

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization **CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P. O. BOX 470309
 City or town, state or province, country, and ZIP or foreign postal code
LAKE MONROE FL 32747-0309

D Employer identification number
59-1357197

E Telephone number
407-323-4450

F Name and address of principal officer:
PHILIP FLYNN
3755 NW HWY 17-92
LAKE MONROE FL 32747-0309

G Gross receipts \$ **4,511,279**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1971** **M** State of legal domicile: **FL**

H(e) Group exemption number ▶


Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DEDICATED TO PRESERVATION, BEAUTY AND WONDER OF ANIMALS AND THEIR HABITATS THROUGH A COMMITMENT TO SHARE KNOWLEDGE, ENGAGE VISITORS AND CELEBRATE OUR NATURAL WORLD.			
	2 Check this box <input type="checkbox"/> 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)	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	25	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	123	
	6	Total number of volunteers (estimate if necessary)	200	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-16,532	
	b Net unrelated business taxable income from Form 990-T, line 34	-16,532		
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,129,074	1,135,666
	9	Program service revenue (Part VIII, line 2g)	2,528,437	2,721,608
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	921	562
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	285,537	366,998
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,943,969	4,224,834
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,057,783	2,332,818
16a		Professional fundraising fees (Part IX, column (A), line 11e)	54,227	0
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 187,944		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,816,501	2,140,627
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,928,511	4,473,445	
	19 Revenue less expenses. Subtract line 18 from line 12	15,458	-248,611	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,157,168	9,191,751
	21	Total liabilities (Part X, line 26)	743,705	1,026,899
	22	Net assets or fund balances. Subtract line 21 from line 20	8,413,463	8,164,852

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:  Date: _____

PHILIP FLYNN **CEO**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **ROBERT KIMELMAN** Preparer's signature: _____ Date: **06/19/15** Check if self-employed PTIN: **P01231309**

Firm's name: **GREENE, DYCUS & CO., PA** Firm's EIN: **59-2235346**

Firm's address: **205 N ELM AVE** Phone no.: **407-322-0561**

SANFORD, FL 32771-1274

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

For Paperwork Reduction Act Notice, see the separate instructions.