described on line 11a above? A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes Told the governing body, members of the governing body, difiers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization software to regularly appoint or elect at least a majority of the organization supported organizations, describe how the powers to regularly appoint or elect at least a majority of the organization supported organization, describe how the powers to supported organization, supported organization, describe how the powers defies, directors, or trustees were allocated among the supported organization, describe how the powers at busy powers during the tax year. Det the organization and what conticle of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting organization and ing amount of support description or management of the organization is supported organization (s)? If "No," describe in Part VI how control or management of the organization is supported organization, and (ii) copies of the organization is supported organization, by the last day of the fifth morth of the organization (s) as were deterned by the support degranization (s). Section D. All Type III Supporting Organization, by exect and amount of support dorganization (s). Were any of the organization's discription to the date ontification, by the carton	11				
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
	b				
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
EEA Schedule A (Form 990)	EEA			orm 990) 2022

Central Florida Zoological Society Inc

59-1357197

Page 5

Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 Central Florida Zoological Society Inc		59-1357	197 Pag
Part		izati		•
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organiz			
Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	illv in	tegrated Type III suppor	ting organization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Part	A (Form 990) 2022 Central Florida Zoological Society V Type III Non-Functionally Integrated 509(a)(3) \$			9-13571	97 Page		
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ex	1					
2	Amounts paid to perform activity that directly furthers exer	npt purposes of suppor	ted				
	organizations, in excess of income from activity 2						
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	nizations	3			
4	Amounts paid to acquire exempt-use assets	··· •		4			
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	: VI)	5			
6	Other distributions (describe in Part VI). See instructions.	•	,	6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is res	oonsive				
•	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
10			(ii)	10	(iii)		
Sacti	on E - Distribution Allocations (see instructions)	(i)	Underdistributio	ne	Distributable		
Jech		Excess Distributions	Pre-2022	/13	Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6		116-2022		Amount for 2022		
2	Underdistributions, if any, for years prior to 2022						
2	(reasonable cause required - explain in Part VI). See						
	,						
2	instructions.						
3	Excess distributions carryover, if any, to 2022						
<u>a</u>	From 2017						
b	From 2018						
<u> </u>	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2018						
b	Excess from 2019						
C	Excess from 2020						
d	Excess from 2021						

	Form 990) 2022 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number									
Central Florida Zoological Sc	59-1357197									
Organization type (check one):										
Filers of:	Section:									
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization								

4947(a)(1) nonexempt charitable trust not treated as a private foundation

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Schedule B (Form	990) ((2022)
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Page 2 Employer identification number

Central Florida Zoological Society Inc

59-1357197

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	Isermann Family Foundation 89 Headquarters Plz Morristown NJ 07960	\$10,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Wayne M Densch Charities 2900 W 1st St Sanford FL 32771	\$37,075_	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	South Seminole Hospital Orlando 555 W State Road 434 Longwood FL 32750	\$15,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Central Florida Foundation 1411 Edgewater Drive Ste 203 Orlando FL 32804	\$215,803_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Salmo Investments PO Box 8001 Sanford FL 32772	\$50,000_	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Protech Air Conditioning 2425 Silver Star Road Orlando FL 32804	\$13,296_	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 Employer identification number

Central Florida Zoological Society Inc

59-1357197

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	Genesis Reference Lab 7924 Forest City Road	\$7,500_	Person X Payroll Noncash	
	Orlando FL 32810		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	Lattitude Margaritaville Daytona		Person 🛛 Payroll 🗌	
	2200 Margaitaville Ave	\$5,000_	Noncash	
	Daytona Beach FL 32124		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	Stephanie Williams	\$ 7,000	Person X Payroll D Noncash	
	Longwood FL 32779	Φ	(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10	Thermotane 414 W 9th St	\$ 9,100	Person X Payroll 🗌 Noncash 🗌	
	Sanford FL 32771		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11	William Silverman		Person X	
	1248 Wellington Terrace	\$6,742_	Payroll 🗌 Noncash 🗌	
	Maitland FL 32751		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12	Williams Family Foundation		Person	
	2510 Norfolk Drive	\$5,860_	Payroll 🗌 Noncash 🗌	
	Orlando FL 32803		(Complete Part II for noncash contributions.)	

Central Florida Zoological Society Inc

Employer identification number 59-1357197

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Ferdinand and Anna Duda Foundation PO Box 620257	\$5,000_	Person X Payroll D Noncash (Complete Part II for
	Oviedo FL 32762		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14	Hatcher Insurance LLC		Person X Payroll 🗌
	1411 Edgewater Drive Ste 104 Orlando FL 32804	\$5,000_	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	Publix Supermarkets Charities PO Box 407	\$ 42,500	Person X Payroll D Noncash D
	Lakeland FL 33802		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Community Foundation of Sarasota	\$ 5,000	Person ⊠ Payroll □ Noncash □
	Sarasota FL 34237		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	37th St Foundation 2000 Greenbrian Lane	\$15,000	Person X Payroll D Noncash
	Deerfield IL 60015		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Alligator Farm	 \$ 13,000	Person X Payroll D Noncash
	999 Anastasia Blvd	\$13,000	
	Saint Augustine FL 32080		(Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2022)
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Page 2

Central Florida Zoological Society Inc

Employer identification number 59-1357197

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ <u>19</u>	Barbara Powers Living Trust 3700 S Conway Road Suite 100 Orlando FL 32812	\$14,394_	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	Bryson Family Foundation 129 Robin Road Altamonte Springs FL 32701	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	Charter Communications 301 E Pine St Ste 600 Orlando FL 32801	\$5,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Cornelia T Bailey Foundation 515 N Flagler Drive Ste 500 West Palm Beach FL 33401	\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	D and A Building Services 321 Georgia Ave Longwood FL 32750	\$12,480_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	Enterprise Holding Foundation 600 Corporate Park Drive Saint Louis MO 63105	\$5,000	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2022)
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Page 2 Employer identification number

Central Florida Zoological Society Inc

59-1357197

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
25	Fidelity Brokerage Services 175 E Altamonte Dr Suite 100 Altamonte Springs FL 32701	\$100,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
26	Johnson Group Homes 305 Venetian Palms Blvd New Smyrna Beach FL 32168	\$5,000	Person X Payroll D Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
27	Kelly Family Cuidiu 419 Arbor Court Kissimmee FL 34747	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
28	Lawrence White Family Foundation 625 Waltham Ave Orlando FL 32809	\$5,000	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
29	National Philanthropic Trust 165 Township Line Road Suite 1200 Jenkintown PA 19046	\$150,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
30	Orange County Library 101 E Central Blvd Orlando FL 32801	\$13,104	Person X Payroll I Noncash (Complete Part II for noncash contributions.)	

Central Florida Zoological Society Inc

Employer identification number 59-1357197

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Orianne Society Tiger GA 11 Old Fruit Stand Lane Tiger GA 30576	\$9,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	Six Flags Nursery 1600 N Ronald Resgan Blvd Longwood FL 32750	\$19,105_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	The Association of Zoos and Aquariu 8403 Colesville Road Suite 710 Silver Spring MD 20910	\$308,213	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Toro Foundation 8111 Lyndale Ave South Minneapolis MN 55420	\$24,000	Person X Payroll D Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	USAA Mutual Funds PO Box 182903 Columbus OH 43218	\$5,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	Vystar Credit Union Vystar Credit Union Jacksonville FL 32202	\$104,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990) (2022)
Name of o	rganization
Central F	lorida Zoological Society Inc
Part I	Contributors (see instructions). Use duplicate copies of I
(a)	(b)

	Page	2
Employer identification number		
59-1357197		

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	William and Kathlene Hohns 10461 DOwn Lakeview Circle Winderman EL 24780	\$7,000	Person X Payroll Noncash (Complete Part II for
	Windermere FL 34786		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_38	Williams Family Development	\$ 100,000	Person 🛛 Payroll 🗌 Noncash 🗌
	Orlando FL 32803		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHE	DULE C		Political Campaign and	d Lobbying A	ctivities	5	OMB No. 1545-0047
(Form	For Organizations Exempt From Income Tax Under section 501(c) and section 527					2022	
	nent of the Treasury Revenue Service	Comple	te if the organization is described belov Go to www.irs.gov/Form990 for inst			or Form 990-EZ. on.	Open to Public Inspection
		"Yes," or	Form 990, Part IV, line 3, or Form 990				
	-		Complete Parts I-A and B. Do not comp				
• Se	ction 501(c) (other tha	an sectior	n 501(c)(3)) organizations: Complete Pa	arts I-A and C below.	Do not com	plete Part I-B.	
• Se	ction 527 organizatior	ns: Comp	lete Part I-A only.				
If the or	ganization answered	"Yes," or	n Form 990, Part IV, line 4, or Form 990	-EZ, Part VI, line 47 (Lobbying A	ctivities), then	
• Se	ction 501(c)(3) organi	zations th	nat have filed Form 5768 (election unde	er section 501(h)): Co	mplete Part	II-A. Do not comple	ete Part II-B.
• Se	ction 501(c)(3) organi	zations tl	hat have NOT filed Form 5768 (election	under section 501(h)): Complete	e Part II-B. Do not c	complete Part II-A.
	-		Form 990, Part IV, line 5 (Proxy Tax)	(See separate instruc	tions) or For	m 990-EZ, Part V,	line 35c (Proxy
, ,	ee separate instructio	,					
		r (6) orga	nizations: Complete Part III.				
	of organization					Employer identific	ation number
	al Florida Zoologica			action E01(c) or	io o o oti	59-1357197	atian
Part			organization is exempt under s				ation.
1			rganization's direct and indirect politica	I campaign activities	in Part IV. S	see instructions for	
2	definition of "political					¢	
2			penditures. See instructions			\$	
Part			organization is exempt under s				
1			se tax incurred by the organization under			\$	
2		-	se tax incurred by organization manage			•	
3		-	section 4955 tax, did it file Form 4720 f				Yes No
4a	0		· · · · · · · · · · · · · · · · · · ·	•			Yes No
b	If "Yes," describe in	Part IV.					
Part	I-C Complete	e if the	organization is exempt under s	section 501(c), ex	cept sect	tion 501(c)(3).	
1	Enter the amount dir	ectly exp	ended by the filing organization for sec	tion 527 exempt func	tion		
	activities					\$	
2		-	organization's funds contributed to othe	-	ection		
	527 exempt function	activities	3			\$	
3	•	•	litures. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL	-,		
						\$	
4	0 0		Form 1120-POL for this year?				🗌 Yes 🔄 No
5			and employer identification number (EIN		-		-
	•	•	For each organization listed, enter the				
	•		utions received that were promptly and			0	
	as a separate segre	gated fur	nd or a political action committee (PAC). If additional space i	s needed, pr	rovide information i	n Part IV.
	(a) Name		(b) Address	(c) EIN	filing o	ount paid from rganization's none, enter -0	(e) Amount of political contributions received and promptly and directly
							delivered to a separate political organization. If none, enter -0
(1)				-			
(2)				-			
(3)				-			
(4)				-			
(5)				-			
(6)				-			
For Pap	erwork Reduction Act N	otice, see	the Instructions for Form 990 or 990-EZ.				Schedule C (Form 990) 2022

EEA

(The term "expenditures" means amounts paid or incurred.) organization's totals gro 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b b b Total lobbying expenditures to influence a legislative body (direct lobbying) c c	r Affiliated oup totals
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing (b) A (The term "expenditures" means amounts paid or incurred.) organization's totals gro 1a Total lobbying expenditures to influence a legislative body (direct lobbying) Limits on Lobbying expenditures to onfluence a legislative body (direct lobbying) Limits on Lobbying expenditures to onfluence a legislative body (direct lobbying)	
EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing (b) A (The term "expenditures" means amounts paid or incurred.) organization's totals gro 1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	
B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing (b) A (The term "expenditures" means amounts paid or incurred.) organization's totals gro 1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	
Limits on Lobbying Expenditures (a) Filing (b) A (The term "expenditures" means amounts paid or incurred.) organization's totals gro 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying)	
(The term "expenditures" means amounts paid or incurred.) organization's totals gro 1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	
(The term "expenditures" means amounts paid or incurred.) organization's totals gro 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying)	oup totals
b Total lobbying expenditures to influence a legislative body (direct lobbying)	
C Total labbying expanditures (add lines to and th)	
^c Total lobbying expenditures (add lines 1a and 1b)	
d Other exempt purpose expenditures	
e Total exempt purpose expenditures (add lines 1c and 1d)	
f Lobbying nontaxable amount. Enter the amount from the following table in both	
columns.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:	
Not over \$500,000 20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000 \$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	
h Subtract line 1g from line 1a. If zero or less, enter -0-	
i Subtract line 1f from line 1c. If zero or less, enter -0-	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720	
reporting section 4911 tax for this year?	s 🗌 No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column (e))									
с	Total lobbying expenditures									
d	Grassroots nontaxable amount									
е	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Schedule C (Form 990) 2022

Schedu	le C (Form 990) 2022 Central Florida Zoological Society Inc	59-	135719) 7	F	Page 3
Part		Form	5768			
	(election under section 501(h)).	(a)		(b)	
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity.	Yes	No	Aı	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
•	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
C	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
e	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		X			
i	Total. Add lines 1c through 1i		~			
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5). or se	ection			
	501(c)(6).	,				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year	?		3		
Part						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR			., line	3, is	
	answered "Yes."	()		,	,	
1	Dues, assessments and similar amounts from members		1			-
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
с	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Part						
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-	A. lines	1 and			
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.	,				

	SCHEDULE D Supplemental Financial Statements						45-0047
(Form	0 990) Complete if the organ	ization answered "Yes"	on Form 990,			202	2
), 11a, 11b, 11c, 11d, 11e	, 11f, 12a, or 12b.				
	lent of the freasury	Attach to Form 990.	a latast information			Open to P Inspection	
-	Revenue Service Go to www.irs.gov/Form99 f the organization			nployer ide			
	al Florida Zoological Society Inc				57197		
Pa		nds or Other Similar F	unds or Accounts.	00 10	01101		
	Complete if the organization answered "Yes"						
	· · · · ·	(a) Donor adv	rised funds	(b) Funds ar	nd other account	ts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	•					Π
0	funds are the organization's property, subject to the organiz	•				Yes	∐ No
6	Did the organization inform all grantees, donors, and donor a						
	only for charitable purposes and not for the benefit of the do conferring impermissible private benefit?		, , ,			Yes	□ No
Part							
1 un	Complete if the organization answered "Yes"	on Form 990, Part IV.	line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreati		Preservation of a hist	orically in	nportant	land area	
	Protection of natural habitat	, [Preservation of a cer		•		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	oution in the form of a co	onservatio	n		
	easement on the last day of the tax year.				Held at the	he End of the	Tax Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
С	Number of conservation easements on a certified historic st	. ,		2c			
d	Number of conservation easements included in (c) acquired	•	I not on a				
	historic structure listed in the National Register			2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	r terminated by the orga	inization c	during the	e	
4	tax year						
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		tion handling of				
5	violations, and enforcement of the conservation easements	•	•			Yes	🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,			n easem	ents duri		
0		nandling of violations, a		in cascin		ng the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations. and er	nforcing conservation ea	asements	durina th	he vear	
					g		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requireme	ents of section 170(h)(4))(B)(i)			
	and section 170(h)(4)(B)(ii)?					Yes	🗌 No
9	In Part XIII, describe how the organization reports conserva-	ation easements in its rev	venue and expense state	ement and	ł		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statements that	at describe	es the		
	organization's accounting for conservation easements.	A () II () I -					
Part				nılar As	sets.		
	Complete if the organization answered "Yes"						
1a	If the organization elected, as permitted under FASB ASC 9					S	
	of art, historical treasures, or other similar assets held for pu			ance of pu	JDIIC		
b	service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 9			ce sheet v	vorks of		
D	art, historical treasures, or other similar assets held for publi	•				9	
	provide the following amounts relating to these items:				5 501 1100	- ,	
	(i) Revenue included on Form 990, Part VIII, line 1				\$		
	(ii) Assets included in Form 990, Part X				\$		
2	If the organization received or held works of art, historical tr		assets for financial gair	n, provide	the		
	following amounts required to be reported under FASB ASC		-				
а	Revenue included on Form 990, Part VIII, line 1				\$		
b	Assets included in Form 990, Part X				\$		

For	Paperwork	Reduction A	ct Notice,	see the	Instructions	for Form	990.
	•						

Schedul	e D (Form 990) 2022 Central Florida Zoo					59-13571	-	Page 2
Part	III Organizations Maintaining C	ollections of Art,	Historical Tre	asures, or O	ther Si	milar Assets (co	ontinued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of th	e following that r	nake sig	pnificant use of its		
	collection items (check all that apply):							
а	Public exhibition		d 🗌 Loa	n or exchange p	rogram			
b	Scholarly research		e 🗌 Oth		3			
c	Preservation for future generations							
4	Provide a description of the organization's of	collections and explai	n how they further	the organization	n'e ovon	ont nurnose in Part		
4	XIII.			the organization	13 exem			
~			af aut historiaal tu					
5	During the year, did the organization solicit							
Daw	assets to be sold to raise funds rather than		part of the organiz	ation's collection	ייייי		Yes	No
Part			. .	Dest N/ Pas	0			
	Complete if the organization	answered "Yes"	on Form 990	, Part IV, line	9, or	reported an amo	bunt on F	orm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custod		-		ts not		_	_
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing table:					
						Amo	ount	
с	Beginning balance				10	;		
d	Additions during the year				10	ł		
е	Distributions during the year				16	9		
f	Ending balance				1f			
2a	Did the organization include an amount on F		21 for escrow o	custodial accou			Yes	No
b	If "Yes," explain the arrangement in Part XII					•		
Part			spianation has be	en provided on i				
i an	Complete if the organization	answord "Voc"	on Form 000	Port IV/ line	10			
	Complete il the organization							
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1a. column	(a)) held as:		I		
-	Board designated or quasi-endowment	•	e (e . g, ee.a	(4)) Hold dol				
b	Permanent endowment %							
	Term endowment %							
С		and agual 100%						
0	The percentages on lines 2a, 2b, and 2c sho		- Courth at a set had					
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are held	and administere	ed for th	е		
	organization by:							es No
	(i) Unrelated organizations			•			3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requ	ired on Schedule	R?			3b	
4	Describe in Part XIII the intended uses of the	ne organization's end	owment funds.					
Part	VI Land, Buildings, and Equipm	nent.						
	Complete if the organization	answered "Yes"	on Form 990	, Part IV, line	11a. S	See Form 990, I	Part X, lin	e 10.
	Description of property	(a) Cost or oth	er basis (b) Co	ost or other basis	(c)	Accumulated	(d) Book va	alue
		(investme	ent)	(other)	d	epreciation		
1a	Land			1,182,913			1,182	,913
b	Buildings			6,269,836		2,548,012	3,721	
c	Leasehold improvements			3,203,000 3,005,710		4,389,645	3,616	
d	Equipment			947,960		559,569		8,391
				947,960 1,254,878				
e Totol						446,051		8,827
rotal.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	$h \land$, column (B), II	ne 100.)			9,718	,∪∠U

Schedule D (Fo	,	ological Society Inc	;		59-1	357197	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answe	ered "Yes" on For	<u>m 990, Part</u>	IV, line 11b.	See Form	990, Part X,	line 12.
	 (a) Description of security or category (including name of security) 		(b) Book valu	e	ι,	hod of valuation: -of-year market value	
(1) Financial	derivatives						
(2) Closely-h	eld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line	e 12.) 					
Part VIII	Investments - Program Related.						
	Complete if the organization answe	ered "Yes" on For	m 990, Part	IV, line 11c.	See Form	990, Part X,	line 13.
	(a) Description of investment		(b) Book valu	le	ι,	hod of valuation: -of-year market value	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line	9 13.)					
Part IX	Other Assets.			·			
	Complete if the organization answe	ered "Yes" on For	m 990, Part	IV, line 11d.	See Form	990, Part X,	line 15.
	(a	a) Description				(b) Book	value
(1Botanica	al Gardens						43,338
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line	e 15.)					43,338
Part X	Other Liabilities. Complete if the organization answe	ered "Yes" on For	m 990, Part	IV, line 11e	or 11f. See	Form 990, F	Part X,
	line 25.						
1.	(a) Description of liability	(b) Book v	value				
(1) Federal	income taxes						
(2)Accrued	Salaries						
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)						
2. Liability for	uncertain tax positions. In Part XIII, provide the	e text of the footnote to	o the organizatio	on's financial sta	tements that r	eports the	
organization's	liability for uncertain tax positions under FASB	ASC 740. Check here	e if the text of th	e footnote has b	een provided		
EEA						Schedule D (For	m 990) 2022

Schedu	le D (Form 990) 2022 Central Florida Zoological Society Inc		59-1357197	Page 4				
Part	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements		1	8,969,273				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1		3	8,969,273				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b		4c					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,969,273				
Part			Return.					
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.						
1	Total expenses and losses per audited financial statements		1	7,787,091				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1		3	7,787,091				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b						
с	Add lines 4a and 4b		4c					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	7,787,091				
Part	XIII Supplemental Information.							

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCH	EDULE G	Supplementa	al Information F	Regarding	Fundraisi	ng or Gaming A	Activit	ies	OMB No. 1545-0047
(Form	n 990)	Complete if	the organization answ organization entered	vered "Yes" or d more than \$	n Form 990, Pa 15.000 on Forr	art IV, line 17, 18, or 1 n 990-EZ. line 6a.	9, or if	the	2022
Departr	ment of the Treasury				90 or Form 99				Open to Public
	Revenue Service	(Go to www.irs.gov/Fo	rm990 for inst	ructions and th	e latest information.			Inspection
	the organization							Employer identifica	tion number
	al Florida Zoolog					<u> </u>		59-135	-
Part		ing Activities. C -EZ filers are not	•	-		red "Yes" on Fo	orm 9	90, Part IV, li	ne 17.
1		the organization rais				ies. Check all that a	apply.		
а	Mail solicitatio	ns		e	Solicitation	of non-government	grants	3	
b	Internet and er	mail solicitations		f	Solicitation	of government grar	nts		
с	Phone solicita	tions		g	Special fun	draising events			
d	In-person solic	citations		• _		0			
2a	Did the organizat	ion have a written o	r oral agreement w	ith any indivi	dual (includir	g officers, directors	s, truste	ees,	
	-	s listed in Form 990,	-	-		-			Yes No
b		0 highest paid indivi	, ,		•	0			be
	-	east \$5,000 by the o	·						
		·····	5						
				(iii) Did fup	draiger house		(v)	Amount paid to	(vi) Amount poid to
	(i) Name and addres		(ii) Activity		draiser have r control of	(iv) Gross receipts		or retained by)	(vi) Amount paid to (or retained by)
	or entity (fund	uraiser)	(,	contrib	outions?	from activity	fur	draiser listed in col. (i)	organization
				Yes	No				
1									
2									
3									
4									
5									
6									
7									
8									
•									
9									
Ū									
10									
			L	L	1				
Total.									
3	l ist all states in w	hich the organizatio	n is registered or li	censed to so	licit contribu	tions or has been no	otifiad	it is exempt from	
0							- mou	o oxompt nom	

registration or licensing.

Schedule G	(Form	990)	2022
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Central Florida Zoological Society Inc

59-1357197

Page 2

		-			. List events with
	gross receipts greater than	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
e					
aniia Aavay	Gross receipts				
Ž 2	2 Less: Contributions				
3					
	line 2)				
4	Cash prizes				
5	5 Noncash prizes				
6 succes	8 Rent/facility costs				
ed X 7	Food and beverages				
Direct Expenses	B Entertainment				
9	Other direct expenses				
			D.		
10	, ,				
Part I					ore than
	\$15,000 on Form 990-EZ,	line 6a.	I	1	
Kevenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
9 1	Gross revenue				
se 2	2 Cash prizes				
Expenses	8 Noncash prizes				
4 Pirect	Rent/facility costs				
5	5 Other direct expenses				
6	S Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
7	7 Direct expense summary. Add li	nes 2 through 5 in column (c	d)		
	8 Net gaming income summary. S	Subtract line 7 from line 1, co	lumn (d)		
8			·		
	Enter the state(a) in which the areas	ization conducts coming out			
9	Enter the state(s) in which the organ Is the organization licensed to condu	• •			Yes N
9 a	Enter the state(s) in which the organ Is the organization licensed to condu If "No," explain:	ct gaming activities in each	of these states?		🗌 Yes 🗌 N
9 a	Is the organization licensed to condu	ct gaming activities in each	of these states?		Yes N
9 a b 10a	Is the organization licensed to condu	ict gaming activities in each	of these states?		☐ Yes ☐ N

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Central Florida Zoological Society Inc

Employer identification number 59-1357197

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

Form 990, Part VI, Line 11B Organization's Process to review From 990

The Management team of the organization reviews and approves the Form 990 filing and then

presents it for the review and approval for the Board. The review process consists of the

Board examining the document and asking the management team questions about the Form 990.

Once the Board is satisfied, they approve the filing of the tax return.

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

Form 990, Part VI, Line 12C Enforcement of Conflicts Policy

The enforcement of the conflict of interest policy is by the Board of Directors and by

disclosure by the interested party.

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

Form 990, Part VI, Line 15A Compensation Process for Top Official

The Board conducts limited review and approval of the compensation, by approving the

initial salary and raises thereafter. The review consists of both formal and informal

analysis of the CEO from an individual and aggrevate prespective. In establishing

compensation levels the Board looks at comparable data and entity results.

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

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

request

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

Organization's Mission

Schedule O (Form 990) 2022		Page 2
Name of the organization Central Florida Zoological Society Inc	Employer identification number 59-1357197	
The Central Florida Zoo and Botanical Gardens is a conservation resource providing		
experiences that excite and inspire children and adults to learn and act on behalf of		
wildlife.		
Our vision is to empower our guests to respect, value and care for our natural resources,		
as we commit to contributing globally to the conservation and preservation of wildlife. As		
a regional resource in the Central Florida area and beyond, we will provide innovative and		
creative solutions through collaberation, practices and partnerships. The continued growth		
and development of the zoo will further enhance its attraction to visitors outside the		
local community enabling us to bring national and international attention to the		
importance and ongoing efforts of wildlife sustainability. Organization's Mission		
Continued		
Our core values are protect, innovate, engage and empower.		
Protect-we passionately commit our expertise and resources to saving animals and to		
ensuring their long-term survival.		
Innovate-we strive to diacover solutions through progressive practices and partnerhips in		
education, conservation and preservation.		
Engage-We connect people with wildlife and wild places and create opportunities to inspire		
our guests to respect, value and care for the natural world.		
Empower-We give our guests, staff and volunteers and the communities we serve the		
knowledge and tools to take positive action for all species.		
Form 990, Part III, Line 4A First Accomplishment		
Operation of a Zoologocal Park. The Central Florida Zoo and Botanical Gardens is open 7		
days a week. Annuaal Attendence is between 275000-300000 people. The zoo is supported by		
private donations and gate admission. The zoo cares for 300 individual animals,		
representing 162 species. As a conservation organization, the zoo advances regional		
efforts to save animals through extenction through reintrodiction efforts in southern		

Schedule O (Form 990) 2022		Page 2
Name of the organization Central Florida Zoological Society Inc	Employer identification number 59-1357197	
Alabama and Northwest Florida. The Zoo also advances global efforts to save endangered		
soecies through our participation in 33 AZA species survival programs.		
Form 990 Part III, Line 4A First Accomplishment Continued		
Each SSP program coordinates activities of participating instututions which can include		
housing bachelor herds, like the male giraffes, breeding reccomendations loke our Fossa		
and Amur Leopard; or providing life long care to animals due to their age; reproductive		
status; or other demographic or genetic characteristics, may be deemed out of the namaged		
population, such as cotton top tamarins. Form 990, Part III, Line 4a First Accomplishment		
Continued		
In addition to breeding, housing bachelor herds, and providing life long care to our		
animals, we support proejcts for public engagement as well as financially contribute to		
conservation orhanizations such as the cheetah conservation fund for their work in		
Africa.		
The Zoo weaves direct connections to conservation efforts and solutions in all animal		
experiences and programs, wether on zoo grounds or in the community. Our mission is to		
bring the world of animals to our guests who may never have the opportunity to see these		
animals in the wild. The zoo offers educational experiences that reach over 75,000 school		
chidren each year through our summer camps, programs and community outreaches. Form 990		
Part III, Line 4A, First Accomplishment Continued		
The zoo offers educational experiences that reach over 75,000 school chidren each year		
through our summer camps, programs and community outreaches. The zoo ensures that all		
experiences are equitable, accessible and affordable to members of our community.		
Philanthropic partnerships ensure that children, regardless of background, can visit the		
zoo and participate in education programs for free or at a reduced fee as they learn to		
care about their environment, as well as develop skills in science, critical thinking,		
communication, and problem solving. We strive to make the zoo a place of inclusion in		

Schedule O (Form 990) 2022 Name of the organization	Employer identification number	Page 2
Central Florida Zoological Society Inc	59-1357197	
which people of all backgrounds and abilities feel welcome. Form 990 Part III, Line 4A,		
First Accomplishment Continued		
The zoo strives to lead by example and to improve with animal care of the highest quality		
and ethically balanced approaches, so our community may understand and connect with		
animals at our zoo and around the world. We access animal welfare and identify		
opportunities for progress and best practices. Our animal welfare program includes habitat		
assessments, life plans that consider the entirety of the time the animals are in our		
care. Daily animal management records used to document changes in an animal's physical and		
behavioral conditions and reporting and monitoring welfare. Form 990, Part III, Line 4D,		
All Other Accomplishments		
The Society also operates the Orianne Center for Indigo Conservation (OCIC). The main goal		
of the program is to facilitate long-term captive breeding programs for eastern indigo		
snakes and the importance of conservation and promotion of public education and to foster		
tolerance of snakes in our natural communities. In the current yeat the OCIC relased 20		
eastern indigo snakes in the Conecuh National forest in Alabama and another 20 Indigo		
snakes were released in the Panhandke of FLorida. In addition to eastern indigo snakes,		
the OCIC participates in a striped newt reintigration program. In the current year, 148		
striped newts were also realeased in the panhandle of Florida.		
06. General explanation attachment		
Form 990, Part 1, Line 6		
The Zoo trains individuals to serve as volunteers in the education department as tour		
guides and zoo interpreters. In addition, amy other individuals volunteer their time and		
effort on a variety of administrative, zoo events, and special projects related tasks. For		
the year ending June 30, 2022 approximately 340 volunteers donated 16,133 hours of service		

	4562		Depreciation	n and Am	ortization		0	MB No. 1545-0172
Form	Go to www.trs.gov/Form4562 for instructions and the latest information.) shown on return ral Florida Zoological Socie Business or activity to which this form relates FORM 990T - 1 Image: Socie and Socie)		2022				
	ment of the Treasury	Coto		,		iormation	A	ttachment
		G0 10 1	-					equence No. 179
	.,	onical Socie	Dusiries	-		25	59-13	
Pa			ain Property Under				03-13	57157
l'a		-				art I.		
1							1	
2			•				2	
3	Threshold cost o	f section 179 prop	perty before reduction	in limitation (see instructior	ıs)	3	
4	Reduction in limit	ation. Subtract lir	ne 3 from line 2. If zero	o or less, ente	er-0		4	
5	Dollar limitation f	or tax year. Subtr	act line 4 from line 1.	If zero or less	s, enter -0 If r	narried filing		
	separately, see i	nstructions			••		5	
6	(a)	Description of property	у	(b) Cost (busin	ess use only)	(c) Elected cost		
	Lists days and a li		factor line 00					
7					-	7		
8 9				-	-		8	
9 10							10	
11	•		•				11	
12							12	
13	•						12	
						10		
Par						lude listed property. S	ee instru	uctions.)
							14	
15							15	
							16	
			S	ection A				
17	MACRS deduction	ons for assets pla	ced in service in tax ye	ears beginnin	g before 2022		17	
18	•		-	-	x year into one	e or more general		
	Section	B - Assets Place	d in Service During 20	22 Tax Year	Using the Ger	neral Depreciation Sys	stem	
(a)	Classification of prope			(d) Recovery period	(e) Convention	(f) Method	(g) De	epreciation deduction
19a	3-year property	,						
b	5-year property	,						
C	, , , ,							
d	· · · · ·							
-	15-year property							
f				05		0/1		
<u>g</u>				25 yrs.	N 4N 4	S/L		
n	Residential rent			27.5 yrs.	MM	S/L		
	property Nonresidential r	201		27.5 yrs.	MM	S/L		
I				39 yrs.	MM MM	S/L S/L		
	property Section (I in Service During 202	 22 Tay Voar I			vetom	
200	Class life				Joing the Alter	S/L	ystern	
	12-year			12 vre		S/L		
	30-year			12 yrs. 30 yrs.	MM			
	40-year			40 yrs.	MM	S/L S/L		
		See instructions.)		- 1 0 yi3.	IVIIVI	U/L		
21	Listed property.		m line 28				21	140,531
			ines 14 through 17, lin	les 19 and 20) in column (a)	, and line 21. Enter		110,001
			of your return. Partner				22	140,531
23			ed in service during th					
-			section 263A costs		•	23		
						-		

		entral Florida				4			·		59-135				Page 2
Pa	rt V Listed Pr entertainn	operty (Inc	lude autom n, or amuse		ertain o	ther ve	hicles,	certai	n aircraft	, and pi	operty	used fo	or		
		any vehicle for nns (a) througl									ase exp	ense,	comple	te only 2	4a,
	Section A - Dep										ssenge	r autor	nobiles	.)	
24a	Do you have eviden	ice to support the b	ousiness/investr	nent use c	laimed?		Yes 🗌	No	24b If "`	Yes," is t	he evide	nce wri	tten?	Yes	No
	(a)	(b)	(c)	((d)		(e)		(f)	(g	n –	(h)	(i)	
-	Type of property (list vehicles first)	Date placed in service	Business/ investment use percentage		other bas	is Basis (busii	for depre ness/inve use only	stment	Recovery		iod/	Deprec deduc	iation	Elected sec cost	
25			•			•			•		0.5				
	the tax year and						. See ir	nstruct	tions	••	25				
	Property used m							400		b //					
Gr	ounds Facili	12-01-2005	100.0 %	4,0)75,409		4,075,	409	29	S/L-MI	VI	14(0,531		
			%												
27	Property used 5	0% or less in a	qualified bu	usiness	use:				1	-					
			%							S/L-					
			%			_				S/L-					
			%							S/L-					
28	Add amounts in			-					-	••	28	14(0,531		
29	Add amounts in	column (I), line											29		
~				ection B											
	plete this section for										-			licies	
to yo	ur employees, first a	nswer the question	ons in Section		a)		b)		(c)		d)		(e)	(f)
30	Total business/invo	estment miles dri	ven during		icle 1		cle 2	Ve	ehicle 3		icle 4		nicle 5		cle 6
30			•												
31	the year (don't incl Total commuting m	-													
32	Total other perso														
02	miles driven	-	lating)												
33	Total miles drive		ear. Add												
	lines 30 through														
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-du														
35	Was the vehicle	used primarily	by a more												
	than 5% owner of	or related pers	on?												
36	Is another vehicle														
	e e	Section C - Que	estions for E	mploye	rs Who	Provide	e Vehic	les for	· Use by	Their E	mploye	es			
	wer these questio		-		-	to comp	oleting	Sectio	n B for v	rehicles	used b	y empl	oyees \	who arer	n't
	e than 5% owners														
37	Do you maintain							e of ve	hicles, ir	ncluding	, comm	uting, ł	ру	Yes	No
~ ~	your employees														
38	Do you maintain	-	-	-	-					-	-		ur		
20	employees? See										ore owr	ners	•••		
39 40	Do you treat all											hout th			
40	Do you provide use of the vehicle										byees a	bout tr	ie		
11	Do you meet the										lotions				
41	Note: If your ans		-	-									•		
Par			33, 40, 01 4	113 10	5, uorr	compi				covered		53.			
li ui			(1)								(e)				
	(a) Description of	costs	(b) Date amorti begins		Amo	(c) tizable a	mount		(d) Code sectio	on	Amortiza period percenta	or	Amortiz	(f) ation for thi	s year
42	Amortization of o	costs that begi	ns during yo	our 2022	tax yea	ır (see i	instruct	ions):							
43	Amortization of o	-	-		-							43			
44	Total. Add amou	ints in column	(f). See the	instructi	ons for	where t	to repor	rt				44			

	Statement of Program Service Acco	omplishments	2022 PG01
ame(s) as shown on return entral Florida Zoologic	al Society Inc		Your Social Security Number 59-1357197
	Form 990-Part III(a) Statement of Service Accomplish	nment	Statement #4
rogram Service Code rogram Service Expen rants and allocations i rogram Services Reve	ncluded in above expense	\$418496 \$0 \$0	
xplanation ee Schedule O			

Nerro (c) eo ele	Fed	deral Supporting S	Statements	2022	PG01
Name(s) as shown on return Central Florida Zoolo	gical Society Inc			Tax ID Number 59-135	57197
	990-T Sche	edule A Part II - Li Other Deduction		Sta	tement #9
Form 990-T Schedule	e A: Facility Renta	al			
Description Advertising Utilities Insurance Supplies Events Other Total					nount 849 18,244 148 10 538 12,080 31,869
	F		ORDS ONLY		BC01
		hedule D - Part \ nvestments - Oth		State	PG01 ement #D1e
Description of Investment Animals Vehicles Work In Progress	(Cost/basis Investment) 0 0	Cost/basis (Other) 292,430 438,623 523,825	Depr 266,385 171,615 00	Book Value 26,045 267,008 523,825
Total		0	1,254,878	438,000	816,878