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Form

Department of the Treasury Internal-Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

2009

Open to Public Inspection

A	For the 20	09 calend	dar ye	ear, or tax year beginning , and ending			
В	Check if applic		ease	C Name of organization		D Empl	oyer identification number
	Address chang	e i	IRS	FORT WAYNE ZOOLOGICAL SOCIETY, IN	C.		•
$\overline{\sqcap}$	Name change		el or nt or	Doing Business As		<b>7</b> 35-	-6068234
$\exists$	•	1.	pe.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		hone number
님	Initial return		iee	3411 SHERMAN BLVD.		260	0-427-6800
	Termination		ecific truc-	City or town, state or country, and ZIP + 4		G Gross rec	eipts\$ 8,023,986
	Amended retur		ons.	FORT WAYNE IN 46808			
$\Box$	Application per	ndina F 1	Name	and address of principal officer		H(a) Is this	a group return for
						affilia	es? Yes X No
						H(b) Are a	l affiliates Yes No
						lf "No	attach a list. (see instructions)
1	Tax-exempt	status	_X	501(c) ( 3 ) <b>◀</b> (insert no ) 4947(a)(1) or 527			
J	Website:	► WWW	V.K	IDSZOO.ORG		H(c) Group	exemption number
K	Type of organi	zation X	Сол	poration Trust Association Other	ear of formation	1966	M State of legal domicile IN
	art I	Sumi	mar	у			
	1 Brie	fly descri	ibe tl	ne organization's mission or most significant activities			
AQ.	T	HE FO	RT	WAYNE ZOOLOGICAL SOCIETY, INC., MISSION IS CO.	NNECTING	KIDS A	ND
36.		NIMAL	<u>s.</u>	STRENGTHENING FAMILIES, AND INSPIRING PEOPLE	TO CARE.		
)>E	F	<b>KEU</b> E	ΕIJ	WAYNE ZOOLOGICAL SOCIETY, INC., MISSION IS CONTROL OF THE PROPERTY OF THE PROP			
OActivities & Governance	2₀ Che	ck this be	ox ▶	if the organization discontinued its operations or disposed of more than 25	5% of its net a	ssets	
- S	K Nun	nb)ean of wo	oti)ng	றுளுbers இ he governing body (Part VI, line 1a)		3	24
S	4 Nun	nber of in	idepe	endent voligo members of the governing body (Part VI, line 1b)		4	23
8	5 t∓ote	<del>linumbe</del>	f of	mployees (Part V, line 2a)		5	202
وتو	6 Tou	dambe	300	olunteers (estimate if necessary)		6_	696
	7a Tota			ated business revenue from Part VIII, column (C), line 12		7a	-16,437
<u>~</u>	b Net	unrelated	d bus	siness taxable income from Form 990-T, line 34		7b	-16,437
Revenue 0104					Prior Y		Current Year
وا⊒	8 Con	tributions	s and	grants (Part VIII, line 1h)		6,160	2,794,680
enc	1	•		revenue (Part VIII, line 2g)	2,98	38 <b>,</b> 582	4,283,520
ě	10 Inve	stment ir	-4,348	26,926			
u <u>c</u>	11 Othe	er revenu	ıe (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		29,329	240,676
	12 Tota	l revenue	<u>e – a</u>	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,62	29,723	7,345,802
	13 Gra	nts and s	sımıla	r amounts paid (Part IX, column (A), lines 1–3)			6,600
	14 Ben	efits paid	to o	r for members (Part IX, column (A), line 4)			<del></del>
es	15 Sala	ries, oth	er co	mpensation, employee benefits (Part IX, column (A), lines 5–10)	2,60	02,665	2,905,433
Expenses	16a Prof			raising fees (Part IX, column (A), line 11e)			
ğ	<b>b</b> Tota	ıl fundrai	sing	expenses (Part IX, column (D), line 25) ► 174, 611			
ш	17 Oth	er expens	ses (	Part IX, column (A), lines 11a–11d, 11f–24f)		15,146	3,079,548
	18 Tota	l expens	ses /	Add lines 13–17 (must equal Part IX, column (A), line 25)		17,811	5,991,581
-	19 Rev	enue les	s exp	penses Subtract line 18 from line 12		8,088	1,354,221
Net Assets or	S ~ .		<b>.</b>	137 1 40	Beginning of C	75,250	End of Year 8, 154, 657
Asse Rala	20 Tota			t X, line 16)			1,970,361
Z GE	21 Tota			art X, line 26)		60,684 24,566	
		_	_	d balances Subtract line 21 from line 20	4,42	4,500	6,184,296
_E	Part II			e Block			
				ies of perjury, I declare that I have examined this return, including accompanying schedules is true, correct, and complete Declaration of preparer (other than officer) is based on all info			
Sig	an .	_	7/	meNb		1	
He	-		, 0	and afficiency		L	<del></del>
116	16		_	mes M. Anderson		Date	July 8, 2010
		<b>-</b>		print name and title	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	
_		<u> </u>	pe 0.	<del>`</del>			Preparer's identifying number
Рa	id	Prepare		DENNIS D. ZORGER CPA Dates	Chec self-	. [	(see instructions)
	eparer's	signatur			emple	oyed 🕨 👢	314-62-1695
	e Only			(or yours THE BAIR CPA GROUP, INC.	222	EIN D	35-1431754
		if self-er			220	Phone	060 404 0655
		address		TORT WHINE, IN 10005		no	260-484-9655
			_	turn with the preparer shown above? (see instructions)			X Yes No
For DA/		ct and Pa	aper	work Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2009)

DAA

Form 990 (2009) FORT WAYNE ZOOLOGICAL SOCIETY, INC. 35-6068234	Page 2
Part III Statement of Program Service Accomplishments  1 Briefly describe the organization's mission	
THE FORT WAYNE ZOOLOGICAL SOCIETY, INC., WAS ORGANIZED TO P FUNDS FOR THE FORT WAYNE, INDIANA CHILDREN'S ZOO, AND BE AC AREAS OF PROMOTION, FUNDRAISING, PROGRAMMING AND OPERATING	TIVE IN ALL
2 Did the organization undertake any significant program services during the year which were not listed on	
the prior Form 990 or 990-EZ?	$oxed{oxed}$ Yes $oxed{oxed{X}}$ No
If "Yes," describe these new services on Schedule O  3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	
allocations to others, the total expenses, and revenue, if any, for each program service reported	and .
<b>4a</b> (Code ) (Expenses \$ 492,941 including grants of \$ 6,600 ) (Revented EDUCATIONAL AND MEMBERSHIP SERVICES	ue \$ 494,874)
THESE PROGRAM SERVICES PROVIDE SCHOOL AND GROUP PROGRAMS,	
EDUCATIONAL CAMPS, COMMUNITY PROGRAMS, AND VARIOUS	
MEMBERSHIP ACTIVITIES THAT HELP THOSE INVOLVED GAIN A	
GREATER APPRECIATION OF WILDLIFE.	
4b (Code )(Expenses \$ 944,492 including grants of \$ ) (Revent ANIMAL EXHIBITS AND IMPROVEMENTS THE CARE OF THE EXISTING EXHIBITS AND FINAL CONSTRUCTION OF THE NEW AFRICAN JOURNEY EXHIBIT PROVIDE THE OPPORTUNITY FOR ALL VISITORS TO EXPERIENCE ANIMALS AND WILDLIFE IN AS NATURAL OF A SETTING AS POSSIBLE.	ue \$ 1,286,563)
4c (Code ) (Expenses \$ 3,222,193 including grants of \$ ) (Revenue)	ue \$ 2,502,083)
ZOO OPERATIONS THE OPERATIONS OF THE FORT WAYNE CHILDREN'S ZOO ARE	
NECESSARY TO MAINTAIN A FACILITY THAT BRINGS PEOPLE CLOSER	
TO ANIMALS AND FOSTERS APPRECIATION OF WILDLIFE.	
•	
·	
4d Other program services (Describe in Schedule O )	
(Expenses \$ 213,000 including grants of \$ ) (Revenue \$	)
4e Total program service expenses ▶ 4,872,626	
	Form <b>990</b> (2009)

P	urt IV Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			}
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_ 3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		1	
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		;	1
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_ 5		<b>!</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			1
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		1	1
	complete Schedule D, Part I	_ 6		X.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	L
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Χ	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			ĺ
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			ĺ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		l	ĺ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		}	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI, XII, and XIII	12	X	ļ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			١
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			.,
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			,,
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	[		,,
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	_16_		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17	<b> </b>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		<u>,</u>	l
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	Ь—
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	_19_		X

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	n 990 (2009) FORT WAYNE ZOOLOGICAL SOCIETY, INC. 35-6068234		<u> P</u>	age 4
_P;	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		ŀ	1
	United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	i	1 1	1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			1
	24b through 24d and complete Schedule K If "No," go to line 25	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ĺ
	to defease any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 <u>5a</u>		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			ĺ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		$X_{\perp}$
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	<u> </u>		ļ
	If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	l		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	i
b	and the second s			
	Schedule L, Part IV	28b		Χ
С				
•	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			i
	Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part i	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	i	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
- •	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	]	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
• •	III, IV, and V, line 1	34		Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	<u> </u>		<u> </u>
	Schedule R, Part V, line 2	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	\		
-0	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			ı
	Part VI	37		Х
	T WIL TI	51		4.7

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O.

Form **990** (2009)

i c	otatements regarding other into I miles and Tax compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1.1	1 -			
	U.S. Information Returns Enter -0- if not applicable	1a	_15	$\dashv$		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	ропаріє	•		v	
2-	gaming (gambling) winnings to prize winners?	1 1		1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		202			
	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return	2a	202		Х	ĺ
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			20		
	instructions)	'				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	ed by				
•	this return?	,		3a		Х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authorit	v			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		•			
	account)?			4a		Х
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding				
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne				
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods		_ :	\ \tag{\partial}	
	and services provided to the payor?			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	_^_	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	45		7c		Х
4	required to file Form 8282?	7d		1.5		
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		<del></del>	$\dashv$		
е	benefit contract?	Cisonai		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C					
-	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		ļ
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter	1 1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		$\dashv$		
1	Section 501(c)(12) organizations. Enter	 				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
<b>.</b>	amounts due or received from them )	11b		-		
				12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			990	(2000)
				LOIL		(2003)

Form 990 (2009) FORT WAYNE ZOOLOGICAL SOCIETY, INC. 35-6068234

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in

	Schedule O. See instructions.		, .			
Sec	tion A. Governing Body and Management					
		_			Yes	No
1a	Enter the number of voting members of the governing body	1a	24			
b	Enter the number of voting members that are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					Ì
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4	L	Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					
а	The governing body?			<u>8</u> a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the I	ntern	al			
	renue Code.)				_	
		-			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Χ	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
_	rise to conflicts?			12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
•	describe in Schedule O how this is done			12c	Х	
13	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	i
b	Other officers or key employees of the organization			15b	X	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
ioa	with a taxable entity during the year?			16a		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			100		
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
<u>900</u>	List the states with which a copy of this Form 990 is required to be filed ► IN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	(vlno				
	available for public inspection. Indicate how you make these available. Check all that apply	<u>-</u>				
	Own website $X$ Another's website $X$ Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of into	erect				
	policy, and financial statements available to the public	.,				
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the				
	organization NORMA BOLLINGER  3411 SHERMAN BLVD.					
F	DRT WAYNEIN_4680	8		260-42	7-6	800

<u> 260-427-6800</u>

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) (C) Average Position (check all that apply)							(D) Reportable	(E) Reportable	(F) Estimated	
Name and Tide	hours per week	Individual trustee or director		Officer			,	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
DEE SMITH											
DIR EMERITUS	3.00	X		_		_		0	0		
RANDY BROWN						1 1					
BOARD OF DIR	3.00	X			<u>L</u>	Ш		0	0		
DAN NIETER						ll		_			
BOARD OF DIR	0.50	X		<u> </u>		Ш		0	0		
MARK HAGERMAN	_							[ _			
BOARD OF DIR	3.00	X				$\sqcup$		0	0		
POLLY HAGEDORN	_	]				] ]		_			
BOARD OF DIR	0.50	X				$\sqcup$		0	0		
KATHLEEN ANDERSON	_							_			
BOARD OF DIR	3.00	X			_	$\sqcup$		0	0		
BEN CAMPBELL						1 1					
BOARD OF DIR	0.50	X		<u> </u>		$\sqcup$		0	0		
MARK RUPP						ĺĺ		_ [			
BOARD OF DIR	0.50	X		<u> </u>		$\sqcup$		0	0		
KEVIN FELDMAN						jj		_			
BOARD OF DIR	0.50	X		<u> </u>				0	0		
KRISTI HARKENRIDE		1				l l		_			
BOARD OF DIR	0.50	X						0	0		
MEG DISTLER						li		_			
BOARD OF DIR	0.50	X		_		1		0	0		
DAVE HAIST						l I					
BOARD OF DIR	<u> </u>	X				$\sqcup$		0	0		
REBECCA KUBACKI		l									
BOARD OF DIR	0.50	X		Щ		$\sqcup$		0	0	<u></u>	
TODD RUMSEY											
BOARD OF DIR	0.50	Х		Щ,		┷		0	0		
RICK HENVEY		_									
BOARD OF DIR	0.50	Х		<u> </u>		<del>                                     </del>		0	0		
MIKE CAYWOOD		_					ł	_	ا ۽		
BOARD OF DIR	0.50	X				<b>├</b>		0	0		
DAVID ARNOLD								_	_		
BOARD OF DIR	<u>      0.50                             </u>	X						0]	0	Form <b>990</b> (200	

(A) Name and Title	(B) Average	(C) (D) Position (check all that apply) Reportable							(E) Reportable	(F) Estimated		
	hours per week	or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fri orga and	nount of other pensation om the anization direction in the anization in th	f on n d
PAUL MOSS BOARD OF DIR	0.50	Х						0	0			
MICHAEL SELEME	0.50	<u> </u>										
BOARD OF DIR	0.50	X		<u> </u>	-			0	0			(
WIL SMITH BOARD OF DIR	0.50	X	i		ĺ	ĺ		0	0			(
MIKE O'HARA		┝	ļ.—	$\vdash$		_	_					
PRESIDENT	3.00	X		Х				0	0			(
JULIANNA TOENGES												
VICE PRES CHUCK SURACK	3.00	X		X		<u> </u>		0	0			
SECRETARY	3.00	X		X				0	0			(
MATT MOMPER	3.00	1		-		<u> </u>						
TREASURER	3.00	Х		X				0	0			(
DAVE THOMAS	40.00			١,,				50 610				,
JIM ANDERSON	40.00	<del> </del>	┝	X	X	-		59,612	0			(
ZOO DIRECTOR	50.00			X	Х	х		136,330	О		7	,194
										_		
		<u> </u>										
			ľ	l								
		-	$\vdash$				H					
								·				
	L	l		<u> </u>	L	<u> </u>		195,942				,194
Total     Total number of individuals (included)	cluding but not l	ımıte	d to	thos	e list	ted a	bove		\$100,000 in			1 1 7
reportable compensation from									<u> </u>			
											_ Ye	s No
3 Did the organization list any fo employee on line 1a? If "Yes,"								yee, or highest compensat	ted	3	,	X
4 For any individual listed on line	e 1a, is the sum	of re	port	able	com	pens	atio					
the organization and related or individual	rganizations gre	ater t	han	\$15	0,00	D? If	"Yes	s," complete Schedule J for	r such	4	.	X
5 Did any person listed on line 1	a receive or acc	rue c	comp	ens	ation	fron	n any	y unrelated organization fo	r			
services rendered to the organ		" cor	nple	te S	ched	ule J	for s	such person		5	<u> </u>	X
Section B. Independent Contractor  1 Complete this table for your five		ensa	ted i	nder	end	ent c	ontr	actors that received more t	than \$100,000 of			
compensation from the organiz	zation											
Name and	(A) business address							Descript	(B) tion of services		(C Comper	nsation
							-		<del></del>			
_												
												_
	<del></del>						<u> </u>					<del></del> -
							}			1		
							<u> </u>					
2 Total number of independent of	-	-				ed to	thos	e listed above) who receiv	red			
more than \$100,000 in compet	nsation from the	orga	anıza	ition		-				<u>_</u>	orm <b>9č</b>	90 (200
-· - ·										•		. ,

Form 990 (2009) FORT WAYNE ZOOLOGICAL SOCIETY, INC. 35-6068234

art V		ent of Rever	<del></del>	-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
න 1a	Federated cam	paigns	1a						······································
Ę b	Membership du	· • •	1b	1,3	23,945				
	Fundraising ev		1c		41,088			[	
E G	Related organia		1d						
Ē	Government grants (		1e						
S f	All other contributions	· · ·							
휣	and similar amounts		1f	1,3	29,647				
and other similar amounts	Noncash contribution	is included in lines 1a-1	<b>5</b>		53,119				
ام ام	Total. Add line				<b></b>	2,794,680			
3					Busn. Code				
2a	ADMISSIC	ons		L	900099	2,502,083	2,502,083		
≧   ь	RIDES AN	D CONCESSION	S		900099	1,286,563	1,286,563		
} c	SPECIAL	ACTIVITIES			900099	494,874	494,874		
d									
e									<u> </u>
2a b c d e	All other progra	am service reven	ue						
g	g Total. Add lines 2a–2f				<b>•</b>	4,283,520			
3	Investment income (including dividends, interest, and other similar amounts)						ļ		
						87,700			87,700
4	Income from in	vestment of tax-	exemp	t bond pro	ceeds 🕨 📙				
5	Royalties								
	ļ	(ı) Real		(II) Pei	rsonal				
6a	Gross Rents	203,	726						
b	Less rental exps								
С	Rental inc or (loss)	203,	726			222 726	202 706		
	Net rental inco Gross amount from				<u> </u>	203,726	203,726		
'a	sales of assets	(i) Secunties		(II) C					
	other than inventory	398,	146		9,169				
b	Less cost or other				0 707				
	basis & sales exps	465,			2,707				
	Gain or (loss)	67,	236		6,462	60 774	6,462		-67,236
	Net gain or (lo	•	. г			-60,774	0,402		017230
ը   8a		om fundraising even							
d dilei Nevenue	(not including \$	141,0	188						
		reported on line 1c)			07 019				
5   .	See Part IV, line		a		97,918 56,440				
5   6	Less direct ex	•	b [	ovente	30,440	41,478	Ì		41,478
		(loss) from fundi om gaming activities		evenus .		11/1/0			
ya	See Part IV, line	•	a						
	Less direct ex		լ b	<del>-</del> :					
		(loss) from gam	L	vities	•				
1		f inventory, less	ادي آ						
'08	returns and ail		a	1	37,218				
h	Less cost of g		ь		53,655				
		(loss) from sales			<b>•</b>	-16,437		-16,437	·····
<u> </u>		ellaneous Revenue			Busn. Code	***************************************			
11a					900099	11,909	11,909		
Ь		<u>-</u>							
6				ľ					
ď		nue							
1 "				_	<b>•</b>	11,909			
l e					<u>-</u>	7,345,802	4,505,617	-16,437	61,942

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
	Grants and other assistance to governments and	<del></del>	Gybellaga	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21				
2	_ · · · · · · · · · · · · · · · · · · ·				
	the U.S. See Part IV, line 22	6,600	6,600		
3	Grants and other assistance to governments,				<del></del>
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				······································
5	Compensation of current officers, directors,				
	trustees, and key employees	<u>195,942</u>		173,362	<u>22,</u> 580
6	Compensation not included above, to disqualified				<del></del>
	persons (as defined under section 4958(f)(1)) and	[			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	<u>2,277,150</u>	2,048,593	110,418	118,139
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	34,550	28,619	3,965	1,966
9	Other employee benefits	212,537	163,698	34,613	14,226
10	Payroll taxes	185,254	154,037	20,592	10,625
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,194		1,194	···
C	Accounting	38,050		38,050	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	<u> 19,090</u>		19,090	
g	Other	17,192		17,192	
12	Advertising and promotion	179,476		179,476	
13	Office expenses	266,688	105,432	161,256	
14	Information technology				
15	Royalties				
16	Occupancy	458,703	458,703		
17	Travel	13,299		13,299	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	18,684		18,684	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,607	45,583	2,024	
23	Insurance	89,827		89,827	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )	E71 FF0	E71 EFO		<del></del>
a	AFRICAN JOURNEY PROJECT	571,558	571,558	22 502	<del></del>
b	REPAIRS & MAINTENANCE	413,796	391,204	22,592	
C	SUPPLIES	293,280	293,280		
d	ANIMAL FOOD & BEDDING	270,469	270,469		
e	VETERINARY CARE	107,449	107,449	20 710	7 075
f	All other expenses	273,186	227,401	38,710	7,075 174,611
25		5,991,581	4,872,626	944,344	1/4/011
26	Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the		J		
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				Form <b>990</b> (2009)

					(A)		(B)			
					Beginning of year		End of year			
	1	Cash—non-interest bearing			2,500		1,350			
	2	Savings and temporary cash investments			2,328,233		2,971,683			
	3	Pledges and grants receivable, net			2,658,976		1,614,266			
	4	Accounts receivable, net		29 <b>,</b> 583	4	29,207				
	5	Receivables from current and former officers, directors,	trustees, key							
		employees, and highest compensated employees. Com	plete Part II of							
į		Schedule L		5						
	6	Receivables from other disqualified persons (as defined								
		4958(f)(1)) and persons described in section 4958(c)(3)(	(B) Complete			1				
w		Part II of Schedule L				6_				
Assets	7	Notes and loans receivable, net				7				
SS	8	Inventories for sale or use			<u> 153,655</u>	8				
۹ ا	9	Prepaid expenses and deferred charges		33,861	9	41,197				
	10a	Land, buildings, and equipment cost or								
ı		other basis Complete Part VI of Schedule D	10a	906,196						
	b	Less accumulated depreciation	10b	275,073	649,346	10c	631,123			
ı	11	Investments—publicly traded securities		2,019,096	11	631,123 2,865,831				
	12	Investments—other securities See Part IV, line 11				12				
ı	13	Investments—program-related See Part IV, line 11		13_						
ı	14	Intangible assets				14				
]	15	Other assets See Part IV, line 11		ſ		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34	1)	[	7,875,250	16	8,154,657			
	17	Accounts payable and accrued expenses	_	597,062	17	375 <b>,</b> 882				
l	18	Grants payable		18						
ł	19	Deferred revenue	160,353	19	202,065					
	20	Tax-exempt bond liabilities	· [		20					
ဖွ	21	Escrow or custodial account liability Complete Part IV o	f Schedule D			21	<del>_</del>			
┋╽	22	Payables to current and former officers, directors, truste	es, key							
Liabilities		employees, highest compensated employees, and disqu	alified							
l 2:		persons Complete Part II of Schedule L				22				
	23	Secured mortgages and notes payable to unrelated third	parties	ſ	426,360	23	392,414			
ľ	24	Unsecured notes and loans payable to unrelated third pa	-	ľ		24				
	25	Other liabilities Complete Part X of Schedule D			2,266,909	25	1,000,000			
ı	26	Total liabilities. Add lines 17 through 25			3,450,684	26	1,970,361			
ဖွ		Organizations that follow SFAS 117, check here ▶ X	and							
Fund Balance		complete lines 27 through 29, and lines 33 and 34.								
<u> </u>	27	Unrestricted net assets			1,637,764	27	3,018,929			
8   8	28	Temporarily restricted net assets			1,667,695		1,584,386			
ᄝᆝ	29	Permanently restricted net assets			1,119,107	29	1,580,981			
۱ ج		Organizations that do not follow SFAS 117, check her		<u> </u>						
5		and complete lines 30 through 34.								
S	30	Capital stock or trust principal, or current funds				30				
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment	ļ		31					
ij	32	· · · · · · · · · · · · · · · · · · ·	etained earnings, endowment, accumulated income, or other funds							
ا پر	33	Total net assets or fund balances		Ì	4,424,566	32	6,184,296			
ž	34	Total liabilities and net assets/fund balances		Ì	7,875,250		8,154,657			

Form 990 (2009) FORT WAYNE ZOOLOGICAL SOCIETY, INC. 35-6068234		Pa	ge <b>12</b>
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in			
Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
the state of the s			
	2c	Х	
the audit, review, or compilation of its financial statements and selection of an independent accountant?		4.	
If the organization changed either its oversight process or selection process during the tax year, explain in			ĺ
Schedule O			ĺ
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ĺ
issued on a consolidated basis, separate basis, or both.			ĺ
Separate basis Consolidated basis Both consolidated and separate basis			İ
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		!	ł
the Single Audit Act and OMB Circular A-133?	3a		L
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

Form **990** (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FORT WAYNE ZOOLOGICAL SOCIETY, INC.

Employer identification number 35-6068234

P	art l	Reas	on for Public Charity	Status (All organization	s must o	complet	te this	part.)	See ir	nstruc	tions.			
The	orga	nization is not	a private foundation because	se it is (For lines 1 through 11,	check onl	y one box	:)	_		-				
1		A church, co	nvention of churches, or ass	sociation of churches described	ın sectio	170(b)(ʻ	I)(A)(i).							
2	П	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E)										
3	П	A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(	iii).							
4	$\sqcap$	A medical re	search organization operate	d in conjunction with a hospital	described	ın sectio	n 170(b	)(1)(A)(i	ii). Ente	er the h	ospital's n	ame.		
	_	city, and state					•							
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a q	overnme	ental uni	t descri	bed in				
		-	b)(1)(A)(iv). (Complete Part	•	•	, ,								
6		•		overnmental unit described in s	section 17	'0(b)(1)(A	)(v).							
7	X		-	substantial part of its support fi				from the	genera	مالطييم او	:			
•	ئت	=	section 170(b)(1)(A)(vi). (Co		···· = 3···				· 90	pas				
8			, ,, ,, , ,	170(b)(1)(A)(vi). (Complete Par	t II )									
9	H	-		1) more than 33 1/3 % of its su	•	contribut	ions me	mbersh	un fees	and or	oss			
Ū	ш	=		npt functions—subject to certai					-	_				
		•		nd unrelated business taxable i	•		•							
		• •	~	0, 1975 See section 509(a)(2)	-			,	/u3ii103	303				
10	$\Box$		•	exclusively to test for public saf			•							
11	H	_	=	exclusively for the benefit of, to					out the	<b>.</b>				
•		-	- ·	ed organizations described in s							1			
		•		he type of supporting organizat										
		a Type	F1	c Type III–Function			d	_	e III–Ot	her				
е	$\Box$			janization is not controlled direc										
•	ш			and other than one or more pu	-				-		1			
			section 509(a)(2)			•								
f		,	, ,, ,	ermination from the IRS that it is	s a Type I,	Type II, o	or Type	III suppo	orting					
•		•	check this box		••		7.	• • •	•					$\Box$
g		-		tion accepted any gift or contrib	oution from	any of th	ne							
9		following per		, ,		•								
		•		ontrols, either alone or together	with perso	ons descr	ıbed ın (	n)				[	Yes	No
		• • •	•	f the supported organization?			•	. •			11	1g(i)		
			member of a person describ	.,								1g(ii)		
		• • •	•	described in (i) or (ii) above?								1g(iii)		
h		• •	• •	he supported organization(s)							_	<u> </u>		
	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	s the	(vii	) Amo	unt of	
• • •		anization	, ,	(described on lines 1-9		sted in your		nization in	organizat	on in col zed in the		suppo	ort	
				above or IRC section (see instructions))	governing	document?		of your port?		S ?				
				(See instructions))	Yes	No	Yes	No	Yes	No	_			
											1			
					<u> </u>									
					1	1								
		·			ļ						<u> </u>			
								]						
					<del> </del>									
		·												
		<del></del> .	- '''		1		-							
			F	t '				1	1 :	: 4				

Schedule A (Form 990 or 990-EZ) 2009 FOF	RT WAYNE Z	OOLOGICAL	SOCIETY,	INC. 35-	-6068234	Page 2
Part II Support Schedule for O	rganizations De	escribed in Se	ctions 170(b)(	1)(A)(iv) and 1	170(b)(1)(A)(vi)	)
(Complete only if you che	ecked the box o	n line 5, 7, or	8 of Part I.)			
Section A. Public Support	<del>,                                      </del>					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,103,035	6,814,140	3,783,628	3,085,335	2,794,680	18,580,818
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,103,035	6,814,140	3,783,628	3,085,335	2,794,680	18,580,818
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,577,198
_6 Public support. Subtract line 5 from line 4					-	16,003,620
Section B. Total Support	11/ 1-4-1 111- <u> </u>	<u> </u>	<u> </u>		—	207000702
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,103,035	6,814,140	3,783,628	3,085,335	2,794,680	18,580,818
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	82,627	115,726	187,464	139,992	87,700	613,509
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	216,147	27,538	_ 22,320	86,988	11,909	364,902
11 Total support. Add lines 7 through 10						19,559,229
12 Gross receipts from related activities, etc	(see instructions)				12	14,342,309
13 First five years. If the Form 990 is for the	organization's first, s	second, third, fourt	h, or fifth tax year	as a section 501(c	:)(3)	
organization, check this box and stop here					·	<b>•</b>
Section C. Computation of Public Su	pport Percenta	ge				
Public support percentage for 2009 (line 6)	, ,	•	<b>(f)</b> )		14	81.82%
15 Public support percentage from 2008 Sche						84.57 <b>%</b>
<ul> <li>33 1/3 % support test—2009. If the organ and stop here. The organization qualifies and 33 1/3 % support test—2008. If the organ</li> </ul>	as a publicly suppor	ted organization		·		<b>▶</b> [X
box and stop here. The organization qualif					-,	▶ [
17a 10%-facts-and-circumstances test—200		_		or 16b, and line 1	4 is 10% or	_

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990-EZ) 2009 FORT WAYNE ZOOLOGICAL SOCIETY, INC. 35-6068234

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box	on line 9 of Pa	art I.)			
	tion A. Public Support		<del>,</del>		,	T :	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					<del> </del>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received	·					
	from other than disqualified persons that		1		1		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				<del> </del>		<del> </del>
C	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				1 1 2000		(D. Tatal
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	<del></del>			<del> </del>		<del> </del>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)					_	
14	First five years. If the Form 990 is for the organization, check this box and stop here		t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	▶ [
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2009 (line 8			nn (f))		15	%
16	Public support percentage from 2008 Sch					16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2009 (I			3, column (f))		17	%
18	Investment income percentage from 2008				-	18	%
19a	33 1/3 % support tests—2009. If the orga	inization did not cl	heck the box on lin	e 14, and line 15 i	s more than 33 1/3	3 %, and line	
-	17 is not more than 33 1/3 %, check this t	oox and stop here	. The organization	qualifies as a pub	licly supported org	anızatıon	▶ _
b	33 1/3 % support tests—2008. If the orga	inization did not ch	heck a box on line	14 or line 19a, and	d line 16 is more th	nan 33 1/3 %, and	_
	line 18 is not more than 33 1/3 %, check t	his box and stop i	here. The organiza	ition qualifies as a	publicly supported	l organization	<b>&gt;</b>
20	Private foundation. If the organization did	I not check a box	on line 14, 19a, or	19b, check this be	ox and see instruct	ions	<u></u>

Schedule A (Form 990 or 990-EZ) 2009 FORT WAYNE ZOOLOGICAL SOCIETY, INC. 35-6068234

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME

364,902

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

Name of the organization Employer identification number FORT WAYNE ZOOLOGICAL SOCIETY, INC. 35-6068234 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		E ZOOLOGICAL							Page 2
~	art III Organizations Maintaining						sets (	continue	<u>d)</u>
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, chec	k any of the followir	ng that a	re a signific	ant use of its			
а	Public exhibition	d Loan o	r exchange progran	ns					
b	Scholarly research	e Other							
С	Preservation for future generations						_		
4	Provide a description of the organization's coll Part XIV	ections and explain how th	ney further the orga	ınızatıon'	s exempt pu	urpose in			
5	During the year, did the organization solicit or	receive donations of art, h	istorical treasures,	or other	sımılar			<b>—</b> .	
-	assets to be sold to raise funds rather than to					40.7 - 11.4 - F		Yes	No
<b>۳</b> ۳	Escrow and Custodial Arra  IV, line 9, or reported an am		_	ation a	nswerea	"Yes" to Fe	orm 99	90, Part	
1a	Is the organization an agent, trustee, custodial	or other intermediary for	contributions or oth	ner asset	s not				
	included on Form 990, Part X?	•						Yes	□ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	table						
-		complete the lengthing	102.0					Amount	
_	Beginning balance					1c			
	Additions during the year					<del> </del>	<del></del>		
	•					1d			<del></del>
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on For	m 990, Part X, line 21?						Yes	No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Comple		swered "Yes" t	o Forn	1 990, Pa				
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three year	s back	(e) Four yea	rs back
1a	Beginning of year balance	2,264,624	1,992,245						
b	Contributions	519,732	1,011,170						
С	Net investment earnings, gains,								
	and losses	360,107	-645,347			•			
d	Grants or scholarships								
	Other expenditures for facilities							•••••	
_	and programs	106,849	93,444				- 1		
•	Administrative expenses	200,019							<del></del>
	•	3,037,614	2,264,624			***************************************			
	End of year balance	<del></del>	2,204,024			<del></del>			
2	Provide the estimated percentage of the year e								
	Board designated or quasi-endowment	<u>4</u> 5 <u>.</u> 8 <u>7</u> %							
	Permanent endowment ► _ 52.05 %								
	Term endowment ▶2 <u>.08</u> %								
3a	Are there endowment funds not in the possess	ion of the organization tha	t are held and adm	inistered	for the				<del></del>
	organization by							Ye	
	(i) unrelated organizations							3a(i) X	
	(ii) related organizations							3a(ii)	<u> </u>
b	If "Yes" to 3a(II), are the related organizations I	isted as required on Schei	dule R?					3b	
4	Describe in Part XIV the intended uses of the o	rganization's endowment	funds					_	
Pa	rt VI Investments—Land, Buildir	gs, and Equipment	See Form 990	0, Part	X, line 10	).			
	Description of investment	(a) Cost or other basis	(b) Cost or oth			umulated	(	d) Book valu	6
		(investment)	basis (other)		depre	eciation			
1a	Land		400.	,000				400	,000
	Buildings			, 670		211,525			, 145
	Leasehold improvements			<u> </u>			<del>                                     </del>		
	Equipment		92	, 526		63,548	<del>                                     </del>	28	, 978
	Other	<del></del>		, , , ,		00,050	<del> </del>		<u>ں ، ر</u>
	. Add lines 1a through 1e (Column (d) must equ	ial Form 990 Part Y. colu	mn (B) line 10(c) \			<u> </u>		631	,123
	moo ra amough to toolullin tay must equ	zani onin ooo, i art A, colu	····· ( <del>=), iiie 10(e) )</del>					<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>

Schedule D (Form 990) 2009 FORT WAYNE ZOOLOGICAL	SOCIETY, INC.	35-6068234	Page 3
Part VII Investments—Other Securities. See Form 99  (a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)	(b) book value	Cost or end-of-year	
Financial derivatives			
Closely-held equity interests		· · · · · · · · · · · · · · · · · · ·	······································
Other			
		-	
		<del></del>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	90, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-yea	r market value
	<del>                                     </del>		
	<del>                                       </del>	·	
	<del> </del>		
	<del>                                     </del>		<u></u>
	<del>                                     </del>		
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<del>                                     </del>		······································
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.	<u> </u>		
(a) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
		······································	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)			
Part X Other Liabilities. See Form 990, Part X, line 2			
1 (a) Description of liability	(b) Amount		
Federal income taxes	1 000 000		
LINE OF CREDIT-AFRICAN JOURNEY	1,000,000		
	<del>                                     </del>		
	<del>                                      </del>		
	<del>   </del>		
	<del> </del>		
	<del>                                       </del>		
	·		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

1,000,000

	dule D (Form 990) 2009 FORT WAYNE ZOOLOGICAL SOCIETY,  Int XI Reconciliation of Change in Net Assets from Form 990 to				Page 4
		Augi	teu Filialiciai Statell		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	7,345,802
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	5,991,581
3	Excess or (deficit) for the year Subtract line 2 from line 1			3_	1,354,221
4	Net unrealized gains (losses) on investments			4	405,509
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	<u>405,509</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	1,759,730
_Pe	at XII Reconciliation of Revenue per Audited Financial Statemen	ts V	/ith Revenue per Re	<u>turn</u>	
1	Total revenue, gains, and other support per audited financial statements			1	7,732,221
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	405,509		
b	Donated services and use of facilities	2b_			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV )	2d			
е	Add lines 2a through 2d			2e	405,509
3	Subtract line 2e from line 1			3	7,326,712
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,090		
b	Other (Describe in Part XIV )	4b			
_	Add lines 4a and 4b	<u></u>	<u> </u>	4c	19,090
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	7,345,802
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts \	Nith Expenses per F		n
_ <u>;                                    </u>	Total expenses and losses per audited financial statements		, , , , , , , , , , , , , , , , , , ,	1	5,972,491
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
C		2d		1	
	Other (Describe in Part XIV )	Zu	<del></del>	3-	
_	Add lines 2a through 2d			2e 3	5,972,491
3	Subtract line 2e from line 1			-	3,972,491
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		10 000		
	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>	19,090		
	Other (Describe in Part XIV )	4b_			10 000
	Add lines 4a and 4b		}	4c	19,090
~	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	ш.	<u></u>	5	5,991,581
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line				
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line	s 2d	and 4b Also complete		
	art to provide any additional information				
_ P <u>/</u>	<u> ART V, LINE 4 - INTENDED USES FOR ENDOWMENT</u>	_F <u>U</u>	N <u>D</u> S		
т	HE PURPOSE OF THE ENDOWMENT FUNDS SHALL BE ]	ro	MANAGE GIFTS.	BE	OUESTS AND
_C <u>c</u>	<u> </u>	<u> log</u>	I <u>CAL SOCIETY</u> .	<u> </u>	<u>DESIGNATED</u>
_ F	OR THE FUND. THE FORT WAYNE ZOOLOGICAL SOCIE	<u>TY</u>	SHALL HOLD A	ND_	INVEST THE _
Α:	SSETS AS A RESOURCE AVAILABLE TO ACHIEVE THE	T 3	OLLOWING:		
			_		
_1_	<u>TO_ADMINISTER_FUNDS_COMMITTED_TO_THE_FOR</u> T_	_W <u>A</u>	YNE_ZOOLOGI <u>C</u> A	<u>L</u> <u>S</u>	OCIETY FOR _
_S	PECIFIC DONOR RESTRICTED PURPOSES.				

Sched											<u> </u>	AL_	<u>500</u>	<u>, 1 E</u>	TY,	_ <u></u>	VC.	<u> 35</u>	<u>-60</u>	682	34				Page	Ć
Par	XIV	Su	pplei	menta	al inf	orm	<u>ation</u>	(co	ntinu	ed)																_
_2 <u>)</u>	<u>T</u> O_	<u>PR</u> 0	ΣVΙΓ	E_ A	<u>N</u> _C	N <u>G</u> G	<u>D</u> INO	G_S	<u>O</u> UŖ	<u>CE</u>	<u>o</u> f	_FU	<u>_</u> ND	I <u>N</u> G	_F <u>C</u>	<u>)</u> R_'	T <u>H</u> E	_M <u>A</u>	I <u>N</u> I	EN <u>A</u>	N <u>C</u> I	E_ A_	ND_	SUPI	PORT_	
_0 <u>F</u>	PRO	<u>JJE</u> (	CTS_	AS _	DET	E <u>R</u> i	MINI	Ξ <u>D</u>	<u>B</u> Y _	<u>тн</u>	Ξ_B	<u>O</u> AF	<u>ND_</u> (	Ο <u>F</u>	<u>D</u> I <u>F</u>	<u> </u>	Т <u>О</u> F	₹ <u>s</u>	_		_					
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**Total** 

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate Instructions.

OMB No 1545-0047
2009
Open To Public

Internal Revenue Service See separate Instructions. Inspection Name of the organization Employer identification number FORT WAYNE ZOOLOGICAL SOCIETY, INC. 35-6068234 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) (or retained by) from activity (or retained by) custody or fundraiser listed in organization control of contributions' col (i) Yes No

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

11111	arț l		vents. Com	plete if the org	aniz	OLOGICAL SO ation answered " List events with	Yes" to	Form	990, Part	IV, li	ne 18, c	r re		age ed
a)			<u>FUNDRA</u> ]	vent #1  ISING ACT  nt type)	_	(b) Event #2 (event type)		NONE	Other events  Cotal number)		l ' '	otale col (a)	) throu	gh
Revenue	1	Gross receipts		239,006								_23	39,0	006
	2	Less: Charitable contributions	<del></del> -	141,088	ļ							14	11,0	380
	3	Gross revenue (line 1 minus line 2)		97,918	_		_					9	7,9	918
	4	Cash prizes		· · · · · · · · · · · · · · · · · · ·	_		_		<del></del>					
	5	Noncash prizes							<u> </u>					
nses	6	Rent/facility costs		<del></del>	ļ	<del></del>				_				
Direct Expenses	7	Food and beverages			_						<u>.</u>			
Ore	8	Entertainment					_	.—			<u> </u>			
	9	Other direct expenses	<u> </u>	56,440								<u>5</u>	6,4	1 4 C
	10 11	Direct expense summary  Net income summary  C	ombine line 3, c	olumn (d), and line	10					<b>&gt;</b>	<u></u>	4	1,4	140 178
P 	art i	II Gaming. Com than \$15,000			swe	red "Yes" to Form	1 990, I	art IV	, line 19, 0 	or rep	orted m	ore		
Revenue			(a)	Bingo ——————		(b) Pull tabs/instant bingo/progressive bingo	-	(c)	Other gaming	_	(d) Tota col (a) t	-		
<u>~</u> _	1	Gross revenue	<del> </del>								<del></del>			
ses	2	Cash prizes	<del></del>	<del> </del>										
Direct Expenses	3	Noncash prizes				· · · · · · · · · · · · · · · · · · ·		_		-				
Direc	4	Rent/facility costs			_									
	5	Other direct expenses	Yes	%		Yes	%	Yes		%				
	6	Volunteer labor	No			No		No						
	7	Direct expense summary	y Add lines 2 thi	rough 5 in column	(d)					•	<u> </u>	—		
	8_	Net gaming income sum	mary Combine	line 1, column d, a	nd li	ne 7	<del></del>	<del></del>	<del></del> -	<b>•</b>		Т	Yes	No
9 a b	is t	ter the state(s) in which the he organization licensed to No," Explain	-									Эа		
_	••	,												
10a b		ere any of the organization Yes," Explain:	n's gaming licens	ses revoked, susp	ende	d or terminated during	the tax y	ear?			1	0a		
11	Do	es the organization opera	te gaming activit	ties with nonmemb	ers?							11		
12		he organization a grantor,	·	rustee of a trust or	a me	ember of a partnership	or other	entity						

Sche	dule G (Form 990 or 990-EZ) 2009 FORT WAYNE ZOOLOGICAL SOCIETY, IN	C. 35-60682	34_		age <b>3</b>
13 a	Indicate the percentage of gaming activity operated in The organization's facility	<u> </u>	%	Yes	No
ь 14	An outside facility  Provide the name and address of the person who prepares the organization's gaming/special events books and records	[13b]	%		
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party	and the			
	Name ►				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to				
b	retain the state gaming license? Enter the amount of distributions required under state law distributed to other exempt organizations or spent		17a		
	in the organization's own exempt activities during the tax year ▶ \$	Sahadula G (Form	000 or 9	00 EZ	2009

00000	SCHEDULE	(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

1545-0047	60
OMB No	20
	l

INC.

FORT WAYNE ZOOLOGICAL SOCIETY,

Open to Public Inspection Employer identification number 35-6068234 ▶ Attach to Form 990.

Part	General Information on Grants and Assistance	Assistance							١
1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	e amount of the gr	rants or ass	stance, the grantees'	eligibility for the grants	or assistance, and		X Yes	_
Part II	Describe in Part IV the organization's procedures for monitoring the use or grant funds in the Online States of Brants and Other Assistance to Governments and Organizations in the U	vernments an	d Organi	Organizations in the United States. Complete if the organization answered "Yes" to	ited States. Com	plete if the org	anization ansv	vered "Yes" to	1
	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	cipient that re- if additional s	ceived m pace is n	ore than \$5,000. leeded	Check this box if	no one recipiei	nt received mo	ore than \$5,000. Use ▶ [	
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ı
									1
									1
									I
						_			ı
2 Ente	Enter total number of section 501(c)(3) and government organizations	organizations						<b>A A</b>	1

Schedule I (Form 990) 2009

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 35-6068234 I se Part IV and Schedule I-1 (Form 990) if additional snace is needed INC. Schedule I (Form 990) 2009 FORT WAYNE ZOOLOGICAL SOCIETY Part III Grants and Other Assistance to Individuals in the Individuals

	Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if additio	nai space is needed.			
<u> </u>	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
' '		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
SCHOLA	SCHOLARSHIP FOR VET STUDE	8	9,000			
SCHOLA	SCHOLARSHIP FOR INTERNS	2	009			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informatic	on required in Part I,	line 2, and any other additi	onal information.

- ADDITIONAL INFORMATION PART IV THE LAWRENCE A. ACKERMAN SCHOLARSHIP IS AWARDED TO A HIGH SCHOOL SENIOR WHO AWARDED BY A COMMITTEE WITH THE ONE TIME AMOUNT OF \$2,000 PER STUDENT SENT THE COMMITTEE MONITORS THE PROGRAM ALONG WITH THE EDUCATION DEPARTMENT OF IS PURSUING A CAREER IN THE STEWARDSHIP OF ANIMALS. THE SCHOLARSHIPS ARE DIRECTLY TO THE APPLICABLE COLLEGE OR UNIVERSITY FOR TUITION ASSISTANCE. THE SOCIETY

THE CHESTER AND DORIS SCHMIDT SCHOLARSHIP PROGRAM IS ADMINISTERED BY THE A YEAR GRANTED ONCE THE SOCIETY. THE AWARD IS EXECUTIVE DIRECTOR OF Schedule I (Form 990) 2009

3820000

Schedule I (Form 990) 2009 FORT WAYNE ZOOLOGICAL SOCIETY, INC. 35–6068234

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

	OSE FAIL IV AIR SCHOOLING IT (1 SHILL SSS) II AGGING SPACE IS 11 SS	יו ספס וווס ו	יייייייייייייייייייייייייייייייייייייי			
(a	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book,   (f) Description of non-cash assistance
•		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	provide the information	on required in Part I,	line 2, and any other additi	onal information.

200 INTERN IN NOVEMBER OR DECEMBER. THE AMOUNT OF THE AWARD RANGES FROM

\$300 TO \$500.

Schedule I (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, OMB No 1545-0047

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. See separate instructions. Department of the Treasury Internal Revenue Service Open To Public Inspection Name of the organization **Employer identification number** FORT WAYNE ZOOLOGICAL SOCIETY, INC. 35-6068234

Part I	Excess Benefit Transactions (sector Complete of the organization answered "Yes"								line 4	)b				
1	(a) Name of disqualified person						(b) Description	on of transaction				(c)	Correc	ted?
<u> </u>					<u> </u>	<del></del> .	(2) 2000					Yes	;   1	No
			-		1							<del>                                     </del>	-	
					<del> </del> -			·					+	
					+								╁	
												<del>                                     </del>	╅	
<del></del>				_		· · · · · · · · · · · · · · · · · · ·								
under se	amount of tax imposed on the organization motion 4958	_				ons during	the year		<b>▶</b> \$					
	amount of tax, if any, on line 2, above, reimb			organiza	tion				<b>&gt;</b> \$					
Part II	Loans to and/or From Interested I Complete if the organization answered "Yes"			), Part IV	', line 2	6, or Forn	n 990-EZ, Pa	art V, line 38a						
(a)	Name of interested person and purpose	or fro	oan to m the zation?		c) Ongin cipal am		(d) Bai	ance due	(e) in a	default?	by bo	proved ard or uttee?	(g) W agree	Intten ment?
		To	From						Yes	No	Yes	No	Yes	No
	<del></del>													
		<u> </u>	$\sqcup \downarrow$				<b> </b>		<u> </u>		<u> </u>			ļ
									1					
		-	<b> </b>				<u> </u>					<u> </u>		
<u> </u>						<u> </u>								
		+-	$\vdash$		-	<del></del> _						-		
							<u> </u>				<u> </u>	L		<u> </u>
otal						<u>▶</u> \$	<u> </u>	·	<u> </u>		<u> </u>			
Part III	Grants or Assistance Benefitting Complete if the organization answered "Yes"					7								
		on Foi	1111 990					amen and the	(0)					
	(a) Name of interested person			(6)	(b) Relationship between interested person and the organization (c) Amount and type of assista								ance	
									├──			_		
					-									
Part IV	Business Transactions Involving Complete if the organization answered "Yes"					8a, 28b, c	or 28c	. <del>.</del>						
	(a) Name of interested person			nship betw person and			mount of saction	(d) Descr	iption o	of trans	saction	1	l of	hanng org nues?
		inter	•	nization		uan								No.
MARK HAGE	ERMAN- HAGERMAN CONSTRUCTIO	воа	RD N	<u>IEMBE</u> F	₹		115,709	CONSTRU	CT S	SERV	/ICE	S		Х
				_								_	<del> </del>	├—

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FORT WAYNE ZOOLOGICAL SOCIETY, INC.

Employer identification number 35–6068234

Pa	Irt I Types of Property		DECOTORED BOC	IBIT, INC.	_   33 000023			
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues	g		
1	Art—Works of art							
2	Art—Historical treasures						•	
3	Art—Fractional interests					_		
4	Books and publications							
5	Clothing and household							
	goods							_
6	Cars and other vehicles							
7	Boats and planes					_		
8	Intellectual property							
9	Securities—Publicly traded	X	_3	10,534	MARKET QUOTE @ GI	FT	DA'	<u>'E</u>
10	Securities—Closely held stock		<del></del>					
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
14	structures Qualified conservation		<del></del>		<del></del>			<del></del>
14	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							—
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶( IN-KIND CONTRIB)	Χ	75	42,585	COST OF DONATED E	PROF	PERT	<u>'Y</u>
26	Other ►( )		<del></del>					
27	Other ►(						_	
28	Other ►(						_	
29	Number of Forms 8283 received by	-	-					
	which the organization completed Fo	orm 8283, I	Part IV, Donee Acknowle	edgement	29		Vaa	NI-
00-	<b>5</b>		4 . b . 4	4	1 20 th-t	$\vdash\vdash$	Yes	No
30a	During the year, did the organization	-	• • • •					
	it must hold for at least three years f			on, and which is not require	ed to be	30a		Х
	used for exempt purposes for the en		j perioa?			Jua		
ь 31	If "Yes," describe the arrangement in Does the organization have a gift ac-		solow that requires the re	wew of any non standard				į
31	contributions?	ceptance p	oncy that requires the re	view or any non-standard		31	Х	: 
32a	Does the organization hire or use the	rd nadies i	or related organizations	to collect process or sell no	oncash			
7 <b>2</b> 0	contributions?	iu pailies i	or related organizations	to solicit, process, or sell th	0,,000,,	32a		Х
b	If "Yes," describe in Part II					<u> </u>		
33	If the organization did not report reve	enues in co	olumn (c) for a type of pr	operty for which column (a)	) is checked.			
	describe in Part II		(2, & 1, po oi pi		,			į

Schedule M (Form 990) 2009 FORT WAYNE ZOOLOGICAL SOCIETY, INC. 35-6068234

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b,

Page 2

32b, and 33. Also complete this part for any additional information.

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FORT WAYNE ZOOLOGICAL SOCIETY, INC.

Employer identification number 35-6068234

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS
GIFT SHOP, SPECIAL ACTIVITIES AND RIDES AND CONCESSIONS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS REVIEWED BY THE FINANCE COMMITTEE AND PRESENTED TO THE BOARD OF
DIRECTORS WITH A RECOMMENDATION FOR APPROVAL. ALL BOARD MEMBERS HAVE THE
OPPORTUNITY TO REVIEW THE 990 PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICTS OF INTEREST ARE DISCUSSED REGULARLY AT THE BOARD OF DIRECTORS

MEETINGS. A STATEMENT IS REQUESTED FROM EACH BOARD MEMBER ON AN ANNUAL

BASIS DISCLOSING ANY RELATIONSHIPS THAT THE MEMBER HAS WITH THE

ORGANIZATION. THOSE STATEMENTS ARE REVIEWED BY THE PRESIDENT OF THE BOARD

AND THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

A COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE

EXECUTIVE DIRECTOR, ON AN ANNUAL BASIS. THE COMMITTEE USES DATA PROVIDED BY

THE ASSOCIATION OF ZOOS & AQUARIUMS FROM OTHER ZOOS IN THE COUNTRY FOR

COMPARABILITY PURPOSES. THE COMMITTEE ALSO EVALUATES THE EXECUTIVE DIRECTOR

BASED ON THE GOALS AND OBJECTIVES ESTABLISHED AND THE OUTCOMES ACHIEVED.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE ANNUAL COMPENSATION FOR

THE OTHER TOP MANAGEMENT EMPLOYEES WITH INPUT FROM THE EXECUTIVE DIRECTOR.

Name of the organization

FORT WAYNE ZOOLOGICAL SOCIETY, INC.

Employer identification number 35-6068234

THE COMMITTEE USES DATA PROVIDED BY THE ASSOCIATION OF ZOOS & AQUARIUMS FROM OTHER ZOOS IN THE COUNTRY FOR COMPARABILITY PURPOSES. THE COMMITTEE ALSO EVALUATES THE EMPLOYEES BASED ON THE GOALS AND OBJECTIVES ESTABLISHED AND THE OUTCOMES ACHIEVED. AN ANNUAL BUDGET CONTAINING ALL COMPENSATION IS REVIEWED BY THE FINANCE COMMITTEE AND PRESENTED TO THE BOARD OF DIRECTORS WITH A RECOMMENDATION FOR APPROVAL. THE BOARD OF DIRECTORS APPROVES THE BUDGET PRIOR TO IMPLEMENTATION BY THE ORGANIZATION.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

AT THE PRESENT TIME THE ORGANIZATION'S 990 IS AVAILABLE ON OTHER'S

WEBSITES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AT THE PRESENT TIME THE ORGANIZATION HAS NOT MADE ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE

PUBLIC. THIS POLICY WILL BE REVIEWED IN 2010.

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

Attach to your tax return.

Nam	ne(s) shown on return FORT WAYNE ZOOLOGICAL SOCIETY,								g number ) 68234		
		AINE ZOOLO	JICAL SOCI	ETY	<u>, INC.</u>			35-	-606	08234	
	ness or activity to which this form relates	TON									
	NDIRECT_DEPRECIAT  art! Election To Exper		some Under Co.	-tion	470					<del></del>	
P	•						naleta Di	t I			
	Note: If you have a				<u>perore you</u>	u coi	ripiete Pa	art I.	T 4	250 000	
1	Maximum amount. See the instruc			sses					1	250,000	
2	Total cost of section 179 property		· · · · · · · · · · · · · · · · · · ·	4 4 .					2	000 000	
3	Threshold cost of section 179 pro	•			ons)				3	800,000	
4	Reduction in limitation Subtract li					!			4	<del>                                     </del>	
5_	Dollar limitation for tax year Subtract lir  (a) Description				(business use		T'	losted ess	5		
_6	(a) Description	n or property		(b) Cost	(business use	e Offity)	(6) =	lected cos		1	
							<del></del>			4	
<del>_</del> _	Listed assessed. Established assessed	from Imp. 20				-	<del>                                     </del>			1	
7	Listed property Enter the amount		ta (a) l.m		J 7	7	<del></del>		1 0		
8	Total elected cost of section 179 p Tentative deduction Enter the sm	• •	, , ,	es o and	o /				8	<del></del>	
9									9	<del> </del>	
10	Carryover of disallowed deduction	•		. 46		F /		- \	10	-	
11	Business income limitation. Enter				•	o (see	Instruction	s)	11		
12	Section 179 expense deduction A	•			ne ii	42	<del></del>		12		
13 Note	Carryover of disallowed deduction : Do not use Part II or Part III below			<u>-</u>		13	L			<u>[</u>	
	art II Special Depreciati	<del></del>		ciatio	on (Do no	t inc	luda lista	d prop	orty)	(See instr.)	
<u></u> 14	Special depreciation allowance for						iuue iiste	<u>a prop</u>	i		
14	during the tax year (see instruction		uner uran iisted prop	jeity) b	iaceu iii sen	VICE			14		
18	Property subject to section 168(f)(1) election										
	16 Other depreciation (including ACRS)								15 16	46,749	
	art III MACRS Depreciat		ide listed prope	orty ) (	See instr	uctio	ne \		10	40,143	
	maorto Depreciat	ion (bo not mon	Sectio		OCC moun	<u>uone</u>	113.7				
 17	MACRS deductions for assets pla	ced in service in tay	<del></del>		19				17		
18	If you are electing to group any assets p					count	chack here	▶ □	<del></del>		
<u>.,,</u>		Assets Placed in Se							vstem		
		(b) Month and year	(c) Basis for deprec	1	(d) Recovery		T				
	(a) Classification of property	placed in service	(business/investmer only-see instruction	ntuse	penod	(e) (	Convention	(f) Met	hod	(g) Depreciation deduction	
 19а	3-year property	SCITICS	City Goo mondone	,,,,,		_					
b	5-year property	1									
<del></del>	7-year property	1				_			_		
	10-year property	1									
	15-year property									<del></del>	
_ <u>-</u>	20-year property	1									
_ <u>-</u>	25-year property	1			25 yrs			S/L			
h					27 5 yrs		ММ	S/L			
	property				27.5 yrs		MM	S/L			
	Nonresidential real				39 yrs		MM	S/L			
	property		-				мм	S/L			
	Section C—As	sets Placed in Serv	ice During 2009 Ta	x Year	Using the A	Altern	ative Depre	ciation S	Syster	n	
 20a	Class life							S/L			
	12-year	1			12 yrs			S/L			
	40-year				40 yrs		ММ	S/L			
	irt IV Summary (See ins	tructions.)				_	<del></del>				
21	Listed property Enter amount from								21		
22	Total. Add amounts from line 12, i		ines 19 and 20 in co	olumn (e	g), and line 2	21 Er	iter here				
	and on the appropriate lines of you	_							22	46,749	
23	For assets shown above and place				ĺ						
	portion of the basis attributable to					23					

820000							
Forms 990 / 990-PF	Mor	tgages and Ot	her Notes Payable	2009			
	For calendar year 2009,	or tax year beginning	, and ending				
Name				Employer Identification Number			
FORT WAYNE ZO	OOLOGICAL SOCIE	ETY, INC.		35-6068234			
FORM 990, PAR	RT X, LINE 23 -	- ADDITIONAL	LINFORMATION				
	Name of lender		Relationship to d	squalified person			
	LAKE CITY BANK	<					
(2) (3)			<del> </del>				
(4)							
(5)							
(6)							
(7)		<u> </u>	<del>                                     </del>				
(8) (9)							
(10)							
Original amount borrowed		Maturity	Donoument to make	Interest			
(1) 459,0	Date of Ioan 00 09/14/07		Repayment terms ANNUAL PYMT OF 5	rate 1,000 4.000			
(2)							
(3)							
(4)							
(5)	<del>-   -  </del>	<del></del>	<del>                                     </del>	<del>-</del>			
(6) (7)		<del></del>					
(8)	<del> </del>	<del></del>					
9)							
(10)			<u></u>				
Se	ecurity provided by borrower		Purpose	of loan			
1) REAL ESTATE				STREET PROPERTY			
(2)							
(3)		<del></del>					
(4) (5)			<del> </del>				
6)				<del></del>			
7)							
8)							
(9) (10)							
Conside	ration furnished by lender		Balance due at Balance due beginning of year end of year				
(1)			426,360	392,414			
2)			<del> </del>				
3) 4)			<u> </u>				
5)							
6)							
7)	_ <del></del>	<u> </u>		<del> </del>			
8) (9)			<del> </del>	<del> </del>			
10)							
Totals			426,360	392,414			

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

**FILE COPY** 

Department of the Treasury

File a separate application for each return.

internal Revenue	Service			
<ul> <li>If you are f</li> </ul>	iling for an Automatic 3-Month Extension, complete only Part I and check this box		<b>•</b>	X
<ul><li>If you are f</li></ul>	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form	).		_
	ste Part II unless you have already been granted an automatic 3-month extension on a previously filed Fo		3	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
	equired to file Form 990-T and requesting an automatic 6-month extension—check this box and complete			
Part I only			· · · · · · · ·	Ш
	rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exte ome tax returns.	ension o	f	
Electronic Fili	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of t	ime to f	īle	
	ms noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8			
electronically if	(1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870	), grou	0	
	imposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Page 2)			
	e details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonpro			
Type or			er identification number	
print	Traine of Exempt organization			
File by the	FORT WAYNE ZOOLOGICAL SOCIETY, INC.	35-6	068234	
due date for	Number, street, and room or suite no. If a P.O box, see instructions.	<u>,                                    </u>	000231	—
filing your	3411 SHERMAN BLVD.			
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions.			
inisaucuoris.	FORT WAYNE IN 46808			
Check type of	return to be filed (file a separate application for each return)			
X Form 99			Form 4720	
Form 99	,		Form 5227	
Form 99			Form 6069	
<b>-</b>	, in the second		Form 8870	
Form 99	J-PF FOIII 1041-A		C Form 6670	
Telephone If the organ If this is for for the whole go a list with the r  1 I request until Offer the organization	roup, check this box  If it is for part of the group, check this box  ames and EINs of all members the extension will cover.  an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time  8/15/10, to file the exempt organization return for the organization named above. The extension is reganization's return for:  calendar year 2009 or			_
▶ 📙 !	ax year beginning , and ending			
2 If this tax	c year is for less than 12 months, check reason: Initial return Final return Change in	accoun	ting period	
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	Ţ	<u></u>	
-	nonrefundable credits See instructions.	3a	\$	
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax			
•	s made. Include any prior year overpayment allowed as a credit.	3b	\$	
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			
	. See instructions.	3c	s	
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879		<u></u>	
	ct and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev 4-2	2009)