

Return of Organization Exempt From Income Tax

2004

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2004 calendar year, or tax year beginning _____ **and ending** _____

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

C Name of organization
THE TOLEDO ZOOLOGICAL SOCIETY

D Employer identification number
34-4440256

E Telephone number
(419) 385-5721

F Accounting method: Cash Accrual (specify) _____

G Website: WWW.TOLEDOZOO.ORG

J Organization type (check only one): 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 26,957,598.

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	12,227,270.		
	b	Indirect public support	1b	45,481.		
	c	Government contributions (grants)	1c	241,508.		
	d	Total (add lines 1a through 1c) (cash \$ 12,514,259. noncash \$ _____)	1d		12,514,259.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		4,441,418.	
	3	Membership dues and assessments	3		3,120,192.	
	4	Interest on savings and temporary cash investments	4		12,753.	
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		130,500.	8a			
		6,427.	8b			
		124,073.	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		124,073.		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b	Less direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
a	Gross sales of inventory, less returns and allowances	10a	5,761,002.			
b	Less cost of goods sold	10b	2,210,639.			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		3,550,363.		
d	Other revenue (from Part VII, line 103)	11		977,474.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		24,740,532.		
Expenses	13	Program services (from line 44, column (B))	13		16,631,548.	
	14	Management and general (from line 44, column (C))	14		3,221,091.	
	15	Fundraising (from line 44, column (D))	15		1,115,329.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		20,967,968.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		3,772,564.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		70,212,962.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20		92,293.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		74,077,819.	

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	0.	0.	0.
26 Other salaries and wages	26	9,314,835.	7,257,155.	1,583,522.
27 Pension plan contributions	27	332,584.	259,449.	56,539.
28 Other employee benefits	28	933,332.	727,250.	158,666.
29 Payroll taxes	29	951,124.	741,332.	161,691.
30 Professional fundraising fees	30	10,000.	8,300.	1,700.
31 Accounting fees	31	28,400.	22,768.	4,947.
32 Legal fees	32	50,480.	40,803.	8,582.
33 Supplies	33	660,898.	531,782.	112,353.
34 Telephone	34	52,087.	42,711.	8,855.
35 Postage and shipping	35	146,761.	73,238.	24,949.
36 Occupancy	36			
37 Equipment rental and maintenance	37	466,951.	387,569.	79,382.
38 Printing and publications	38	213,843.	116,417.	36,419.
39 Travel	39	51,218.	36,850.	10,042.
40 Conferences, conventions, and meetings	40	99,730.	72,804.	16,954.
41 Interest	41	639,105.	540,361.	98,744.
42 Depreciation, depletion, etc (attach schedule)	42	2,934,444.	2,435,589.	498,855.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e	4,082,176.	3,337,170.	358,891.
44 <small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	20,967,968.	16,631,548.	3,221,091.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 5	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)</small>
a RENOVATION, UPKEEP AND DEPRECIATION OF ZOOLOGICAL GROUNDS, STRUCTURES, AND EQUIPMENT.	
(Grants and allocations \$ _____)	2,823,158.
b ANIMAL UPKEEP AND PURCHASE OF LIVE EXHIBITS (SEE ATTACHED SCHEDULE FOR LINE 43A).	
(Grants and allocations \$ _____)	424,246.
c EDUCATION, INFORMATION, AND ENTERTAINMENT PROGRAMS FOR THE GENERAL PUBLIC.	
(Grants and allocations \$ _____)	10,472,436.
d OTHER EXPENSES (SEE ATTACHED SCHEDULE FOR LINE 43A)	
(Grants and allocations \$ _____)	2,911,708.
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	16,631,548.

Part IV Balance Sheets

Note. Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	64,050.	45	60,120.	
	46 Savings and temporary cash investments	670,673.	46	2,436,782.	
	47 a Accounts receivable	312,961.			
	b Less allowance for doubtful accounts				
			1,040,999.	47c	312,961.
	48 a Pledges receivable				
	b Less allowance for doubtful accounts			48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use	553,480.	52		769,363.
	53 Prepaid expenses and deferred charges	328,798.	53		368,355.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis				
b Less accumulated depreciation			55c		
56 Investments - other			56		
57 a Land, buildings, and equipment basis	123,665,003.				
b Less accumulated depreciation	33,660,369.				
		90,614,947.	57c	90,004,634.	
58 Other assets (describe BOND ISSUANCE COSTS)		232,965.	58	174,785.	
59 Total assets (add lines 45 through 58) (must equal line 74)		93,505,912.	59	94,127,000.	
Liabilities	60 Accounts payable and accrued expenses	1,481,999.	60	1,817,881.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities	STMT 6	20,450,000.	64a	16,885,000.
	b Mortgages and other notes payable			64b	
	65 Other liabilities (describe SEE STATEMENT 7)		1,360,951.	65	1,346,300.
66 Total liabilities (add lines 60 through 65)		23,292,950.	66	20,049,181.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	70,212,962.	67	74,077,819.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		70,212,962.	73	74,077,819.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		93,505,912.	74	94,127,000.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	NOT READILY DETERMINABLE
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed OHIO		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	731
91	The books are in care of ALLISON DUNCAN Telephone no (419) 385-5721		

Located at **2700 BROADWAY** **TOLEDO, OHIO** ZIP + 4 **43609**

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

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a RIDES REVENUE					822,874.
b ADMISSIONS REVENUE					3,074,603.
c SPECIAL EVENTS	711300	61,337.			482,604.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					3,120,192.
95 Interest on savings and temporary cash investments			14	12,753.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	124,073.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	453220	868,165.			2,682,198.
103 Other revenue					
a MISC. REVENUE			01	57,609.	
b PARKING REVENUE			03	569,474.	
c STROLLER REVENUE			03	223,343.	
d FACILITY RENTAL			03	114,292.	
e TOUR REVENUE			03	12,756.	
104 Subtotal (add columns (B), (D), and (E))		929,502.		1,114,300.	10,182,471.
105 Total (add line 104, columns (B), (D), and (E))					12,226,273.

Note: Line 105 plus line 1c, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SEE ATTACHED STATEMENT

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I am preparing this return and the accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct.
 Date: 1/15/2005
 Type or print name and title: **AUSONIA M. DUNNAN - FINANCE DIRECTOR**
 Date: _____ Check if self- _____ Preparer's SSN or PTIN: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **THE TOLEDO ZOOLOGICAL SOCIETY** Employer identification number **34 4440256**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
WILLIAM DENNLER ----- 2700 BROADWAY, TOLEDO, OH 43609	EXEC. DIR. 100%	150,050.	12,750.	11,106.
MARY FEDDERKE ----- 2700 BROADWAY, TOLEDO, OH 43609	DIR. MRSP/DEV 100%	91,850.	2.75% BASE 3.0% MATCH	0.
SHERI CALDWELL ----- 2700 BROADWAY, TOLEDO, OH 43609	DIR. HUM SERV 100%	95,050.	2.75% BASE 3.0% MATCH	0.
ROBERT HARDEN ----- 2700 BROADWAY, TOLEDO, OH 43609	COO 100%	107,150.	2.75% BASE 3.0% MATCH	3,675.
DOUG SCALES ----- 2700 BROADWAY, TOLEDO, OH 43609	DIR. MKTG 100%	90,050.	2.75% BASE 3.0% MATCH	0.
Total number of other employees paid over \$50,000 ▶	23			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CREATIVE CARICATURES ----- C/O JASON RIGGS, PO BOX 613, TOLEDO, OH 43697	PROFESSIONAL SERVICES	59,402.
WILDLIFE BRONZE ----- 2000 NIGHTINGALE RD, CLOUDLAND, GA 30731	ARTIST	55,000.
----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ <u>12,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities VI-A, LINE 38B	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit? SEE STATEMENT	2b	X
c Furnishing of goods, services, or facilities? SEE STATEMENT	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	845,163.	1,829,715.	1,567,285.	1,628,736.	5,870,899.
16 Membership fees received	2,841,450.	2,697,452.	2,580,599.	2,505,238.	10,624,739.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	9,546,774.	8,283,836.	8,687,705.	8,835,626.	35,353,941.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	27,185.	79,346.	135,270.	227,185.	468,986.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	11,418,449.	10,242,707.	10,117,423.	9,986,128.	41,764,707.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	24,679,021.	23,133,056.	23,088,282.	23,182,913.	94,083,272.
24 Line 23 minus line 17	15,132,247.	14,849,220.	14,400,577.	14,347,287.	58,729,331.
25 Enter 1% of line 23	246,790.	231,331.	230,883.	231,829.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) 0. (2002) 0. (2001) 0. (2000) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) 0. (2002) 0. (2001) 0. (2000) 0.					
c Add: Amounts from column (e) for lines 15 <u>5,870,899.</u> 16 <u>10,624,739.</u> 17 <u>35,353,941.</u> 20 <u>41,764,707.</u> 21 _____					27c 93,614,286.
d Add: Line 27a total <u>0.</u> and line 27b total <u>0.</u>					27d 0.
e Public support (line 27c total minus line 27d total)					27e 93,614,286.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 94,083,272.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.5015%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .4985%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	12,000.
38	Total lobbying expenditures (add lines 36 and 37)	38	12,000.
39	Other exempt purpose expenditures	39	20,955,968.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	20,967,968.
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	1,000,000.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	250,000.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount	1,000,000.			1,000,000.
46	Lobbying ceiling amount (150% of line 45(e))				1,500,000.
47	Total lobbying expenditures	12,000.			12,000.
48	Grassroots nontaxable amount	250,000.			250,000.
49	Grassroots ceiling amount (150% of line 48(e))				375,000.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	N/A		
	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

2004

Name of organization

THE TOLEDO ZOOLOGICAL SOCIETY

Employer identification number

34-4440256

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization THE TOLEDO ZOOLOGICAL SOCIETY	Employer identification number 34-4440256
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LUCAS COUNTY CAPITAL IMPROVEMENT FUND TOLEDO, OH	\$ 5,930,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	LUCAS COUNTY OPERATING LEVY FUND TOLEDO, OH	\$ 5,488,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

THE TOLEDO ZOOLOGICAL SOCIETY

Tax Schedule - Form 990

EIN: 34-4440256

Year ended December 31, 2004

Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes

- Line 93(a) The revenue from this activity is related to our tax-exempt purpose of educating the public by encouraging families with small children to visit the zoo and learn about animals. This activity is for the convenience of visitors.
- Line 93(b) The revenue from this activity is related to our tax-exempt purpose of educating the public by providing an opportunity for the public to view animals and learn about conservation.
- Line 93(c) The revenue from this activity is related to our tax-exempt purpose of educating the public by providing special opportunities for the public to learn about animals and endangered species.
- Line 94 Membership dues are from individuals who desire to support the zoo and who wish to be kept informed of zoo activities as well as learn more about animals.
- Line 102 The revenue from this activity relates to sales of food and beverages and sales of educational gift items in the zoo's gift shops. The sale of food and beverages is for the convenience of visitors, and the sale of educational gifts items relates to our tax-exempt purpose of educating the public about animals, endangered species and conservation.

THE TOLEDO ZOOLOGICAL SOCIETY

Tax Schedule - Form 990

EIN: 34-4440256

Year ended December 31, 2004

Schedule A - Part III

Questions 2(b) and 2(c)

The exempt organization has extended credit and obtained ordinary financial, legal and professional services from organizations who have officers or principals who are also members of the exempt organization's Board of Trustees. Such services have been provided to the exempt organization at a rate that is equal to or less than the rate if such services were provided to the general public.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF FIXED ASSET	130,500.	6,427.	0.	124,073.
TO FORM 990, PART I, LINE 8	130,500.	6,427.	0.	124,073.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS	5,761,002	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		5,761,002
4. COST OF GOODS SOLD (LINE 13)	2,210,639	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		3,550,363

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	553,480	
7. MERCHANDISE PURCHASED	2,426,522	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		2,980,002
12. INVENTORY AT END OF YEAR	769,363	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		2,210,639

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
MARK-TO-MARKET OF INTEREST RATE SWAP AGREEMENT AS PRESCRIBED BY SFAS 133	77,531.
ADJUSTMENT TO PRIOR YEAR CONTRIBUTIONS	<23,960.>
TRANSFER FROM TOLEDO ZOOLOGICAL FOUNDATION	38,722.
TOTAL TO FORM 990, PART I, LINE 20	92,293.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
UTILITIES	1,522,803.	1,507,575.		15,228.
ADVERTISING	578,757.	519,308.		59,449.
INSURANCE	210,817.	205,811.		5,006.
SPECIAL EVENTS	193,452.		193,452.	
CONSERVATION PROJECT SUPPORT	33,696.	33,696.		
LICENSES & PERMITS	91,859.	85,674.		6,185.
LIBRARY	6,142.	6,142.		
DISPLAYS	45,395.	45,395.		
SMALL EQUIPMENT	71,130.	59,038.	12,092.	
OUTSIDE SERVICES	902,043.	448,449.	153,347.	300,247.
FOOD & FORAGE - ANIMAL UPKEEP	362,929.	362,929.		
PURCHASE OF LIVE ANIMALS	61,317.	61,317.		
MISCELLANEOUS EXPENDITURES	96.	96.		
OTHER PROGRAM EXPENSES	1,740.	1,740.		
TOTAL TO FM 990, LN 43	4,082,176.	3,337,170.	358,891.	386,115.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

WILDLIFE MANAGEMENT AND RELATED EDUCATIONAL & SCIENTIFIC ACTIVITIES

FORM 990 TAX-EXEMPT BOND LIABILITIES OUTSTANDING STATEMENT 6

PURPOSE OF ISSUE
TO BE USED IN FACILITIES MASTER PLAN ISSUE DATE
 04/24/97

ORIGINAL ISSUE AMOUNT	PROJECT COMPLETION DATE	UNEXPENDED BOND PROCEEDS	TYPE OF FORM 8038 FILED	FORM 8038 DATE	AMOUNT OF ISSUE OUTSTANDING
19,000,000.	12/31/07	0.	FORM 8038	08/15/97	3,885,000.

PURPOSE OF ISSUE
TO BE USED IN FACILITIES MASTER PLAN ISSUE DATE
 05/16/02

ORIGINAL ISSUE AMOUNT	PROJECT COMPLETION DATE	UNEXPENDED BOND PROCEEDS	TYPE OF FORM 8038 FILED	FORM 8038 DATE	AMOUNT OF ISSUE OUTSTANDING
13,000,000.	12/31/07	0.	FORM 8038	08/15/02	13,000,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A 16,885,000.

FORM 990 OTHER LIABILITIES STATEMENT 7

DESCRIPTION	AMOUNT
DEFERRED REVENUE	965,149.
INTEREST RATE SWAP AGREEMENT	381,151.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,346,300.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STEPHEN STAE LIN 2700 BROADWAY TOLEDO, OH 43609	PRESIDENT 1	0.	0.	0.
SANDY ISENBERG 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.
GEORGE V. ORAVECZ 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.
THOMAS F. POUNDS 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.
JOAN BROWNE 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.
MARNA RAMNATH 2700 BROADWAY TOLEDO, OH 43609	SECRETARY 1	0.	0.	0.
TONY SHELBOURN 2700 BROADWAY TOLEDO, OH 43609	VICE PRESIDENT 1	0.	0.	0.
GARY SMITH 2700 BROADWAY TOLEDO, OH 43609	TREASURER 1	0.	0.	0.
JEANNIE HYLANT 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.
LARRY PETERSON 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.
EUGENE R. WOS 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.

THE TOLEDO ZOOLOGICAL SOCIETY

34-4440256

RICHARD IOTT 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.
CINDY REDMAN 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.
ROBERT MAXWELL 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.
RICHARD FLASCK 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.
GINA THOMPSON 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.
PETER J. WILSON 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 1	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V		<u>0.</u>	<u>0.</u>	<u>0.</u>
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Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE TOLEDO ZOOLOGICAL SOCIETY	Employer identification number 34-4440256
	Number, street, and room or suite no. If a P.O. box, see instructions. 2700 BROADWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOLEDO, OH 43609	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **ALLISON DUNCAN**
Telephone No. ▶ **(419) 385-5721** FAX No ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2004** or
▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE TOLEDO ZOOLOGICAL SOCIETY	Employer identification number 34-4440256
	Number, street, and room or suite no. If a P.O. box, see instructions. 2700 BROADWAY	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOLEDO, OH 43609	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **ALLISON DUNCAN**
Telephone No. **(419) 385-5721** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for _____

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005**.
- 5 For calendar year **2004**, or other tax year beginning _____ and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *John Jones* Title CPA Date 8/4/05

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print 423832 01-10-05	Name CLIFTON GUNDERSON LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1400 EDISON PLAZA, 300 MADISON AVENUE
	City or town, province or state, and country (including postal or ZIP code) TOLEDO, OH 43604-1587