

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

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 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: THE TOLEDO ZOOLOGICAL SOCIETY. Number and street: 2700 BROADWAY. City or town: TOLEDO, OH 43609.

D Employer identification number: 34-4440256. E Telephone number: (419) 385-5721. F Accounting method: Accrual.

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

G Web site: www.toledo.zoo.org

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000.

L Gross receipts: 20,064,190

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)				
<b>b</b>	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)				
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	9,139,097	8,337,314	311,801	489,982
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	354,606	307,167	15,590	31,849
<b>28</b>	Employee benefits not included on lines 25a - 27	660,730	589,912	30,398	40,420
<b>29</b>	Payroll taxes	1,114,002	1,045,450	26,659	41,893
<b>30</b>	Professional fundraising fees	8,000	6,640	1,360	
<b>31</b>	Accounting fees	34,825	27,860	6,965	
<b>32</b>	Legal fees	94,735	71,051	23,684	
<b>33</b>	Supplies	877,545	775,539	89,763	12,243
<b>34</b>	Telephone	48,871	41,540	7,331	
<b>35</b>	Postage and shipping	117,814	44,560	33,810	39,444
<b>36</b>	Occupancy				
<b>37</b>	Equipment rental and maintenance	445,634	445,634		
<b>38</b>	Printing and publications	158,978	25,687	89,347	43,944
<b>39</b>	Travel	42,852	6,985	31,507	4,360
<b>40</b>	Conferences, conventions, and meetings	90,651	49,858	31,727	9,066
<b>41</b>	Interest	503,672	428,121	75,551	
<b>42</b>	Depreciation, depletion, etc (attach schedule)	3,099,810	2,634,839	464,971	
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	See Additional Data Table				
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	20,917,521	18,432,936	1,438,712	1,045,873

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

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

What is the organization's primary exempt purpose? <b>WILDLIFE MANAGEMENT AND RELATED EDUCATIONAL &amp; SCIENTIFIC ACTIVITIES</b> <small>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</small>	<b>Program Service Expenses</b> <small>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</small>
<b>a</b> RENOVATION, UPKEEP AND DEPRECIATION OF ZOOLOGICAL GROUNDS, STRUCTURES, AND EQUIPMENT  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	3,080,473
<b>b</b> ANIMAL UPKEEP AND PURCHASE OF LIVE EXHIBITS  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	4,836,253
<b>c</b> EDUCATION, INFORMATION, AND ENTERTAINMENT PROGRAMS FOR THE GENERAL PUBLIC  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	7,579,584
<b>d</b> OTHER EXPENSES  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	2,936,626
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . .	18,432,936

**Part IV Balance Sheets (See the instructions.)**

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

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
Assets	<b>45</b> Cash—non-interest-bearing . . . . .		60,048	<b>45</b>	59,874	
	<b>46</b> Savings and temporary cash investments . . . . .		1,944,807	<b>46</b>	2,211,526	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	415,907			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>		311,717	<b>47c</b>	415,907
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>				
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>			<b>48c</b>	
	<b>49</b> Grants receivable . . . . .				<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .				<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>				
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>			<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		750,750	<b>52</b>	601,036	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		216,066	<b>53</b>	188,072	
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV . . . . .			<b>54a</b>		
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV . . . . .			<b>54b</b>		
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>					
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>			<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .				<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	125,329,066				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	39,804,316	88,276,450	<b>57c</b>	85,524,750	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ ) . . . . .			123,120	<b>58</b>	110,492	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		91,682,958	<b>59</b>	89,111,657		
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .		1,600,491	<b>60</b>	1,914,778	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .			<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		13,000,000	<b>64a</b>	13,000,000	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		75,000	<b>64b</b>	60,000	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ ) . . . . .		1,178,822	<b>65</b>	1,040,911	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .		15,854,313	<b>66</b>	16,015,689		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 . . . . .					
	<b>67</b> Unrestricted . . . . .		75,828,645	<b>67</b>	73,059,375	
	<b>68</b> Temporarily restricted . . . . .			<b>68</b>	36,593	
	<b>69</b> Permanently restricted . . . . .			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74 . . . . .					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		75,828,645	<b>73</b>	73,095,968	
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		91,682,958	<b>74</b>	89,111,657	



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

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". 75d: Does the organization have a written conflict of interest policy?

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

**Part VI Other Information (See the instructions.)**

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 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. 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 80a: 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? 81a: Enter direct or indirect political expenditures (See line 81 instructions). 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued) table with columns for question number, question text, and Yes/No columns. Includes sections 82a-82b, 83a-83b, 84a-84b, 85a-85f, 85g-85h, 86a-86b, 87a-87b, 88a-88b, 89a-89f, 89g, 90a-90b, 91a, and 91b.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No

If "Yes," enter the name of the foreign country

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

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues and assessments, Interest on savings, Dividends, Net rental income, Gain or loss from sales, Gross profit, and Subtotal.

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

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

Table with 2 columns: 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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

**Part XI** **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>

<b>Please Sign Here</b>	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.		
	***** Signature of officer		2007-11-13 Date
	ALLISON DUNCAN DIRECTOR OF FINANCE Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CLIFTON GUNDERSON LLP 1400 EDISON PLAZA 300 MADISON AVENU TOLEDO, OH 436041587			EIN <input type="checkbox"/>  Phone no <input type="checkbox"/> (419) 244-3711

**SCHEDULE A  
(Form 990 or  
990EZ)**

**Organization Exempt Under Section 501(c)(3)**

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

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

OMB No 1545-0047

**2006**

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

Department of the  
Treasury  
Internal Revenue  
Service

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 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANNE BAKER 2700 BROADWAY TOLEDO, OH 43609	EXECUTIVE DIRECTOR 50 00	143,329	11,250	0
MARY FEDDERKE 2700 BROADWAY TOLEDO, OH 43609	DIR OF ADVANCEMENT 50 00	98,762	6,420	0
DAVID DICOLA 2700 BROADWAY TOLEDO, OH 43609	DIR OF VISITOR SERV 50 00	82,976	5,393	0
ALLISON DUNCAN 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR OF FINANCE 50 00	78,704	5,116	0
R ANDREW ODUM 2700 BROADWAY TOLEDO, OH 43609	DIR OF ZOOLOGICAL OP 50 00	75,000	4,875	0
Total number of other employees paid over \$50,000	24			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

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

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>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</p>	<b>1</b>		No
<p><b>2</b> 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.) 📄</p>	<b>2a</b>		No
<p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2b</b>	Yes	
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2c</b>	Yes	
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2d</b>		No
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2e</b>		No
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>3a</b>		No
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p>	<b>3b</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3c</b>		No
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3d</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>4a</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4b</b>		
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4c</b>		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>			
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0 _____</p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____</p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

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

Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	6,444,336	963,406	845,163	1,829,715	10,082,620
<b>16</b> Membership fees received	3,047,272	3,120,192	2,841,450	2,697,452	11,706,366
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	10,394,153	11,179,894	9,546,774	8,283,836	39,404,657
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	26,028	12,753	27,185	79,346	145,312
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	5,836,429	11,550,853	11,418,449	10,242,707	39,048,438
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	25,748,218	26,827,098	24,679,021	23,133,056	100,387,393
<b>24</b> Line 23 minus line 17	15,354,065	15,647,204	15,132,247	14,849,220	60,982,736
<b>25</b> Enter 1% of line 23	257,482	268,271	246,790	231,331	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts		<b>26b</b>	0
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)		<b>26c</b>	
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		<b>26d</b>	
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>		<b>26f</b>	

<b>27 Organizations described on line 12:</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____		
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____			
<b>c</b> Add Amounts from column (e) for lines 15 _____ 10,082,620 16 _____ 11,706,366 17 _____ 39,404,657 20 _____ 39,048,438 21 _____ 0		<b>27c</b>	100,242,081
<b>d</b> Add Line 27a total _____ and line 27b total _____		<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total)		<b>27e</b>	100,242,081
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)	<b>27f</b>	100,387,393	
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>		9985 52 %
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>		14 48 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

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

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)		0
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		0
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)		0
<b>39</b>	Other exempt purpose expenditures		0
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)		0
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> 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		0
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)		0
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		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 13 of the instructions )

Calendar year (or fiscal year beginning in) <b>a</b>	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount	0	0	0	0	0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures	0	0	0	0	0
<b>48</b> Grassroots nontaxable amount	0	0	0	0	0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures	0	0	0	0	0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- 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**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Additional Data****Software ID:****Software Version:****EIN:** 34-4440256**Name:** THE TOLEDO ZOOLOGICAL SOCIETY**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		<b>(A) Total</b>	<b>(B) Program services</b>	<b>(C) Management and general</b>	<b>(D) Fundraising</b>
<b>a</b> UTILITIES	<b>43a</b>	1,726,104	1,672,855	35,499	17,750
<b>b</b> ADVERTISING	<b>43b</b>	325,110	308,862		16,248
<b>c</b> INSURANCE	<b>43c</b>	180,668	174,174	2,165	4,329
<b>d</b> SPECIAL EVENTS	<b>43d</b>	182,637	150,900	11,110	20,627
<b>e</b> CONSERVATION PROJECT SUPPORT	<b>43e</b>	20,605	20,605		
<b>f</b> LICENSES & PERMITS	<b>43f</b>	76,183	60,356	11,787	4,040
<b>g</b> LIBRARY	<b>43g</b>	3,468	3,468		
<b>h</b> DISPLAYS	<b>43h</b>	36,282	36,282		
<b>i</b> SMALL EQUIPMENT	<b>43i</b>	38,487	22,614	15,873	
<b>j</b> OUTSIDE SERVICES	<b>43j</b>	866,547	475,055	121,814	269,678
<b>k</b> FOOD & FORAGE - ANIMAL UPKEEP	<b>43k</b>	370,722	370,722		
<b>l</b> PURCHASE OF LIVE ANIMALS	<b>43l</b>	15,650	15,650		
<b>m</b> MISCELLANEOUS EXPENDITURES	<b>43m</b>	11,455	11,455		
<b>n</b> OTHER PROGRAM EXPENSES	<b>43n</b>	271,781	271,781		

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
MARNA RAMNATH 2700 BROADWAY TOLEDO, OH 43609	PRESIDENT 5 00	0	0	0
SANDY ISENBERG 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0
GEORGE V ORAVECZ 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0
THOMAS F POUNDS 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0
JOAN UHL BROWNE 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0
GARY SMITH 2700 BROADWAY TOLEDO, OH 43609	VICE PRESIDENT 4 00	0	0	0
LYNN ISAAC 2700 BROADWAY TOLEDO, OH 43609	TREASURER 3 00	0	0	0
GINA THOMPSON 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0
LLOYD MAHAFFEY 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0
MICHAEL ASHFORD 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
DR WILLIAM DEHOFF 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0
STEPHEN H STAELIN 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0
ROBERT MAXWELL 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0
BALDEMAR VELASQUEZ 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0
CINDY REDMAN 2700 BROADWAY TOLEDO, OH 43609	SECRETARY 3 00	0	0	0
PETER J WILSON MD 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0
MARY ELLEN PISANELLI 2700 BROADWAY TOLEDO, OH 43609	DIRECTOR 2 00	0	0	0

**Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:**

<b>Line No.</b> ▼	<b>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).</b>
93A	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
93B	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
93C	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
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
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 GIFT ITEMS RELATES TO OUR TAX-EXEMPT PURPOSE OF EDUCATING THE PUBLIC ABOUT ANIMALS, ENDANGERED SPECIES AND CONSERVATION

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Name(s) shown on return THE TOLEDO ZOOLOGICAL SOCIETY

Business or activity to which this form relates Form 990 Page 2

Identifying number 34-4440256

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for election details: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for cost and deduction calculations: (a) Description of property, (b) Cost, (c) Elected cost, 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 3 rows for special depreciation: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation (including ACRS).

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for MACRS deductions: 17 MACRS deductions for assets placed in service in tax years beginning before 2006, 18 If you are electing to group any assets...

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a-f (3-25 year property), h (Residential rental), i (Nonresidential real).

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for summary: 21 Listed property, 22 Total, 23 For assets shown above and placed in service during the current year...

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special allowances and business use percentages.

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

**Part VI Amortization**

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

**TY 2006 Land etc. Schedule**

**Name:** THE TOLEDO ZOOLOGICAL SOCIETY

**EIN:** 34-4440256

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
LAND	10,751,484		10,751,484
BUILDINGS	108,595,343	36,127,639	72,467,704
EQUIPMENT	4,066,216	2,965,926	1,100,290
VEHICLES	375,029	320,252	54,777
AMUSEMENTS	1,353,926	336,245	1,017,681
CAPITAL LEASES	54,254	54,254	0
CIP	132,814		132,814

**TY 2006 Other Assets Schedule**

**Name:** THE TOLEDO ZOOLOGICAL SOCIETY

**EIN:** 34-4440256

Description	Beginning of Year Amount	End of Year Amount
BOND ISSUANCE COSTS	123,120	110,492

## TY 2006 Other Changes in Net Assets Schedule

**Name:** THE TOLEDO ZOOLOGICAL SOCIETY

**EIN:** 34-4440256

Description	Amount
TRANSFER FROM TOLEDO ZOOLOGICAL FOUNDATION	15,279

**TY 2006 Other Liabilities Schedule**

**Name:** THE TOLEDO ZOOLOGICAL SOCIETY

**EIN:** 34-4440256

Description	Beginning of Year Amount	End of Year Amount
DEFERRED REVENUE	1,033,191	1,013,372
INTEREST RATE SWAP AGREEMENT	145,631	27,539

## TY 2006 Tax-Exempt Bond Liabilities Schedule

**Name:** THE TOLEDO ZOOLOGICAL SOCIETY

**EIN:** 34-4440256

<b>Item No.</b>	1
<b>Name of Issue</b>	
<b>Purpose</b>	TO BE USED IN FACILITIES MASTER PLAN
<b>Amount Outstanding</b>	13000000
<b>Unexpended Bond Proceeds</b>	
<b>Third Party Use</b>	
<b>Space Percentage</b>	
<b>Maturity Date</b>	2021-10
<b>Repayment Terms</b>	
<b>Interest Rate</b>	
<b>Security</b>	

**TY 2006 Self Dealing Statement****Name:** THE TOLEDO ZOOLOGICAL SOCIETY**EIN:** 34-4440256

<b>Line Number</b>	<b>Explanation</b>
2b	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.

<b>Line Number</b>	<b>Explanation</b>
2c	THE EXEMPT ORGANIZATION HAS RECEIVED GOODS, SERVICES OR FACILITIES 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.