

Form 990

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning APR 1, 2007 and ending MAR 31, 2008

B Check if applicable: C Name of organization LINCOLN PARK ZOOLOGICAL SOCIETY D Employer identification number 36-2512404 E Telephone number 312-742-2000

G Website: LPZOO.ORG H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

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

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 77,596,280. M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>96,000</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	96,000.	96,000.	STATEMENT 6	STATEMENT 7
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	543,057.	434,446.	108,611.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	8,469,880.	6,661,671.	1,079,039.	729,170.
27 Pension plan contributions not included on lines 25a, b, and c	331,606.	260,785.	42,099.	28,722.
28 Employee benefits not included on lines 25a - 27	747,078.	580,022.	111,588.	55,468.
29 Payroll taxes	685,556.	539,142.	87,034.	59,380.
30 Professional fundraising fees				
31 Accounting fees	32,615.	23,809.	8,806.	
32 Legal fees	28,241.	20,616.	7,625.	
33 Supplies	703,742.	655,404.	17,290.	31,048.
34 Telephone	42,952.	14,656.	25,395.	2,901.
35 Postage and shipping	243,008.	187,099.	4,732.	51,177.
36 Occupancy	831,338.	829,675.	1,663.	
37 Equipment rental and maintenance	804,375.	696,635.	64,741.	42,999.
38 Printing and publications	449,879.	341,345.	8,086.	100,448.
39 Travel	15,818.	11,733.	1,449.	2,636.
40 Conferences, conventions, and meetings	465,678.	273,114.	45,076.	147,488.
41 Interest	1,449,412.	1,315,342.	134,070.	
42 Depreciation, depletion, etc. (attach schedule)	166,485.	152,541.	13,194.	750.
43 Other expenses not covered above (itemize):				
a PROFESSIONAL FEES	4,992,886.	4,503,348.	290,568.	198,970.
b INSURANCE	257,945.	154,581.	53,492.	49,872.
c ZOO IMPROVEMENTS	1,959,490.	1,932,224.	2,535.	24,731.
d OTHER EXPENSES	338,999.	45,234.	267,664.	26,101.
e ANIMAL CARE	340,065.	340,065.		
f SUBSCRIPTION AND DUES	103,596.	47,107.	39,269.	17,220.
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	24,099,701.	20,116,594.	2,414,026.	1,569,081.

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

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

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 8		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a BUILDINGS AND GROUNDS		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		7,454,602.
b ANIMAL COLLECTION AND CONSERVATION		
(Grants and allocations \$ 96,000.) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>		7,221,745.
c VISITOR SERVICES		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		2,525,908.
d PUBLIC EDUCATION		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		2,249,245.
e Other program services (attach schedule) SEE STATEMENT 9		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		665,094.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►		20,116,594.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	815,467.	45	823,614.
	46 Savings and temporary cash investments	27,332,738.	46	19,684,812.
	47 a Accounts receivable	47a 429,279.		
	b Less: allowance for doubtful accounts	47b	586,834.	47c 429,279.
	48 a Pledges receivable	48a 13,042,850.		
	b Less: allowance for doubtful accounts	48b	15,243,409.	48c 13,042,850.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		408,401.	52 417,556.
	53 Prepaid expenses and deferred charges		536,576.	53 190,282.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		42,152,198.	54a 49,823,328.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
	55 a Investments - land, buildings, and equipment: basis STMT 10	55a		
	b Less: accumulated depreciation	55b		55c
	56 Investments - other			56
	57 a Land, buildings, and equipment: basis	57a 1,956,371.		
b Less: accumulated depreciation STMT 12	57b 1,274,360.	805,997.	57c 682,011.	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)			58	
59 Total assets (must equal line 74). Add lines 45 through 58		87,881,620.	59 85,093,732.	
Liabilities	60 Accounts payable and accrued expenses	3,580,515.	60	3,123,626.
	61 Grants payable		61	
	62 Deferred revenue	83,111.	62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities STMT 13		40,000,000.	64a 40,000,000.
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> DEPOSITS)		0.	65 211,737.
66 Total liabilities. Add lines 60 through 65		43,663,626.	66 43,335,363.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	9,118,059.	67	7,304,061.
	68 Temporarily restricted	8,453,282.	68	7,485,794.
	69 Permanently restricted	26,646,653.	69	26,968,514.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		44,217,994.	73 41,758,369.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		87,881,620.	74 85,093,732.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84a	N/A		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85a	N/A		
85b	N/A		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities		
86a	N/A		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87a	N/A		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0. b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89a			
89b			X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
89g			
90 a	List the states with which a copy of this return is filed IL		
90 b	Number of employees employed in the pay period that includes March 12, 2007		207
91 a	The books are in care of TROY D. BARESEL Telephone no. 312-742-2095 Located at 2001 N. CLARK STREET, CHICAGO, IL ZIP + 4 60614		
91a			
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
91b			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 17				3,894,247.	1,166,184.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					278,375.
94 Membership dues and assessments					1,155,212.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	3,382,436.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	500,617.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	3,741,602.	
101 Net income or (loss) from special events			01	425,645.	
102 Gross profit or (loss) from sales of inventory	453220	121,812.	03	351,079.	
103 Other revenue:					
a MISC. REVENUE			01	176.	
b PADDLEBOAT RENTAL	900002	76,901.			
c LIQUOR SALES - NET OF					
d COGS	453000	504,039.			
e					
104 Subtotal (add columns (B), (D), and (E))		702,752.		12,295,802.	2,599,771.
105 Total (add line 104, columns (B), (D), and (E))					15,598,325.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 18

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

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

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

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

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

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

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

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here	<div style="display: flex; justify-content: space-between;"> Signature of officer Date </div>								
	<div style="display: flex; justify-content: space-between;"> TROY D. BARESEL, CHIEF FINANCIAL OFFICER </div>								
	<div style="display: flex; justify-content: space-between;"> Type or print name and title </div>								
Paid Preparer's Use Only	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Preparer's signature</td> <td style="width: 10%; border-bottom: 1px solid black;">Date</td> <td style="width: 15%; border-bottom: 1px solid black;">Check if self-employed <input type="checkbox"/></td> <td style="width: 35%; border-bottom: 1px solid black;">Preparer's SSN or PTIN (See Gen. Inst. X)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Firm's name (or yours if self-employed), address, and ZIP + 4</td> <td colspan="2" style="border-bottom: 1px solid black;">EIN</td> <td style="border-bottom: 1px solid black;">Phone no.</td> </tr> </table>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)						
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">BLACKMAN KALLICK, LLP</td> <td style="width: 40%;"></td> </tr> <tr> <td>10 S. RIVERSIDE PLAZA, 9TH FLOOR</td> <td></td> </tr> <tr> <td>CHICAGO, ILLINOIS 60606</td> <td>(312) 207-1040</td> </tr> </table>	BLACKMAN KALLICK, LLP		10 S. RIVERSIDE PLAZA, 9TH FLOOR		CHICAGO, ILLINOIS 60606	(312) 207-1040		
BLACKMAN KALLICK, LLP									
10 S. RIVERSIDE PLAZA, 9TH FLOOR									
CHICAGO, ILLINOIS 60606	(312) 207-1040								

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization LINCOLN PARK ZOOLOGICAL SOCIETY	Employer identification number 36 2512404
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>NEAL DAVID</u> 2101 N. CLARK ST., CHICAGO, IL 60614	VICE PRESIDENT 40.00	137,917.	8,275.	
<u>CHRISTINE ZRINSKY</u> 2101 N. CLARK ST., CHICAGO, IL 60614	VP DEVELOPMENT 40.00	116,700.	8,172.	
<u>STEVE THOMPSON</u> 2101 N. CLARK ST., CHICAGO, IL 60614	VP CONSERVATION 40.00	110,134.	7,286.	
<u>ROBYN BARBIERS</u> 2101 N. CLARK ST., CHICAGO, IL 60614	VP COLLECTIONS 40.00	106,089.	6,565.	
<u>ELIZABETH GILLETTE</u> 2101 N. CLARK ST., CHICAGO, IL 60614	DIR PLANNED GIVING 40.00	100,786.	5,956.	
Total number of other employees paid over \$50,000 ▶	43			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>SHAW ENVIRONMENTAL</u> 39001 TREASURY CENTER, CHICAGO, IL 60694	DESIGN AND ARCHITECTURE	241,823.

Total number of others receiving over \$50,000 for professional services ▶	0	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>JOHNSON CONTROLS</u> PO BOX 905240, CHARLOTTE, NC 28290-5240	FACILITIES MANAGEMENT	3384312.
<u>THE BRICKMAN GROUP, LTD</u> PO BOX 71358, CHICAGO, IL 60694	LANDSCAPE SERVICES	1134054.
<u>WE-CLEAN, INC.</u> 7545 WEST 99TH STREET, BRIDGEVIEW, IL 60455	JANITORIAL SERVICES	560,961.
<u>SCHULTZ & WILLIAMS, INC.</u> 325 CHESTNUT ST., STE 700, PHILADELPHIA, PA 19106	MAIL HOUSE	382,142.
<u>LAKE COUNTY PRESS, INC.</u> PO BOX 9209, WAUKEGAN, IL 60079	MAIL HOUSE	376,578.
Total number of other contractors receiving over \$50,000 for other services ▶	6	

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ <u>112,614.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 19	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

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

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

Provide the following information about the supported organizations. (See page 8 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	24,394,973.	27,679,644.	42,098,269.	20,533,381.	114,706,267.
16 Membership fees received	1,058,701.	1,053,144.	1,177,726.	1,130,899.	4,420,470.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	5,895,176.	3,184,486.	3,918,629.	3,367,039.	16,365,330.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,463,978.	4,248,016.	3,161,188.	4,829,753.	15,702,935.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	5,202.		SEE STATEMENT 20 634,433.	683,766.	1,323,401.
23 Total of lines 15 through 22	34,818,030.	36,165,290.	50,990,245.	30,544,838.	152,518,403.
24 Line 23 minus line 17	28,922,854.	32,980,804.	47,071,616.	27,177,799.	136,153,073.
25 Enter 1% of line 23	348,180.	361,653.	509,902.	305,448.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2,723,061.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 26,939.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 136,153,073.
d Add: Amounts from column (e) for lines: 18 15,702,935. 19 _____ 22 1,323,401. 26b 26,939.					26d 17,053,275.
e Public support (line 26c minus line 26d total)					26e 119,099,798.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 87.4749%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

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

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes	X		10,490.
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		102,124.
i Total lobbying expenditures (Add lines c through h .)			112,614.

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

SEE STATEMENT 21

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization

Employer identification number

LINCOLN PARK ZOOLOGICAL SOCIETY

36-2512404

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

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

Special Rules-

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization LINCOLN PARK ZOOLOGICAL SOCIETY	Employer identification number 36-2512404
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 363,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 436,122.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
FACILITY RENTAL	1	500,617.
TOTAL TO FORM 990, PART I, LINE 6A		500,617.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	50,581,713.	46,840,111.	0.	3,741,602.
TO FORM 990, PART I, LINE 8	50,581,713.	46,840,111.	0.	3,741,602.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
ZOO BALL	790,688.	116,638.	674,050.	296,024.	378,026.
SPRING BENEFIT	188,122.	52,292.	135,830.	100,068.	35,762.
FAMILY EVENT	37,000.	13,800.	23,200.	11,343.	11,857.
TO FM 990, PART I, LINE 9	1,015,810.	182,730.	833,080.	407,435.	425,645.

FORM 990

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

STATEMENT 4

INCOME

1. GROSS RECEIPTS	1,601,644	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		1,601,644
4. COST OF GOODS SOLD (LINE 13)	1,128,753	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		472,891

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	408,401	
7. MERCHANDISE PURCHASED	636,430	
8. COST OF LABOR	382,298	
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	119,180	
11. ADD LINES 6 THROUGH 10		1,546,309
12. INVENTORY AT END OF YEAR	417,556	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		1,128,753

FORM 990 CASH GRANTS AND ALLOCATIONS TO INDIVIDUALS STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
JAGUAR CONSERVATION PROJECT MARIO S. DI BITETTI	NONE	10,000.
GUOALOUGO TRIANGLE CHIMPANZEE PROJECT DAVID MORGAN	NONE	22,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		32,000.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 8

EXPLANATION

WILDLIFE PRESERVATION AND SHELTER - THE LINCOLN PARK ZOOLOGICAL SOCIETY IS CREATED AND ORGANIZED, AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES. THE SPECIAL PURPOSE FOR WHICH THE SOCIETY IS CREATED AND ORGANIZED IS TO AID IN THE IMPROVEMENT, MAINTENANCE, AND OPERATION OF LINCOLN PARK ZOO, LOCATED IN LINCOLN PARK IN THE CITY OF CHICAGO, ILLINOIS.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
MEMBERSHIP	0.	665,094.
TOTAL TO FORM 990, PART III, LINE E		665,094.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 10
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	FMV	27,422,335.			27,422,335.
BOND FUNDS	FMV		10,027,369.		10,027,369.
TO FORM 990, LINE 54A, COL B		<u>27,422,335.</u>	<u>10,027,369.</u>		<u>37,449,704.</u>

FORM 990	GOVERNMENT SECURITIES	STATEMENT 11
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT BONDS	FMV	12,373,624.		12,373,624.
TOTAL TO FORM 990, LINE 54A, COL B		<u>12,373,624.</u>		<u>12,373,624.</u>

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 12
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	1,021,203.	640,434.	380,769.
EQUIPMENT	635,132.	355,949.	279,183.
FURNITURE	34,844.	29,218.	5,626.
CONTRIBUTED EQUIPMENT	265,192.	248,759.	16,433.
TOTAL TO FORM 990, PART IV, LN 57		<u>1,956,371.</u>	<u>682,011.</u>

FORM 990 TAX-EXEMPT BOND LIABILITIES OUTSTANDING STATEMENT 13

PURPOSE OF ISSUE

FINANCE CONSTRUCTION OF CULTURAL FACILITIES, PAY OTHER FINANCING COSTS

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	9,000,000.

PURPOSE OF ISSUE

FINANCE CONSTRUCTION OF CULTURAL FACILITIES, PAY OTHER FINANCING COSTS

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	4,935,000.

PURPOSE OF ISSUE

FINANCE CONSTRUCTION OF CULTURAL FACILITIES, PAY OTHER FINANCING COSTS

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	6,065,000.

PURPOSE OF ISSUE

FINANCE CONSTRUCTION OF CULTURAL FACILITIES, PAY OTHER FINANCING COSTS

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	10,000,000.

PURPOSE OF ISSUE

FINANCE CONSTRUCTION OF CULTURAL FACILITIES, PAY OTHER FINANCING COSTS

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	10,000,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A 40,000,000.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	407,435.
COST OF GOODS SOLD	1,128,753.
TOTAL TO FORM 990, PART IV-A	<u>1,536,188.</u>

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	407,435.
COST OF GOODS SOLD	1,128,753.
TOTAL TO FORM 990, PART IV-B	<u>1,536,188.</u>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 16
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KEVIN BELL 2001 N. CLARK STREET CHICAGO, IL 60614	PRESIDENT AND CEO 40.00	352,500.	14,817.	0.
TROY BARESEL 2001 N. CLARK STREET CHICAGO, IL 60614	CHIEF FINANCIAL OFFICER 40.00	164,850.	10,890.	0.
DAVID P. BOLGER 2001 N. CLARK STREET CHICAGO, IL 60614	CHAIRMAN 1.00	0.	0.	0.
JOHN R. ETTELSON 2001 N. CLARK STREET CHICAGO, IL 60614	VICE CHAIR OF FINANCE 1.00	0.	0.	0.
DESIREE ROGERS 2001 N. CLARK STREET CHICAGO, IL 60614	VICE CHAIR 1.00	0.	0.	0.
RODNEY L. GOLDSTEIN 2001 N. CLARK STREET CHICAGO, IL 60614	VICE CHAIR 1.00	0.	0.	0.
SARAH PANG 2001 N. CLARK STREET CHICAGO, IL 60614	SECRETARY 1.00	0.	0.	0.
JOHN ALEXANDER 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
JANE GETKER ALLEN 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
MARY BURRUS BABSON 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
SHERRY BARRAT 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.

WILLIAM C. BARTHOLOMAY 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
PERCY L. BERGER 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
ANDREW K. BLOCK 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
MICHAEL CANMANN 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
JOSEPH S. CARR 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
E. RONALD CULP 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
THE HONORABLE RICHARD A. DEVINE 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
MARC S. FELDSTEIN, MD 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
JAMEE C. FIELD 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
ANDREW J. FILIPOWSKI 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
JOHN D. FORNENGO 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
MARK C. GOOD 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
DAVID D. GRUMHAUS 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.

CHARLES C. HAFFNER III 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
CARYN HARRIS 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
STEPHANIE FIELD HARRIS 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
ROGER G. HILL II 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
RICH JERNSTEDT 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
ELIZABETH KARLSON 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
JUDY KELLER 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
BARBARA MALOTT KIZZIAH 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
JENNIFER AMES LAZARRE 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
ALEXANDER R. LERNER 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
LAWRENCE F. LEVY 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
FRANCESCA M. MAHER 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
THE HONORABLE LYNN MARTIN 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.

MICHAEL N. MAYO 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
JOHN V.N. MCCLURE 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
MARCK G. MCGRATH 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
THOMAS L. MCLEARY 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
JEANINE MCNALLY 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
RANDALL E. MEHRBERG 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
STUART C. NATHAN 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
JAMES M. NEIS 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
CARLETON D. PEARL 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
GREGORY Y. PEARLMAN 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
MAYARI PRITZKER 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
JAY D. PROOPS 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
JOHN E. REARDON 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.

SUSAN REGENSTEIN 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
MYRA REILLY 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
TIERNEY REMICK 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
CAROLE B. SEGAL 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
RICHARD L. SEVCIK 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
BRIAN P. SIMMONS 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
WILMA J. SMELCER 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
WILLIAM F. SOUDER V 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
CHASE O. STEVENSON 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
THOMAS D. VOGELSINGER 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
HOSSEIN YOUSSEFI 2001 N. CLARK STREET CHICAGO, IL 60614	DIRECTOR 1.00	0.	0.	0.
COURTNEY J. MCENIRY 2001 N. CLARK STREET CHICAGO, IL 60614	EX OFFICIO 1.00	0.	0.	0.
JENNIFER MARTAY 2001 N. CLARK STREET CHICAGO, IL 60614	EX OFFICIO 1.00	0.	0.	0.

TIM MITCHELL 2001 N. CLARK STREET CHICAGO, IL 60614	EX OFFICIO 1.00	0.	0.	0.
DAVID MOORE 2001 N. CLARK STREET CHICAGO, IL 60614	EX OFFICIO 1.00	0.	0.	0.
WILLIAM E. BENNETT 2001 N. CLARK STREET CHICAGO, IL 60614	LIFE DIRECTOR 1.00	0.	0.	0.
GERALD K. BERGMAN 2001 N. CLARK STREET CHICAGO, IL 60614	LIFE DIRECTOR 1.00	0.	0.	0.
TERRANCE J. BRUGGEMAN 2001 N. CLARK STREET CHICAGO, IL 60614	LIFE DIRECTOR 1.00	0.	0.	0.
RAYMOND H. DRYMALSKI 2001 N. CLARK STREET CHICAGO, IL 60614	LIFE DIRECTOR 1.00	0.	0.	0.
DR. LESTER E. FISHER 2001 N. CLARK STREET CHICAGO, IL 60614	LIFE DIRECTOR 1.00	0.	0.	0.
MRS. DONALD E. GROSS (NANCY) 2001 N. CLARK STREET CHICAGO, IL 60614	LIFE DIRECTOR 1.00	0.	0.	0.
JOHN H. HART 2001 N. CLARK STREET CHICAGO, IL 60614	LIFE DIRECTOR 1.00	0.	0.	0.
JONATHAN KOVLER 2001 N. CLARK STREET CHICAGO, IL 60614	LIFE DIRECTOR 1.00	0.	0.	0.
HOWARD C. MORGAN 2001 N. CLARK STREET CHICAGO, IL 60614	LIFE DIRECTOR 1.00	0.	0.	0.
MRS. WILLIAM L. SEARLE (SALLY) 2001 N. CLARK STREET CHICAGO, IL 60614	LIFE DIRECTOR 1.00	0.	0.	0.
MARION E. SIMON 2001 N. CLARK STREET CHICAGO, IL 60614	LIFE DIRECTOR 1.00	0.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 18
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	ZOO EVENTS GIVE THE OPPORTUNITY TO EDUCATE THE PUBLIC ABOUT THE ZOO'S MISSION.
93B&93C	LECTURES, WORKSHOPS AND OTHER PROGRAMS EDUCATE THE PUBLIC ABOUT THE ZOO AND CONSERVATION.
93G	GOVERNMENT CONTRACT FEES FOR CONSERVATION PROJECTS.
94	MEMBERSHIP DUES AND ASSESSMENTS REVOLVE AROUND THE EDUCATION AND ENJOYMENT OF THE ZOO.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 19
 PART III, LINE 3A

PROJECTS ARE SOLICITED ONCE A YEAR THROUGH AN ANNUAL CALL FOR PROPOSALS TO PARTIES INTERESTED IN CONSERVATION. THE EMPHASIS OF THE FUNDS IS TO SUPPORT NEW CONSERVATION INITIATIVES WITH SPECIAL CONSIDERATION GIVEN TO PROJECTS THAT HAVE A DIRECT IMPACT ON WILDLIFE CONSERVATION AND/OR CONSERVATION BIOLOGY. PROJECTS WITH PARTICIPATION BY GRADUATE OR UNDERGRADUATE STUDENTS ARE PREFERRED.

SCHEDULE A	OTHER INCOME				STATEMENT 20
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
OTHER INCOME	5,202.	0.	634,433.	683,766.	
TOTAL TO SCHEDULE A, LINE 22	5,202.	0.	634,433.	683,766.	

SCHEDULE A	STATEMENT OF LOBBYING ACTIVITIES - PART VI-B	STATEMENT 21
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LINCOLN PARK ZOOLOGICAL SOCIETY HIRED OUTSIDE CONSULTANTS, DUDKO WORLDWIDE, LLC AND ILLINOIS STRATEGIES, LLC TO IDENTIFY AND HELP DEVELOP STRATEGIES TO INCREASE FEDERAL AND STATE SUPPORT, RESPECTIVELY, OF IMPORTANT LINCOLN PARK ZOO PROJECTS. THE ZOO WAS ALSO INVOLVED IN A CAMPAIGN BY MUSEUMS IN THE PARK TO RE-ESTABLISH STATE FUNDING OF CAPITAL PROJECTS FOR THE MUSEUMS IN THE PARK AND LINCOLN PARK ZOO.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization LINCOLN PARK ZOOLOGICAL SOCIETY	Employer identification number 36-2512404
	Number, street, and room or suite no. If a P.O. box, see instructions. 2001 NORTH CLARK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60614	

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

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

• The books are in the care of ▶ **TROY D. BARESEL**

Telephone No. ▶ **312-742-2095** FAX No. ▶ **312-742-2339**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2008** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **APR 1, 2007** , and ending **MAR 31, 2008** .

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II			Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization				Employer identification number
	LINCOLN PARK ZOOLOGICAL SOCIETY				36-2512404
	Number, street, and room or suite no. If a P.O. box, see instructions.				For IRS use only
2001 NORTH CLARK STREET					
City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
CHICAGO, IL 60614					

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

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

- The books are in the care of **TROY D. BARESEL**
 Telephone No. **312-742-2095** FAX No. **312-742-2339**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2009**.
5 For calendar year _____, or other tax year beginning **APR 1, 2007**, and ending **MAR 31, 2008**.
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
7 State in detail why you need the extension
THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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

Signature and Verification

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

Signature Title **CHIEF FINANCIAL OFFICER** Date

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

MARCH 31, 2008

Prepared for	MICHAEL GANT LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614
Prepared by	BLACKMAN KALLICK, LLP 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, ILLINOIS 60606
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	FORM AG990-IL SHOULD BE SIGNED AND DATED BY THE REQUIRED INDIVIDUAL(S). FORM IFC MUST BE SIGNED BY THE PROFESSIONAL FUNDRAISER AND AN OFFICER OR DIRECTOR OF THE ORGANIZATION.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-002672

Report for the Fiscal Period:

Beginning 04/01/2007

& Ending 03/31/2008
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Federal ID # 36-2512404

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 05/22/1959
MO DAY YR

LEGAL NAME LINCOLN PARK ZOOLOGICAL SOCIETY MAIL ADDRESS 2001 NORTH CLARK STREET CITY, STATE CHICAGO, IL ZIP CODE 60614	Year-end amounts A) ASSETS B) LIABILITIES C) NET ASSETS	A) \$ 85,093,732. B) \$ 43,335,363. C) \$ 41,758,369.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) E) GOVERNMENT GRANTS & MEMBERSHIP DUES F) OTHER REVENUES G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	PERCENTAGE 48.162% 25.158% 26.680% 100%	AMOUNT D) \$ 14,812,673. E) \$ 7,737,725. F) \$ 8,205,771. G) \$ 30,756,169.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR: H) OPERATING CHARITABLE PROGRAM EXPENSE I) EDUCATION PROGRAM SERVICE EXPENSE J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$ _____ K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) M) MANAGEMENT AND GENERAL EXPENSE N) FUNDRAISING EXPENSE O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	75.314% 8.774% 84.088% 0.374% 84.463% 9.417% 6.121% 100%	H) \$ 19,307,537. I) \$ 2,249,245. J) \$ 21,556,782. K) \$ 96,000. L) \$ 21,652,782. M) \$ 2,414,026. N) \$ 1,569,081. O) \$ 25,635,889.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS Q) TOTAL FUNDRAISERS FEES AND EXPENSES R) NET RECEIVED BY THE CHARITY (P MINUS Q=R) PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS	100% 47.084% 52.916% S) \$ _____	P) \$ 22,086. Q) \$ 10,399. R) \$ 11,687. S) \$ _____
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: T) NAME, TITLE: KEVIN BELL, PRESIDENT AND CEO U) NAME, TITLE: TROY BARESEL, CHIEF FINANCIAL OFFICER V) NAME, TITLE: NEAL DAVID, VICE PRESIDENT	T) \$ 352,500. U) \$ 164,850. V) \$ 137,917.	
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE W) # 071 X) # 012 Y) # _____	W) DESCRIPTION: WILDLIFE PRESERVATION AND SHELTER X) DESCRIPTION: OTHER EDUCATIONAL MATERIALS FOR THE PUBLIC Y) DESCRIPTION: _____

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		<input checked="" type="checkbox"/>
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	<input checked="" type="checkbox"/>	
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>JP MORGAN CHASE BANK, NA, 21 S. CLARK, CHICAGO, IL</u> <u>NORTHERN TRUST CO., 50 S. LASALLE, CHICAGO, IL</u> <u>LASALLE BANK, 135 S. LASALLE, CHICAGO, IL</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>TROY D. BARESEL 312-742-2095</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

TROY D. BARESEL

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

LU ANN TRAPP

PREPARER (PRINT NAME)

SIGNATURE

DATE

798101
04-27-07

REPORT OF INDIVIDUAL FUNDRAISING CAMPAIGN

CHARITY:

Name LINCOLN PARK ZOOLOGICAL SOCIETY Campaign Beginning 04/01/07 and Ending 03/31/08
Mailing Address 2001 NORTH CLARK STREET CO# 01-002672
City, State, ZIP Code CHICAGO, IL 60614 Phone # 312-742-2000
Contact Person TROY D. BARESEL Title Phone # 312-742-2095

PROFESSIONAL FUND RAISER (PFR):
Name COMNET MARKETING GROUP PFR #02- 000698

NATURE OF FUNDRAISING ACTIVITY: FUNDRAISING AND MEMBERSHIP RENEWAL

A. Total Amount Raised A. \$ 22,086.

		PAID BY:	
		PFR	Charity
1. Professional Fundraiser Fee	1.		
2. Solicitor Compensation	2.		
3. Salaries	3.		
4. Printing	4.		
5. Postage	5.		41.
6. Telephone	6.		
7. Rent & Utilities	7.		
8. Supplies	8.		
9. Travel	9.		
10. TELEMARKETING FEE	10.		9,898.
11. MISC. EXPENSES	11.		460.
12.	12.		
13. TOTAL EXPENSES (PFR + Charity)	13.		10,399.

C. Total amount received by the charitable organization (after all expenses are paid) C. \$ 11,687.
D. Percentage of Funds received by charity (Line C divided by Line A) D. % 52.916

E. Bank where funds are deposited? E. **CHARITY**

F. Who (charity or PFR) has signature control of the account(s) listed above? **CHARITY**

G. Are the expenses in B above actual expenses for this campaign? Yes or No If No, attach a schedule explaining in detail, how expenses are allocated between fundraising campaigns.

We the undersigned, declare and certify under perjury that we have examined this report, including all the schedules, and statements, and the facts therein stated are true and complete and filed with the Illinois Attorney General for the purpose of having the people of the State of Illinois rely thereupon.

PFR CAMPAIGN
MANAGER (Print Name) BRUCE G. HOUGH **TITLE** PRESIDENT

SIGNATURE _____ DATE _____

OFFICER, DIRECTOR
OF CHARITY (Print Name) TROY D. BARESEL **TITLE** CHIEF FINANCIAL O

SIGNATURE _____ DATE _____

IL-505-B Automatic Extension Payment

What is the purpose of Form IL-505-B?

Form IL-505-B, Automatic Extension Payment, provides taxpayers who are unable to file their return by the due date, a means of calculating and remitting their tentative tax liability on or before the original due date of the return (see "When should I file and pay?").

Who must file Form IL-505-B?

You must file Form IL-505-B if all of the following apply to you:

- you are a corporation, small business corporation, partnership, fiduciary, or an exempt organization and you cannot file your Form IL-1120, Form IL-1120-ST, Form IL-1065, Form IL-1023-C, Form IL-1041, or Form IL-990-T by the due date, and
- you complete the Tax Payment Worksheet on page 2 and determine that you will owe a tentative tax, and
- you submit your payment by paper check or money order (i.e., you do not use any electronic means, such as electronic funds transfer, to make your payments).

If Line 8 of the worksheet shows you owe tentative tax, you must file this form and pay the full amount due. **An extension of time to file does not extend the amount of time you have to make your payment.**

Unitary group: If you are a member of a unitary business group that is filing a combined return, your designated agent must complete one Form IL-505-B for the entire group as though it is one taxpayer.

Federal consolidated group: If you are a member of a federal consolidated group, you must file a separate Form IL-505-B for each member that is required to file an Illinois tax return. We will not grant "blanket" or consolidated extensions.

Form IL-1023-C filers: If you are filing Form IL-505-B for an extension to file your Illinois Form IL-1023-C, you must write "666" in the "Sequence no." on this form.

Do not file this Form IL-505-B if:

- after completing the Tax Payment Worksheet, you find that you **do not owe additional tax**, or
- you make your **extension payment by Electronic Funds Transfer.**

Note: Please be aware that if an unpaid liability is disclosed when you file your return, you may owe penalty and interest charges in addition to the tax. See "What are the penalties and interest?"

What are the extensions?

Automatic Illinois extension - We grant you an automatic six-month (seven-month for corporations) extension to file your annual return whether or not you request the automatic extension. You are

not required to file Form IL-505-B to obtain this extension if no tentative tax is due.

Additional federal extension beyond six months - We will grant you an additional extension to file of more than six months (seven months for corporations) if the Internal Revenue Service (IRS) grants you an additional extension.

If you do not owe any tentative tax, you are not required to file Form IL-505-B. However, you **must attach** a copy of the approved federal extension to your annual return when you file it.

When should I file and pay?

You must file your completed form and pay any tentative tax amount you owe by the original due date of your tax return or as soon as you realize you owe tentative tax. This includes annual and short-year returns. The due date depends on the type of tax return that you file. Refer to the following list of return due dates.

All dates refer to the months following the close of the taxable year.

For	Due date
• corporations, small business corporations	the 15th day of the 3rd month
• partnerships, fiduciaries, composites, exempt organizations (employee trusts only)	the 15th day of the 4th month
• exempt organizations (all others)	the 15th day of the 5th month
• cooperatives	the 15th day of the 9th month

Note: If you file federal Form 1120, U.S. Corporation Income Tax Return, and the original due date is later than the 15th day of the 3rd month, your Form IL-1120 and your payment will be due at the same time as your federal Form 1120.

Make your check or money order payable to "Illinois Department of Revenue." Be sure to write your **FEIN, tax year, and "IL-505-B" on your payment.** Mail your Form IL-505-B, with your payment, to

**ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19045
SPRINGFIELD IL 62794-9045**

What are the penalties and interest?

Penalties - You will owe

- a **late-filing penalty** if you do not file a processable return by the extended due date;
- a **late-payment penalty** if you do not pay the tax you owe by the original due date of the return;
- a **bad check penalty** if your remittance is not honored by your financial institution.

--- Cut Here --- **Return only the bottom portion with your payment.** --- Cut Here ---

Illinois Department of Revenue

IL-505-B Automatic Extension Payment for 2007

STOP If no payment is due or you make your payment by Electronic Funds Transfer, do not file this form.

36-2512404
Federal employer identification number

000
Sequence no.

Tax year ending
03 2008
Month Year

Write the amount of your payment here.

12,000.

Tentative tax due

LINCOLN PARK ZOOLOGICAL SOCIETY

Name of organization

2001 NORTH CLARK STREET

Street address

CHICAGO, IL 60614

City, State, ZIP

312-742-2000

Daytime phone number

Make your check or money order payable to and mail this voucher to: **ILLINOIS DEPARTMENT OF REVENUE**

**PO BOX 19045
SPRINGFIELD IL 62794-9045**

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0067

**Estimated Income and Replacement
 Tax Payments for Corporations 2008**

Step 1: Complete the estimated tax worksheet.

Complete this worksheet to compute your 2008 estimated tax. Keep this record for your files.

- | | | |
|--|---|--------|
| 1 Write the amount of Illinois net income expected in 2008. | 1 | |
| 2 Multiply Line 1 by 7.3% (.073) and write the result. | 2 | |
| 3 Write the amount of Illinois tax credits expected in 2008. | 3 | |
| 4 Subtract Line 3 from Line 2 and write the result. This is the amount of unpaid estimated tax for 2008. If \$400 or less, stop. You do not have to make estimated tax payments. If more than \$400, continue to Line 5. | 4 | 5,200. |

Note: If your income changes during the year, complete the Amended Estimated Tax Worksheet in the instructions. **ADJUSTED TO:**

- | | | |
|--|---|--------|
| 5 Divide Line 4 by 4. This is the amount of each of your estimated tax payments. | 5 | 5,200. |
|--|---|--------|

Note: Your 2007 overpayment credited to 2008 should be used to reduce the first estimated tax payment and any subsequent tax payments until the entire credit is used.

OVERPAYMENT APPLIED 13,806.

Step 2: Complete the estimated tax voucher.

- 1 Complete the voucher. Fiscal year filers see "When should I file and pay?"
- 2 Write your federal employer identification number (FEIN) and the tax year ending.
- 3 Write your name and address.
- 4 Write the amount you are paying from Step 1, Line 5, or Step 4, Line 9 or Line 11, if you amended your original estimated tax.
- 5 Detach the voucher and enclose a check or money order for the amount you are paying. Mail your completed voucher and payment to the address shown on the voucher. Write your FEIN and "IL-1120-ES" on your payment. Complete Step 3 below.

Step 3: Record your estimated tax payments.

ESTIMATE INSTALLMENT DUE DATES:

Voucher amount	Voucher date	Check or money order number
Total		

07/15/08
 09/15/08
 12/15/08
 03/16/09

Step 4: Complete the amended estimated tax worksheet if your income changes during the year

- | | | |
|--|----|--|
| 1 Write the amount of Illinois net income expected in 2008. | 1 | |
| 2 Multiply Line 1 by 7.3% (.073) and write the result. | 2 | |
| 3 Write the amount of Illinois tax credits expected in 2008. | 3 | |
| 4 Subtract Line 3 from Line 2 and write the result. This is the amount of unpaid estimated tax for 2008. If \$400 or less, stop. You do not have to make estimated tax payments. | 4 | |
| 5 Divide Line 4 by 4. | 5 | |
| 6 Write the amount of estimated tax payments made with 2008 Forms IL-1120-ES, including any 2007 overpayment credited to 2008 tax that was used to reduce your estimated tax payment. | 6 | |
| 7 Multiply Line 5 by the number of previously due estimated payments. | 7 | |
| 8 Subtract Line 6 from Line 7 and write the result. This amount may be negative. | 8 | |
| 9 Add Lines 5 and 8. If positive, this is the amount due on your next payment due date. If zero or negative, the amount due on your next payment due date is zero. If Line 9 is negative, continue to Line 10. Otherwise, stop here. | 9 | |
| 10 If the amount on Line 9 is negative, write the amount as a positive number. | 10 | |
| 11 Subtract Line 10 from Line 5 and write the result. This is the amount due on the following due date. | 11 | |

749421
09-25-07

Illinois Department of Revenue

IL-1120-ES

(R-12/07)

ID: 3021

**Estimated Income and Replacement
Tax Payment for Corporations**

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045.

Official use only

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending

Month Year

₪

Amount of payment

Official use only

Return this voucher with check or money order
payable to "Illinois Department of Revenue."

749421
09-25-07

Illinois Department of Revenue

IL-1120-ES

(R-12/07)

ID: 3021

**Estimated Income and Replacement
Tax Payment for Corporations**

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045.

Official use only

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending

Month Year

₺

Amount of payment

Official use only

Return this voucher with check or money order
payable to "Illinois Department of Revenue."

749421
09-25-07

Illinois Department of Revenue

IL-1120-ES

(R-12/07)

ID: 3021

**Estimated Income and Replacement
Tax Payment for Corporations**

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045.

Official use only

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending

Month Year

₪

Amount of payment

Official use only

Return this voucher with check or money order
payable to "Illinois Department of Revenue."

749421
09-25-07

Illinois Department of Revenue

IL-1120-ES

(R-12/07)

ID: 3021

36-2512404 000 9

**Estimated Income and Replacement
Tax Payment for Corporations**

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045.

Official use only

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending 03 09

Month Year

LINCOLN PARK ZOOLOGICAL SOCIETY
2001 NORTH CLARK STREET
CHICAGO, IL 60614

₹

Amount of payment

Official use only

Return this voucher with check or money order
payable to "Illinois Department of Revenue."

112060309 9 362512404 000 9

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING

MARCH 31, 2008

Prepared for	MICHAEL GANT LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614
Prepared by	BLACKMAN KALLICK, LLP 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, ILLINOIS 60606
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	ILLINOIS DEPARTMENT OF REVENUE P.O. BOX 19009 SPRINGFIELD, IL 62794-9009
Return must be mailed on or before	MARCH 16, 2009
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

2007 FORM IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2007, write your fiscal tax year here.

Tax year beginning APR 1, 2007, ending MAR 31, 2008

Write the amount you are paying.
\$ _____

Step 1: Identify your exempt organization

A Write your exempt organization name and mailing address.
If you have an address change, check this box.

LINCOLN PARK ZOOLOGICAL SOCIETY
Name

C/O or name of trust's fiduciary
2001 NORTH CLARK STREET
Mailing address

CHICAGO, IL 60614
City State ZIP

B Check the box if one of the following apply.
 first return final return, write the final date _____

C Write your federal employer identification no. (FEIN).
36-2512404

D Write your Illinois Business Tax number (IBT).

E Check if you are taxed as a corporation.

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business SEE STATEMENT 22

H Check the box if you attached Illinois Schedule 1299-D, Income Tax Credits.

Step 2: Figure your base income or loss

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.

Attach a copy of Page 1 of your U.S. Form 990-T.

2 Illinois income and replacement tax deducted in arriving at Line 1.

3 Base income or loss. Add Lines 1 and 2.

1 65,961.
2 5,194.
3 71,155.

STOP If the amount on Line 3 is derived only from inside Illinois or if you are an Illinois resident trust, skip Step 3 and go to Step 4; otherwise complete Step 3.

Step 3: Figure your income allocable to Illinois

N/A

4 Trust, estate, or non-unitary partnership business income or loss included in Line 3.

5 Business income or loss. Subtract Line 4 from Line 3.

6 Total sales everywhere. This amount cannot be negative.

7 Total sales inside Illinois. This amount cannot be negative.

8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).

9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.

10 Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois.

11 Base income or net loss allocable to Illinois. Add Lines 9 and 10.

4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____

Step 4: Figure your net replacement tax

12 Base income or net loss from Line 3 or Line 11.

13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts 1.5% (.015).

14 Recapture of investment credits. **Attach** Schedule 4255.

15 Replacement tax before investment credits. Add Lines 13 and 14.

16 Investment credits. **Attach** Form IL-477.

17 Net replacement tax. Subtract Line 16 from Line 15. Write "0" if this is a negative amount.

12 71,155.
13 1,779.
14 _____
15 1,779.
16 _____
17 1,779.

NS DR _____

Step 5: Figure your net income tax

18	Base income or net loss from Line 12.	18	71,155.
19	Income tax. Corporations multiply Line 18 by 4.8% (.048); trusts 3% (.03).	19	3,415.
20	Recapture of investment credits. Attach Schedule 4255.	20	
21	Income tax before credits. Add Lines 19 and 20.	21	3,415.
22	Income tax credits. Attach Schedule 1299-D.	22	
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, write "0."	23	3,415.

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	1,779.
25	Net income tax from Line 23.	25	3,415.
26	Total net income and replacement taxes. Add Lines 24 and 25.	26	5,194.
27	Payments.		
	a Credit from 2006 overpayment.	27a	
	b Total estimated payments.	27b	7,000.
	c Form IL-505-B (extension) payment.	27c	12,000.
28	Total payments. Add Lines 27a through 27c.	28	19,000.
29	Overpayment. If Line 28 is greater than Line 26, subtract Line 26 from Line 28.	29	13,806.
30	Amount to be credited to 2008.	30	13,806.
31	Refund. Subtract Line 30 from Line 29. This is the amount to be refunded.	31	0.
32	Tax Due. If Line 26 is greater than Line 28, subtract Line 28 from Line 26. This is the amount you owe.	32	

▶ **Make your check payable to "Illinois Department of Revenue."** ◀

Special Note → Write the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

		CHIEF FINANCIAL OFFICER	
Signature of authorized officer	Date	Title	Phone
		36-3468829	
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN	
BLACKMAN KALLICK, LLP	CHICAGO, ILLINOIS 60606	(312) 207-1040	
Preparer firm's name (or yours, if self-employed)	Address	Phone	

▶ **Mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009** ◀

FORM IL-990-T

NATURE OF TRADE OR BUSINESS

STATEMENT 22

RETAIL SALES AND PERSONAL PROPERTY RENTAL

TO FORM IL-990-T, PAGE 1

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2007

Department of the Treasury Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning APR 1, 2007, and ending MAR 31, 2008

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (LINCOLN PARK ZOOLOGICAL SOCIETY), address (2001 NORTH CLARK STREET, CHICAGO, IL 60614), EIN (36-2512404), and other identifying information.

H Describe the organization's primary unrelated business activity. RETAIL SALES AND PERSONAL PROPERTY RENTAL

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of TROY D. BARESEL Telephone number 312-742-2095

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (811,525), Cost of goods sold (185,674), and Total (702,752).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers (187,673), Charitable contributions (7,329), and Total deductions (589,713).

FORM 990-T		CONTRIBUTIONS	STATEMENT 23
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CONTRIBUTION CARRYOVER FROM 2006	N/A	8,395.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		8,395.	

FORM 990-T		OTHER DEDUCTIONS	STATEMENT 24
DESCRIPTION			AMOUNT
AUDIT AND LEGAL			6,617.
INSURANCE			42,628.
OCCUPANCY			77,728.
SUPPLIES			24,867.
BANK FEES			13,800.
PROFESSIONAL FEES			116,104.
MISC. EXPENSE			55,909.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		337,653.	