

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)

2007

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 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

- 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: Indianapolis Zoological Society Inc. Number and street: 1200 West Washington Street. City or town: Indianapolis, IN 46222

D Employer identification number: 35-1074747. E Telephone number: (317) 630-2039. 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).

- 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?

G Web site: www.indyzoo.com

J Organization type (check only one): 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 Add lines 6b, 8b, 9b, and 10b to line 12: 28,747,134

I Group Exemption Number. 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 (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 or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances 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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	1,001,919	247,637	537,010
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c	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)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	8,139,953	7,080,492	428,132
27	Pension plan contributions not included on lines 25a, b and c	27	304,157	236,125	40,273
28	Employee benefits not included on lines 25a - 27	28	738,777	572,768	99,310
29	Payroll taxes	29	659,545	542,935	59,689
30	Professional fundraising fees	30	38,002		38,002
31	Accounting fees	31	27,292		27,292
32	Legal fees	32	40,278		40,278
33	Supplies	33	723,618	662,330	51,744
34	Telephone	34	81,968	78,504	2,468
35	Postage and shipping	35	117,206	19,012	6,021
36	Occupancy	36			
37	Equipment rental and maintenance	37	1,280,411	1,279,208	1,203
38	Printing and publications	38	205,740	58,442	9,194
39	Travel	39	73,455	44,382	6,872
40	Conferences, conventions, and meetings	40	23,722	15,801	3,020
41	Interest	41	17,287		17,287
42	Depreciation, depletion, etc. (attach schedule)	42	4,473,118	4,362,554	87,209
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	22,526,515	19,250,321	1,775,979

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 \$⁰ _____, (ii) the amount allocated to Program services \$⁰ _____, (iii) the amount allocated to Management and general \$⁰ _____, and (iv) the amount allocated to Fundraising \$⁰ _____

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? ▶ THE PURPOSE OF THE INDIANAPOLIS ZOOLOGICAL SOCIETY, INC IS TO FOSTER THE PUBLIC'S APPRECIATION AND UNDERSTANDING OF NATURE THROUGH THE MAINTENANCE OF A FIRST-CLASS ZOOLOGICAL INSTITUTION, THE PROFESSIONAL EXHIBITION AND MANAGEMENT OF ANIMALS AND PLANTS, AND THE CONSTANT SEARCH OF ACHIEVEMENT OF A NATIONAL AND INTERNATIONAL RECOGNITION PARTICIPATION IN PROGRAMS FOR THE PRESERVATION OF THREATENED AND ENDAGERED SPECIES OFFER QUALITY EDUCATION PROGRAMS AND SERVICES FOR SCHOOLS AND RESIDENTS OF CENTRAL INDIANA	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)</p>
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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.)

<p>a OPERATION OF A COMMUNITY ZOO AND THE RELATED EDUCATIONAL PROGRAMS AND ACTIVITIES</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>19,250,321</p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p>19,250,321</p>

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.

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing		45		
	46 Savings and temporary cash investments	17,080,773	46	16,697,918	
	47a Accounts receivable	47a 368,792			
	b Less allowance for doubtful accounts	47b	307,469	47c 368,792	
	48a Pledges receivable	48a 4,630,415			
	b Less allowance for doubtful accounts	48b 50,000	6,937,469	48c 4,580,415	
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use	125,258	52	104,458	
	53 Prepaid expenses and deferred charges	45,037	53	98,383	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	20,371,930	54a	22,773,136	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b		55c		
56 Investments—other (attach schedule)	10,629,622	56 	9,949,168		
57a Land, buildings, and equipment basis	57a 113,304,833				
b Less accumulated depreciation (attach schedule)	57b 51,134,205	59,977,356	57c 62,170,628		
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)	1,645,803	58 	1,706,847		
59 Total assets (must equal line 74) Add lines 45 through 58	117,120,717	59	118,449,745		
Liabilities	60 Accounts payable and accrued expenses	2,513,729	60	2,132,519	
	61 Grants payable		61		
	62 Deferred revenue	1,089,450	62	1,186,115	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)		65		
66 Total liabilities Add lines 60 through 65	3,603,179	66	3,318,634		
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
Net Assets or Fund Balances	67 Unrestricted	72,182,826	67	80,891,597	
	68 Temporarily restricted	21,826,473	68	14,309,328	
	69 Permanently restricted	19,508,239	69	19,930,186	
	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 and column (B) must equal line 21)	113,517,538	73	115,131,111		
74 Total liabilities and net assets / fund balances Add lines 66 and 73	117,120,717	74	118,449,745		

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

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	40		
b 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)	75b		No
c 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" If "Yes," attach a statement that includes the information described in the instructions	75c		No
d Does the organization have a written conflict of interest policy?	75d	Yes	

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.)

(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.)*

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
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	77		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
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?	80a		No
b If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions)	81a	0	
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

		Yes	No
82a 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	Yes	
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 159,635		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 <i>501(c)(4), (5), or (6) organizations.</i> a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
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 the prior year.			
c Dues assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86 <i>501(c)(7) orgs.</i> Enter a Initiation fees and capital contributions included on line 12	86a 0		
b Gross receipts, included on line 12, for public use of club facilities	86b 0		
87 <i>501(c)(12) orgs.</i> Enter a Gross income from members or shareholders	87a 0		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b 0		
88a 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	88a		No
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>			
b <i>501(c)(3) and 501(c)(4) orgs.</i> 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		No
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<input type="text" value="0"/>		
d Enter Amount of tax on line 89c, above, reimbursed by the organization	<input type="text" value="0"/>		
e <i>All organizations.</i> At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f <i>All organizations.</i> Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a List the states with which a copy of this return is filed <input type="text" value="IN"/>			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b		261
91a The books are in care of <input type="text" value="CLAUDIA WILLIS SVP OPER CFO"/> Telephone no <input type="text" value="(317) 630-2039"/> <input type="text" value="1200 WEST WASHINGTON STREET"/> Located at <input type="text" value="INDIANAPOLIS, IN"/> ZIP + 4 <input type="text" value="46222"/>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No
If "Yes," enter the name of the foreign country <input type="text"/>			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** 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 **92** _____

Part VII Analysis of Income-Producing Activities (See 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) Exclusion code	(D) Amount	
93 Program service revenue					
a ADMISSIONS PARKING					7,111,855
b FOOD SALES					1,216,275
c RIDES					913,206
d EDUCATION PROGRAMS					704,924
e OTHER					954,567
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					3,562,828
95 Interest on savings and temporary cash investments			14	735,071	
96 Dividends and interest from securities			14	703,092	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	147,614	
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	717,409	
101 Net income or (loss) from special events			01	281,028	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS					672,740
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,584,214	15,136,395
105 Total (add line 104, columns (B), (D), and (E))					17,720,609

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.)

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)
93A	ALL PROGRAM SERVICE REVENUE, INVESTMENT INCOME, SALES
THRU	CONTRIBUTIONS NECESSARY TO MAINTAIN A ZOOLOGICAL
103A	RELATED EDUCATIONAL PROGRAMS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

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)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
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	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
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	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 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?	Yes	No
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<p>Please Sign Here</p> <p>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</p> <p>***** Signature of officer</p> <p>Claudia Willis VP of Finance Type or print name and title</p>	<p>2008-11-15 Date</p>
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Paid Preparer's Use Only	Preparer's signature Patrick M Malayer	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 BKD LLP 201 N Illinois Street Indianapolis, IN 46204			EIN Phone no (317) 383-4000

**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

2007

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
Indianapolis Zoological Society Inc

Employer identification number

35-1074747

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
JEFFREY PROUDFOOT 1200 WEST WASHINGTON STREET INDIANAPOLIS, IN 46222	SENIOR VET 40 0	91,927	3,217	0
WILL KEY 1200 WEST WASHINGTON STREET INDIANAPOLIS, IN 46222	DIRECTOR - IT 40 0	93,182	4,658	0
KENT PINAIRE 1200 WEST WASHINGTON STREET INDIANAPOLIS, IN 46222	MGR-PROJECTS 40 0	80,022	1,600	0
EDWARD SANDIFER 1200 WEST WASHINGTON STREET INDIANAPOLIS, IN 46222	MGR-PLANNED GIVING 40 0	79,002	3,950	0
TIMOTHY ARDILLO 1200 WEST WASHINGTON STREET INDIANAPOLIS, IN 46222	DIRCTR-INSTITUTE ADV 40 0	84,166	0	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 individual 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
RATIO ARCHITECTS 107 SOUTH PENNSYLVANIA INDIANAPOLIS, IN 46204	ARCHITECT	103,685
Rundell Ernstberger 315 S Jefferson Street MUNCIE, IN 47305	Architect	54,050
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 individual 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
Shiel Sexton 902 N Capitol Avenue INDIANAPOLIS, IN 47204	CONSTRUCTION	5,524,987
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**

1 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) 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	1		No
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 property?	2a		No
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a 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)	3a		No
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c 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	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b Did the organization make any taxable distributions under section 4966?	4b		No
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d Enter the total number of donor advised funds owned at the end of the tax year			0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0
f 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
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

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	
Total					

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	9,136,873	15,093,223	11,089,363	15,368,641	50,688,100
16 Membership fees received	3,177,696	3,321,382	2,835,969	2,761,589	12,096,636
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	9,606,853	10,016,864	7,845,470	6,918,784	34,387,971
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	1,171,846	713,232	502,018	804,407	3,191,503
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.			845,278	849,700	1,694,978
23 Total of lines 15 through 22	23,093,268	29,144,701	23,118,098	26,703,121	102,059,188
24 Line 23 minus line 17	13,486,415	19,127,837	15,272,628	19,784,337	67,671,217
25 Enter 1% of line 23	230,933	291,447	231,181	267,031	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a
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. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
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: (2006) <u>2,137,759</u> (2005) <u>2,957,198</u> (2004) <u>2,162,503</u> (2003) <u>2,841,311</u>					
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 11b, 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: (2006) <u>0</u> (2005) <u>0</u> (2004) <u>0</u> (2003) <u>0</u>					
c Add: Amounts from column (e) for lines 15 <u>50,688,100</u> 16 <u>12,096,636</u> 17 <u>34,387,971</u> 20 <u>0</u> 21 <u>0</u>					27c 97,172,707
d Add: Line 27a total <u>10,098,771</u> and line 27b total <u>0</u>					27d 10,098,771
e Public support (line 27c total minus line 27d total)					27e 87,073,936
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f 102,059,188
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 85.32%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 3.13%
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
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 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)		
34a	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

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
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	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
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)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) a	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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.)

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
	No	

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: Indianapolis Zoological Society Inc

EIN: 35-1074747

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
GAIN ON ASSET DISPOSALS					128,250	71,103			57,147	

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** Indianapolis Zoological Society Inc**EIN:** 35-1074747**Gross Sales Price:** 5,363,751**Basis:** 4,703,489**Sales Expenses:****Total (net):** 660,262

TY 2007 Investments - Other Schedule

Name: Indianapolis Zoological Society Inc

EIN: 35-1074747

Description	Book Value	Cost/FMV
INTEREST IN CHAR REM TRUSTS	9,949,168	

TY 2007 Other Assets Schedule

Name: Indianapolis Zoological Society Inc

EIN: 35-1074747

Description	Beginning of Year Amount	End of Year Amount
INTEREST IN PERPETUAL TRUSTS	1,645,803	1,706,847

TY 2007 Other Changes in Net Assets Schedule

Name: Indianapolis Zoological Society Inc

EIN: 35-1074747

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	179,561
AGREEMENTS	604,526

TY 2007 Other Expenses Included Schedule**Name:** Indianapolis Zoological Society Inc**EIN:** 35-1074747

Description	Amount
RENTAL EXPENSES	207,969
SPECIAL EVENTS EXPENSES	408,572

TY 2007 Other Revenues Included Schedule**Name:** Indianapolis Zoological Society Inc**EIN:** 35-1074747

Description	Amount
RENTAL EXPENSES	207,969
SPECIAL EVENTS EXPENSE	408,572
SPLIT INTEREST AGREEMENTS	604,526

TY 2007 Special Events Schedule**Name:** Indianapolis Zoological Society Inc**EIN:** 35-1074747

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
ZOOBILATION	320,175	664,178	320,175	212,735	107,440
WINE AUCTION	177,010	0	177,010	81,177	95,833
BIKE RIDE	129,775	0	129,775	105,341	24,434
GOLFARI	62,640	0	62,640	9,319	53,321

TY 2007 Other Income Schedule

Name: Indianapolis Zoological Society Inc

EIN: 35-1074747

Description	2006	2005	2004	2003	Total
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TY 2007 Self Dealing Statement**Name:** Indianapolis Zoological Society Inc**EIN:** 35-1074747

Line Number	Explanation
2d	FORM 990-PART V

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Supplemental Support Schedule

Name: Indianapolis Zoological Society Inc

EIN: 35-1074747

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2007	9,136,873	3,177,696	9,606,853	1,171,846					23,093,268
2004	15,093,223	3,321,382	10,016,864	713,232					29,144,701
2003	11,089,363	2,835,969	7,845,470	502,018				845,278	23,118,098
2002	15,368,641	2,761,589	6,918,784	804,407				849,700	26,703,121

Additional Data

Software ID:
Software Version:
EIN: 35-1074747
Name: Indianapolis Zoological Society Inc

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>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a UTILITIES	43a	1,427,632	1,427,632	0	0
b LIAB AND WORKERS COMP INSUR	43b	336,445	182,783	153,662	0
c UNEMPLOYMENT COMPENSATION	43c	23,987	23,987	0	0
d PAYROLL PROCESSING FEES	43d	28,713	0	28,713	0
e BANK FEES	43e	148,344	124,334	1,893	22,117
f MAILING LIST PURCHASES	43f	10,964	0	0	10,964
g ANIMAL FOOD AND MEDICINE	43g	704,106	704,106	0	0
h PLANTS	43h	46,681	46,681	0	0
i MISCELLANEOUS	43i	42,082	13,951	19,034	9,097
j PROFESSIONAL FEES	43j	260,000	195,183	48,922	15,895
k PUBLICITY & PROMOTIONS	43k	934,872	934,872	0	0
l EMPLOYEE TRAINING	43l	26,654	23,184	3,470	0
m STAFF RECOGNITION	43m	40,993	9,627	31,366	0
n DONOR CULTIVATION	43n	86,306	0	4,614	81,692
o EMPLOYEE RECRUITMENT COSTS	43o	54,247	0	54,247	0
p EMPLOYEE DRUG&HEALTH SCREENING	43p	30,343	0	30,343	0
q SPECIAL EXHIBITIONS	43q	107,682	107,682	0	0
r CONSERVATION & RESEARCH	43r	95,616	95,616	0	0
s DUES	43s	61,308	61,308	0	0
t CONSERVATORY SHOWS	43t	87,234	87,234	0	0
u GRAPHICS	43u	25,858	11,951	0	13,907

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MICHAEL CROWTHER 1200 West Washington Street Indianapolis, IN 46222	PRESIDENT & CEO 40 0	244,766	31,780	0
PAUL GRAYSON 1200 West Washington Street Indianapolis, IN 46222	Deputy Director 40 0	164,077	28,125	0
KAREN BURNS 1200 West Washington Street Indianapolis, IN 46222	VP-EXT RELATIONS 40 0	142,334	20,129	0
CLAUDIA WILLIS 1200 West Washington Street Indianapolis, IN 46222	VP-OPERATIONS & CFO 40 0	145,242	20,604	0
MARY JANE BENNETT 1200 West Washington Street Indianapolis, IN 46222	VP-HUMAN RESOURCES 40 0	105,308	15,691	0
TIM SAVONA 1200 West Washington Street Indianapolis, IN 46222	VP-OPERATIONS 40 0	102,625	15,531	0
DAVE MERRITT 1200 West Washington Street Indianapolis, IN 46222	VP-PROGRAMS 40 0	97,567	4,878	0
RICHARD ACKLEY 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
DANIEL APPEL 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
CYNDE BARNES 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KATHRYN BETLEY 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
MICHAEL BOSWAY 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
DENNIS CASEY 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
BETH CATE 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
ALLEN COHEN 1200 West Washington Street Indianapolis, IN 46222	VICE CHAIR OF TRUSTEE BOARD 1 0	0	0	0
MATT COHOAT 1200 West Washington Street Indianapolis, IN 46222	TREASURER OF TRUSTEE BOARD 1 0	0	0	0
KYLE FISHER 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
PAWEL FLUDZINKSI 1200 West Washington Street Indianapolis, IN 46222	CHAIRMAN OF BOARD OF TRUSTEES 1 0	0	0	0
MIKE GOREY 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
KIM HARLOW 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
THOMAS HENRY 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
REUBEN HILL 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
PERRY HINES 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
SCOTT JONES 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
JOHN LARSON 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
KAREN LLOYD 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
KENT MANUEL 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
JUNE MCCORMACK 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
ANN MURTLow 1200 West Washington Street Indianapolis, IN 46222	SECRETARY OF BOARD OF TRUSTEES 1 0	0	0	0
POLLY NICELY 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
AMY PETERSON 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
MYRTA PULLIAM 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
WILLIAM ROSENBAUM 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
STEVEN SCHENCK 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
ROGER SNOWDON 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
CHERYL SULLIVAN 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
RICHARD THRAPP 1200 West Washington Street Indianapolis, IN 46222	TRUSTEE 1 0	0	0	0
MICHAEL WELLS 1200 West Washington Street Indianapolis, IN 46222	VICE CHAIRMAN OF BOARD 1 0	0	0	0
JEFFREY HARRISON 1200 West Washington Street Indianapolis, IN 46222	Trustee 1 0	0	0	0
STEVE RAMOS 1200 West Washington Street Indianapolis, IN 46222	Trustee 1 0	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
STEPHEN TOWNS 1200 West Washington Street Indianapolis, IN 46222	Trustee 10	0	0	0