

Return of Organization Exempt From Income Tax

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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending

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

C Central Florida Zoological Society Inc
 3755 US Hwy 17/92
 LAKE MONROE, FL 32747-0309

D Employer Identification Number
 59-1357197

E Telephone number
 407/323-4450

G Gross receipts \$ 3,776,420.

F Name and address of principal officer: **JOE MONTISANO**
 Same As C Above

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CENTRALFLORIDAZOO.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation: 1971

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Central Florida Zoological Park is dedicated to preserving the beauty and wonder of animals and their habitats. We are committed to sharing our knowledge, engaging visitors, and celebrating our natural world.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|----|---|----|----------|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 26 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 26 |
| 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 99 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 150 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | -17,640. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | -17,640. |

| | Prior Year | Current Year |
|-----|------------|--------------|
| 8 | 872,721. | 956,878. |
| 9 | 1,962,218. | 2,098,563. |
| 10 | 3,823. | 2,607. |
| 11 | 357,523. | 381,160. |
| 12 | 3,196,285. | 3,439,208. |
| 13 | | |
| 14 | | |
| 15 | 1,920,660. | 1,998,403. |
| 16a | 154,280. | |
| b | 84,960. | |
| 17 | 1,483,528. | 1,397,443. |
| 18 | 3,558,468. | 3,395,846. |
| 19 | -362,183. | 43,362. |

| | Beginning of Current Year | End of Year |
|----|---------------------------|-------------|
| 20 | 8,817,055. | 8,779,683. |
| 21 | 523,235. | 442,501. |
| 22 | 8,293,820. | 8,337,182. |

Part II Signature Block

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

Sign Here

Signature of officer: JOE MONTISANO Date: _____
 Type or print name and title: CEO

Paid Preparer Use Only

Print/Type preparer's name: Robert Kimelman Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P01231309

Firm's name: Greene, Dycus & Co., P.A.
 Firm's address: 205 No. Elm Ave. Sanford, FL 32771
 Firm's EIN: 59-2235346
 Phone no.: (407) 322-0561

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No