

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

The Toledo Zoological Society 2700 Broadway Toledo, OH 43609

Prepared By:

Rehmann Robson LLC 7124 W Central Ave Toledo, OH 43617

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

We recommend that all mailings to tax authorities be sent using certified mail with a return receipt requested.

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form	990
FOIIII	220

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.



I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1982 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities: WE INSPIRE OUR GUESTS TO JOIN US IN BEING ADVOCATES FOR WILDLIFE AND CONSERVING THE NATURAL WORLD BY 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of volunteers (estimate if necessary) 5 8 6 Total nurelated business revenue from Part VIII, column (C), line 12 7a 1, 559, 11 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year	No No Is ile: OH
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Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 2700 BROADWAY City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 45,016,01 Application Formation Formation Formation G Gross receipts \$ 45,016,01 Application F Name and address of principal officer: DAVID E • FISHER H(a) Is this a group return for subordinates? Yes X J Website: ► WWW TOLEDOZOO.ORG H(b) Are all subordinates included? Yes H(b) Are all subordinates? Yes H(c) Group exemption number Part I Summary 1 Briefly describe the organization: Trust Association Other L Year of formation: 1982 M State of legal domicile Part I Summary 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of volunteers (estimate if necessary) 5 8 6 6 7 a Total number of volunteers (estimate if necessary) 7a 1,559,11 7a 7a 1,559,11 </th <th>∑ No No Is ile: OH</th>	∑ No No Is ile: OH
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b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year	892
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year	686
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year	.15.
	0.
8 Contributions and grants (Part VIII, line 1h) 26,633,041. 28,950,09	
9 Program service revenue (Part VIII, line 2g) 4,955,032. 9,396,33	
9 Program service revenue (Part VIII, line 2g) 4,955,032. 9,396,33 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 94,687. 107,14	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 100,000. 2,878,73 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	
	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14,580,462. 15,739,54 16a Professional fundraising fees (Part IX, column (A), line 11e) 328,077. 293,17	11
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,115,221. 17 Other expenses (Part IX, column (A), lines 11a,11d, 11f,24e) 15 499 720 17 098 05	
Image: Second and the state of the second	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	.74.
19 Revenue less expenses. Subtract line 18 from line 12 2,881,076. 6,477,48	.74.)52.
ि भ	.74. 052. 05.
20 Total assets (Part X, line 16) 155, 300, 570. 155, 762, 64	74. 052. 055.
20 Total assets (Part X, line 16) 155,300,570. 155,762,64 21 Total liabilities (Part X, line 26) 11,140,925. 5,015,11 22 Net assets or fund balances. Subtract line 21 from line 20 144,159,645. 150,747,53	74. 052. 055. 81.
22 Net assets or fund balances. Subtract line 21 from line 20	74. 052. 055. 81.

Part II Signature Block

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.

Sign	Signature of officer		Date		
Here	DAVID E. FISHER, VICE PRE	SIDENT, FINANCE			
	Type or print name and title				
	Print/Type preparer's name Prepa	arer's signature	Date	heck PTIN	
Paid	KRISTEN G. MORSE, CPA KRI	STEN G. MORSE,	CP 11/01/22	elf-employed P01034447	
Preparer	Firm's name FEHMANN ROBSON LLC		Firm's E	IN ▶ 38-3635706	
Use Only	Firm's address 7124 W CENTRAL AVE				
	TOLEDO, OH 43617		Phone r	no. (419) 865-8118	
May the IRS discuss this return with the preparer shown above? See instructions					
132001 12-0	09-21 LHA For Paperwork Reduction Act Notice, see	e the separate instructions.		Form 990 (2021)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

prior Form 390 or B90 E2?			EDO ZOOLOGICAL SOCI	ETY	34-4440256	Page
1 Briefly describe the organization's mission: WE INSPIRE OUR CUESTS TO JOIN US IN BEING ADVOCATES FOR WILDLIPE AND CONSERVING THE NATURAL WORLD BY PROVIDING FUN, AWE-INSPIRING, AND EDUCATIONAL EXPERIENCES. BY JOINING US, OTHERS HELP BULD A MOVEMENT THAT CARES FOR ANIMALS AND CREATES A SHARED SPACE FOR WILDLIPE IN THIS D Dd the organization cales conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 500 (53) and 50 (57) (1997) (19	Par		•			X
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THAT CARES FOR ANIMALS AND CREATES A SHARED SPACE FOR WILDLIFE IN THIS 2 Did the organization underlike any significant program services during the year which were not listed on the prior Form 390 or 990 E27 If **s, * describe these new services on Schedule 0. 1 '*s, * describe these changes on Schedule 0. If **s, * describe these changes on Schedule 0. If **s, * describe these changes on Schedule 0. 4 Obesite the organization spream service accomplishments for each of its three largest program services, as measured by expenses. Section 5016(2) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services (SCIETY I S ONE OF THE WORLD'S NOST COMPLETE 2005 WITH OVER 10,000 ANIMALS REPRESENTING OVER 700 SPECIES. THE FOREFRONT OF MANY CONSERVATORY, AND AMPHITHEATRE. THE ZOO IS AT THE FOREFRONT OF MANY CONSERVATIONS EFFORTS WORKING TO PRESERVE ENDANGERED AND THREATER SPECIES. THE ZOO IS ALSO INVOLVED WITH BREEDING ANIMALS THROUGH THE SPECIES SURVIVAL PROGRAM THAT IS HELPING TO ENSURE A PUTUR. FOR SOME THE ANALY EVENTS SURVIVAL PROGRAM THAT IS HELPING TO ENSURE A PUTUR. FOR SOME THE ANIMALS MANY EDUCATION PROGRAMS FOR BOTH CHILDREN AND ADULTS THAT INSPIRE THE MOULD WITH BREEDING ANIMALS AND CONSERVING THE NATURAL WORLD. ALL PROGRAM EXPENSES ARE USED TO SUPPORT THE ANIMALS, MAINTAIN THE GROUNDS, AND PROVIDE EDUCATIONAL 40 (Core				-	-	
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prior Form 980 or 990272	2					
If "Yes," describe these new services on Schedule 0. □ Ves," describe the advances on schedule 0. 10 Wes, "describe the schedule on schedule 0. 10 Section 5010(8) and 5010(4) organizations are equivated to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 5010(8) and 5010(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 40 (Cost::::::::::::::::::::::::::::::::::::						XN
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4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4)	3	Did the organization cease conducting, c	r make significant changes in how it o	conducts, any program service	es? Yes [XN
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Part IV Checklist of Required Schedules

THE TOLEDO ZOOLOGICAL SOCIETY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	- 23	
IZd		12a		х
h	Schedule D, Parts XI and XII	120		
D.	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h	х	
13	Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	126		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
132003	12-09-21	Form	990	(2021)

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 Form 990 (2021)
 THE TOLEDO ZOOLOGICAL SOCIETY
 34-4440256
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
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 Na

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
L	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Fai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Vee	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a114Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2021) THE TOLEDO ZOOLOGICAL SOCIETY 34-4440 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	256	P	age 5
			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		162	NU
Zu	filed for the calendar year ending with or within the year covered by this return 2a 892			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instructions.	2.0		
3a		3a	х	
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	ти		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
va		6a		х
h	any contributions that were not tax deductible as charitable contributions?	00		
, N		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
U	to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f		76 7f		X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization life of the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U	an analysing arguitation have average hubings of any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes " see the instructions and file Form 4720. Schedule N			

17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	
	If "Yes," complete Form 4720, Schedule O.	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	
	i Yes, see the instructions and life Form 4720, Schedule N.	

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

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Form 990	(2021)
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X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		1 1	0.0		Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervis	ion			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	•		7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
D.				7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			15		
				0-	х	
	The governing body?			8a		
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			_		
0 a - 1	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates	,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the	e form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ")					
-	on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15				17		
15	Did the process for determining compensation of the following persons include a review and approva	a by independent	ι			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.	v	
	The organization's CEO, Executive Director, or top management official			15a	X X	
b	Other officers or key employees of the organization			15b	Δ	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participatio	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b	Х	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (sectior	n 501(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			•••		
		n on Schedule O))			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			finan	cial	
	statements available to the public during the tax year.		,,,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records				
	DAVID E. FISHER - 419-385-5721		r			
	P.O. BOX 140130 TOLEDO OH 43614					
	P.O. BOX 140130, TOLEDO, OH 43614			Form	990	(202

Form 990 (2021)			ZOOLOGICAL			34-444
Part VII Comp	ensation of Of	ficers, Dire	ctors, Trustees,	Key Emplo	yees, Highest Comp	ensated
Emplo	oyees, and Inde	ependent C	Contractors			
Check if	f Schedule O conta	ins a response	e or note to any line in	this Part VII		
Castien A Officer			alarra a an d I limbaat	0	d Emmlanda a	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person i officer and a directo		s both	n an	compensation	compensation	amount of	
	week			uau		1711 US		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1033-1120)	and related
	below	Individual trustee or director	nstitutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indivi	In stit	Officer	Key e	Highest compensated employee	Former			U
(1) JEFFREY SAILER	40.00									
PRESIDENT & CEO	10.00			Х				338,041.	0.	23,895.
(2) SHAYLA BELL-MORIARTY	50.00									
SENIOR VICE PRESIDENT AND					Х			176,161.	0.	17,470.
(3) KENT A. BEKKER	50.00									
SENIOR VICE PRESIDENT AND						X		117,066.	0.	24,290.
(4) GENEVIEVE A. DUMONCEAUX	50.00									
DIRECTOR OF ANIMAL HEALTH						X		123,785.	0.	13,134.
(5) ROBERT ANTHONY VASQUEZ	50.00									
VICE PRESIDENT, EXTERNAL A						X		115,516.	0.	12,465.
(6) DAVID E. FISHER	49.25									
VICE PRESIDENT, FINANCE	0.75			Х				105,967.	0.	11,905.
(7) LESLIE CHAPMAN	2.00									-
DIRECTOR		Х						0.	0.	0.
(8) GARY BYERS	2.00									-
DIRECTOR		Х						0.	0.	0.
(9) EBONIE JACKSON	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JENNIFER HILDEBRAND	2.00								•	•
DIRECTOR		Х						0.	0.	0.
(11) JENNIFER VANCIL	2.00								0	0
DIRECTOR	0.00	X						0.	0.	0.
(12) SARA SWISHER	2.00	x						0.	0.	0
DIRECTOR (13) RODNEY ROGERS	2.00	<u> </u>						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(14) JEREMY ZEISLOFT	2.00	~						0.	0.	0.
SECRETARY	2.00			х				0.	0.	0.
(15) BONNIE RANKIN	2.00			21					0.	
VICE CHAIRMAN	2.00			х				0.	0.	0.
(16) JAMES A. HAUDAN	2.00									
CHAIRMAN				х				0.	0.	0.
(17) MICHAEL P. BELL	2.00								.	<u>,</u>
DIRECTOR		x						0.	0.	0.
132007 12-09-21										Form 990 (2021)
					-					()

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Form 990 (2021) THE TOLEI	DO ZOOLO	GI	CA	L	SC	CI	EЛ	Y	34-4	440	256	Paç	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do			itior more	l than o	ne	Reportable	Reportable		Est	imated	ł
	hours per	box	, unles	ss per	rson i	s both r/trust	an	compensation	compensatio	n	amo	ount of	F
	week		cer an	uau	recio	r/trust	ee)	from	from related			ther	
	(list any hours for	recto						the	organization			ensati	
	related	or di	ee			ated		organization	(W-2/1099-MIS			m the	
	organizations	rustee	l trust		66	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nizatio relateo	
	below	dual t	itiona	-	nploy	st cor yee	5	1000 1120)				nization	
	line)	Individual trustee or director	Institutional trustee	Officer	key er	Highest compensated employee	Former						
(18) ELAINE CANNING	2.00												
DIRECTOR		Х						0.		0.			0.
(19) JEFFREY C. COLE	2.00												
DIRECTOR		Х						0.		0.			0.
(20) CALLIE JACOBY	2.00												_
DIRECTOR		Х						0.		0.			0.
(21) JOSEPH E. MCNEELY	2.00												~
DIRECTOR	0.00	Х						0.		0.			0.
(22) RICHARD LAVALLEY	2.00	77						0		٥.			^
DIRECTOR (23) JAMES HOFFMAN	2.00	Х						0.		0.			0.
TREASURER	2.00			х				0.		0.			0.
(24) HARLAN REICHLE	2.00			23						••			••
DIRECTOR		х						0.		0.			Ο.
(25) RASHEH H. SHAH	2.00												
DIRECTOR		х						0.		0.			0.
(26) DONI MILLER	2.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal)		976,536.		0.	103	-	
c Total from continuation sheets to Part VI						J		0.		0.			0.
d Total (add lines 1b and 1c)								976,536.		0.	103	,15	9.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable	e			
compensation from the organization													<u>13</u>
										I		Yes	No
3 Did the organization list any former officer,	-			•	•			• • •			•		х
line 1a? If "Yes," complete Schedule J for setFor any individual listed on line 1a, is the su											3		<u>~</u>
and related organizations greater than \$150			-					-	-		4	x	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors		201	01 00		2010	011 .							
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	pensat	ion fror	n	
the organization. Report compensation for t	he calendar ye	ear e	endin	ıg w	ith c	or wit	hin	the organization's tax ye	ear.				
(A)								(B)		~	(C)		
Name and business	address							Description of s	ervices	C	ompen	sation	
COMMUNICA, INC.		<i>د</i> ۸	1							1	250	റ	S
31 NORTH ERIE ST., TOLEDO		00	4				-	ADVERTISING		1	,259	,04	4.
TRACTION SALES & MARKETIN 500-2700 PRODUCTION, WAYE		Þ	C	C	א אד	זחג		SOFTWARE DEVI			622	,06	2
WESTFIELD ELECTRIC, INC.	OINIADI,	<u> </u>	ς,	0.			-	DOP I WARE DEVI	SHOT MENT		022	,00	5.
PO BOX 93, GIBSONBURG, OH	43431							CONSTRUCTION			410	,15	5.
SCHULTZ & WILLIAMS, INC.,		FK					1					,	
BOULEVARD, STE 1700, PHIL				A				FUNDRAISING			262	,31	6.
THE COLLABORATIVE, INC.,	ONE SEA				PA	RK							
LEVEL 118, TOLEDO, OH 436	04							ARCHITECTURE			233	,78	3.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 5

Form 990 (2021)

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		(2021) THE TOLEDO ZO	OLOGICAL	SOCIETY		34-4440	256 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
							sections 512 - 514
s s	1 a	Federated campaigns 1a					
un.	k		7,963,865.				
۵. ۵		Fundraising events	494,215.				
ifts ar A			4,448,157.				
nii G	e	Government grants (contributions)	12,915,674.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and					
her	-	similar amounts not included above 1 f	3,128,184.				
ĢĘ	ç						
Con	ł			28,950,095.			
0.0			Business Code	, ,			
	2 8	ADMISSIONS REVENUE	713990	6,495,758.	6,495,758.		
vice	2		713990	2,582,575.			
Ser		SPECIAL EVENTS AND PROGRAMS	711300	318,001.	181,715.	136,286.	
yen (,	,,	,,	
Program Service Revenue							
o d	e	All other program service revenue					
_				9,396,334.			
-+	3	Total. Add lines 2a-2f Investment income (including dividends, intere		2,000,004.			
	3	other similar amounts)		117,111.			117,111.
		Income from investment of tax-exempt bond pi					
	4		-	3,743.			3,743.
	5	Royalties	(ii) Personal	5,745.			5,745.
	<u> </u>						
	6 6						
	k						
	C						
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	1 2		5,300.				
			5,500.				
		 Less: cost or other basis and sales expenses 7b 32,689. 	28,178.				
evenue			-22,878.				
eve		. ,		-9,966.			-9,966.
r B		Net gain or (loss)	····· ►	-9,900.			-9,900.
Other R	88	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See	129,881.				
		Part IV, line 18					
		Less: direct expenses Bb	129,881.	0.			
			>	0.			
	98	Gross income from gaming activities. See					
	.	Part IV, line 19 9a					
	k						
		Net income or (loss) from gaming activities					
	10 8	Gross sales of inventory, less returns	5 803 655				
	.	and allowances 10a					
		Less: cost of goods sold		3 545 272	0 100 E44	1400000	
	(Net income or (loss) from sales of inventory		3,545,373.	2,122,544.	1422829.	
S		MTCCELLANEOUC	Business Code	494 000	494 200		
eor	11 a	MISCELLANEOUS	900099	484,296.	484,296.		
lan en	k						
Miscellaneous Revenue	C						
Mis	6	All other revenue	L				
_	e	• Total. Add lines 11a-11d		484,296.			110
	12	Total revenue. See instructions	►	42,486,986.	11866888.	1559115.	110,888.
13200	9 12-0	Ĵ-21					Form 990 (2021

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THE TOLEDO ZOOLOGICAL SOCIETY Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	ise or note to any line in	this Part IX	<u></u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,634,119.	2,634,119.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	244 - 616	244 616		
	individuals. See Part IV, lines 15 and 16	244,616.	244,616.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	673,439.		673,439.	
6	trustees, and key employees	075,459.		075,455.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,228,306.	11,294,460.	656,264.	277,582.
8	Pension plan accruals and contributions (include	,0,000.	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2,,,5020
0	section 401(k) and 403(b) employer contributions)	513,464.	466,536.	35,462.	11,466.
9	Other employee benefits	1,070,934.	973,057.	73,962.	23,915.
10	Payroll taxes	1,253,401.	1,101,803.	124,519.	27,079
11	Fees for services (nonemployees):				• -
а	Management				
b		98,901.		98,901.	
с	Accounting	57,717.		57,717.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	293,174.			293,174.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	965,150.	744,116.	187,917.	<u>33,117</u> 228,607
12	Advertising and promotion	1,697,598.	1,457,999.	10,992.	
13	Office expenses	213,432.	142,836.	59,541.	11,055.
14	Information technology	263,963.	263,963.		
15	Royalties	1 726 202	1 526 205	170 405	27 500
16	Occupancy	1,736,202.	1,526,295.	172,405.	37,502.
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	89,960.	89,960.		
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	7,587,713.	6,670,358.	753,460.	163,895.
23	Insurance	415,932.	. , ,	415,932.	,
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		989,522.	971,187.	18,335.	
b	REPAIRS & MAINTENANCE	984,330.	964,222.	20,108.	
c	PROCESSING FEES	710,122.		710,122.	
d		599,983.	599,983.		
	All other expenses	687,527.	514,515.	165,183.	7,829.
25	Total functional expenses. Add lines 1 through 24e	36,009,505.	30,660,025.	4,234,259.	1,115,221.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

132010 12-09-21

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Form **990** (2021)

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33

Total liabilities and net assets/fund balances

155,300,570.

33

155,762,648.

Form 990 (2021)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash non interact bearing		1	3,067,612.
2	Cash - non-interest-bearing Savings and temporary cash investments			4,819,815.
3	Pledges and grants receivable, net		3	4,015,015.
4	Accounts receivable, net			493,662.
5	Loans and other receivables from any current or former officer, director,		-	15570021
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
ľ			6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		-	387,584.
9	Prepaid expenses and deferred charges	121 070		384,953.
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D	53.		
Ь	Less: accumulated depreciation 10b 105,603,98	39. 142,915,807.	10c	139,407,574.
11	Investments - publicly traded securities		11	5,470,307.
12	Investments - other securities. See Part IV, line 11		12	, <u>,</u>
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	3,419,817.		1,731,141.
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	155,762,648.
17	Accounts payable and accrued expenses	1,801,444.	17	2,666,831.
18	Grants payable		18	
19	Deferred revenue		19	2,348,285.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	7,250,000.	24	0.
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	E 01E 11C
26	Total liabilities. Add lines 17 through 25	11,140,925.	26	5,015,116.
	Organizations that follow FASB ASC 958, check here 🕨 🔀			
07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	143,035,356.	27	149,694,864.
27 28		4 4 4 4 4 4 4		1,052,668.
20	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here		20	1,052,000.
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances			150,747,532.
02				

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

Form	1990 (2021) THE TOLEDO ZOOLOGICAL SOCIETY	34-	44402	56	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,986.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			,505.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>,481.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	144,		<u>,645.</u>
5	Net unrealized gains (losses) on investments	5			<u>,857.</u>
6	Donated services and use of facilities	6		34	<u>,168.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		59	,381.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	150,	747	<u>,532.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	`	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it		
	Act and OMB Circular A-133?		······ -	3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	e organization
-------------	----------------

Nam	ie of 1	the organization							identification number	
_				LOGICAL SOCI					4-4440256	
Ра	rt I	Reason for Public (Sharity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
	city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (0								
6		A federal, state, or local go		ental unit described in	section 17	'0(b)(1)(A)	(v).			
7	\square	An organization that norma	-					e deneral r	oublic described in	
•		section 170(b)(1)(A)(vi). (C		indi part of ito support in	onna gove			ie general j		
8		A community trust describe		1)(A)(vi) (Complete Par	• 11 \					
9	\square	•			-	d in coniu	notion with a	land grant		
9		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agrici	uiture (see instructions).	Enter the I	name, city	, and state of	the college	or	
	v	university:								
10	X	An organization that norma	• • • •					-	•	
		activities related to its exen		-					-	
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.	
		See section 509(a)(2). (Co	. ,							
11		An organization organized a	-	•	•					
12		An organization organized a	•		•		-	•	• •	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section !	509(a)(3). (Check the box on	
		_lines 12a through 12d that	describes the type of	supporting organizatior	n and com	olete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting	
		organization. You must o	omplete Part IV, Se	ctions A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,	
		its supported organization	n(s) (see instructions)	You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)	
		that is not functionally int	earated. The organiz	ation generally must sat	isfv a distr	bution rec	uirement and	an attentiv	veness	
		requirement (see instruct		• •	•		-			
е		Check this box if the orga						I. Type III		
-		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , pe		
f	Ente	er the number of supported of			0 0					
a		vide the following information	•							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10	Yes	No No	support (see ir	structions)	support (see instructions)	
				above (see instructions))						
Tota	l									

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Schedule A	(Form	990) 202

Part II

THE TOLEDO ZOOLOGICAL SOCIETY

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructiv	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2021 (I		•			14	%
	Public support percentage from 2020					15	%
1 6a	33 1/3% support test - 2021. If the o				14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the o				d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		t VI how the organi	zation
	meets the facts-and-circumstances te	-			•		
b	10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n ald not check a	box on line 13, 16	oa, 160, 17a, or 17	D, CHECK THIS DOX a		
						Schedule A	(Form 990) 2021

THE TOLEDO ZOOLOGICAL SOCIETY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 9941597.13848595.16188988.59665714. 9919378 9767156. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 13766484.12541586.13149205. 6800692.13032112.59290079. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to 12172199.12449152.12430663.12784446.12761107.62597567. or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 35858061.34757894.35521465.33433733.41982207.181553360 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 15,540. 23,100. 15,000. 15,000. 22,480. 91,120. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 c Add lines 7a and 7b 15,000. 15,000. 15,540. 23,100. 22,480. 91 120 181462240 Public support. (Subtract line 7c from line 6.) Section B. Total Support (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (e) 2021 (f) Total 9 Amounts from line 6 35858061. 35521465.33433733.41982207.181553360 34757894. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 89,595. 102,466. 99,528. 80,356. 120,854. 492,799. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses 205,620 245,798. acquired after June 30, 1975 40,178 0 0 0. 285,976. 129. 773. 102,466. 99,528 120,854. 738,597. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 42103061.182291957 36144037.34887667.35623931.33533261. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 99.54 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 99.47 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .41 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) % 17 .48 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22 15

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Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 THE TOLEDO ZOOLOGICAL SOCIETY

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No

Par	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
0	Supported organizations and what condutors or restrictions, if any, applied to such powers during the tax year.	•		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

			Yes	L
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			I
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s)	1		1

Section D.	All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--	---	--	------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗋	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
-----	--	---	----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a 2b 2b 3a 3a 3b Schedule A (Form 990) 2021

Yes No

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Schedule A				TOLEDO				
Part V	Type III	Non-	Functionally	Integrated	509(a)(3)	Support	ting Org	anizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Section D - Distributions

2

3

4

6

7

8

9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				

THE TOLEDO ZOOLOGICAL SOCIETY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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Current Year

Schedule A (Form 990) 2021

1

2

3

4

5 6

7

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Schedule A	(Form 990) 2021	THE	<u>TOLEDO</u>	ZOOLOGICA	L SOCIETY	34-4440256 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information. lines 1, 2, 3b, 3c tion D, lines 2 an 6, and 8; and Pa	Provide the , 4b, 4c, 5a, d 3; Part IV, 5	explanations requi 6, 9a, 9b, 9c, 11a, Section E, lines 1c,	red by Part II, line 11b, and 11c; Par 2a, 2b, 3a, and 3t	10; Part II, line 17a or 17b; Part III, line 12; t IV, Section B, lines 1 and 2; Part IV, Section C, o; Part V, line 1; Part V, Section B, line 1e; Part V, is part for any additional information.
132028 01-04-2	2			20		Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organizatio

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

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	94-	44	± 4	U 2	20	o

Name of the organization		Employ
	THE TOLEDO ZOOLOGICAL SOCIETY	34-
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

C C

THE TOLEDO ZOOLOGICAL SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,650.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>5,220.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$11,016.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$42,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

34-4440256

Name of organization

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Page **2**

		\$_	6,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$_	38,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
10		\$_	10,497.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
12		\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

No.

(a)

No.

8

7

Employer identification number

(d)

Type of contribution

X

X

34-4440256

Person Payroll

Noncash

Person Payroll

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Schedule B (Form 990) (2021)

Total contributions

(c)

Total contributions

\$

8,709.

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	\$\$15,000.
	-
(b) Name, address, and ZIP + 4	(c) Total contributions
	_
	_ \$68,529.
<i>(</i> ,)	-
(b) Name, address, and ZIP + 4	(c) Total contributions
	_ \$50,000.
	_
(b)	(c) Total contributions
Name, address, and ZIP + 4	\$5,000.
(b)	(c)
Name, address, and ZIP + 4	Total contributions
	\$28,250.
(b) Name, address, and ZIP + 4	(c) Total contributions

(b)

Name, address, and ZIP + 4

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

(d)

Type of contribution

X

X

X

X

X

X

34-4440256

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(c)

Total contributions

Schedule B (Form 990) (2021)

\$

57,650.

Schedule B (Form 990) (2021) Name of organization

Part I

(a)

No.

13

(a)

No.

14

(a)

No.

15

(a) No.

16

(a)

No.

17

(a)

No.

18

Schedule B (Form 990) (2021))
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Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

Part I

Employer identification number

34-4440256

(a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 20 X Person Payroll 7,354. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 5,065. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 24 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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THE TOLEDO ZOOLOGICAL SOCIETY

Name of organization

Employer identification number

34 - 4440256

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$132,161.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$6,021.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,555 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$6,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$7,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	\$ <u>67,500.</u>	Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- \$ <u>6,125.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>5,000.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- \$ 10,000.	Person X Payroll D Noncash

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Person Payroll

Employer identification number

(d)

Type of contribution

(Complete Part II for noncash contributions.)

X

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Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)	
Name of organization	

Part I

(a)

No.

31

(a)

No.

32

(a)

No.

33

(a)

No.

34

(a)

No.

35

(a)

No.

36

34-4440256

(c)

Total contributions

Contributors (see instructions). Use duplicate copies of Part I if additional	1	I
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$36,320.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$12,662.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$ <u>18,225.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution

Schedule B (Form 990) (2021) Name of organization

Part I (a)

No.

37

(a)

No.

38

(a)

No.

39

(a)

No.

40

(a)

No.

41

(a)

No.

42

Employer identification number

34-4440256

noncash contributions.) Schedule B (Form 990) (2021)

Person Payroll

Noncash

(Complete Part II for

10,000.

\$

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THE TOLEDO ZOOLOGICAL SOCIETY

X

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(b) Name, address, and ZIP + 4	(c) Total contributions
Name, address, and ZiP + 4	\$50,000.
(b) Name, address, and ZIP + 4	(c) Total contributions
	\$ <u>2,000,000</u> .
(b) Name, address, and ZIP + 4	(c) Total contributions
	\$7,500.
(b) Name, address, and ZIP + 4	(c) Total contributions
	\$9,750.
(b) Name, address, and ZIP + 4	(c) Total contributions

Name of organization

Part I (a)

No.

43

(a)

No.

44

(a)

No.

45

(a)

No.

46

(a)

No.

47

(a)

No.

48

Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

34-4440256

(d) Type of contribution ons X Person Payroll 500. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution ons X Person Payroll 750. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution ons X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 53,864. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) 29 2021.05000 THE TOLEDO ZOOLOGICAL SOC 429114.1

Page 2

Employer identification number

(d)

Type of contribution

(d) Type of contribution

X

X

				Schedule	B (Form	990) (2021)
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9114.00000	2021.05000	THE	TOLEDO	ZOOLOGICAL	SOC	429114.1

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$10,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,292.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$5,379.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$64,199.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>54</u> 123452 11-11		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Name of organization

Part I

_

Employer identification number

34 - 4440256

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
55		\$12,48
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
<u>56</u>		\$5,00
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
<u>57</u>		\$78,87
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contributions

THE TOLEDO ZOOLOGICAL SOCIETY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

12,480. Noncash (Complete Part II for noncash contributions.) (c) (d) Type of contribution **Total contributions** X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution X Person Payroll 78,875. Noncash (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution 58 X Person Payroll 9,650. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 59 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 60 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 31 2021.05000 THE TOLEDO ZOOLOGICAL SOC 429114.1

Employer identification number

Person Payroll

(d)

Type of contribution

X

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Name of organization

Page 2

Schedule B (Form 990) (2021)	
Name of organization	

Part I

THE TOLEDO ZOOLOGICAL SOCIETY

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 61 X Person Payroll 15,300. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 62 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 63 X Person Payroll 51,227. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 64 X Person Payroll 14,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 65 X Person Payroll 4,448,157. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 66 X Person Payroll 29,528. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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Employer identification number

34-4440256

Schedule B	(Form	990)	(202	1
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Name of organization

Employer identification number

34-4440256

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 67 </u>		\$ <u>12,761,107.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$ <u>125,039.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

2021.05000 THE TOLEDO ZOOLOGICAL SOC 429114.1

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II

(a)

THE TOLEDO ZOOLOGICAL SOCIETY

Employer identification number

34-4440256

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34

Schedule B (Form 990) (2021)

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Schedule	B (Form 990) (2021)			Page 4
Name of o	organization		Employer ide	entification number
THE T	OLEDO ZOOLOGICAL SOCIET	Y	34-44	40256
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line er	try. For organizations	an \$1,000 for the year
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$	
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	r gift is held
			<u> </u>	
		(e) Transfer of gi	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tran	Isferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	r gift is held
Parti				
		(e) Transfer of gi	t	
			Deletionship of transferrer to tran	
	Transferee's name, address, a		Relationship of transferor to tran	Isteree
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how	r gift is hold
Part I				
			[
		e) Transfer of gi		
			·	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tran	sferee
(a) No.		1		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	r gift is held
		(e) Transfer of gi	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tran	isferee
123454 11-1	1-21		Sched	lule B (Form 990) (2021)

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SCHEDULE D)
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Supplemental Financial Statements

 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	e of the organization THE TOLEDO ZOOLOGICA	AL SOCIETY	Employer identification number $34 - 4440256$
Pa			
	organization answered "Yes" on Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in wri		ad funda
5	-	-	
~	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or d		
Pa		inction answered "Ves" on Form 000	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreatio		a historically important land area
	Protection of natural habitat		a certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	Held at the End of the Tax Year
	day of the tax year.		
a			
b			
C.	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired after		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period		
-	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing cons	ervation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conserva	tion easements during the year
-	▶ \$		
8	Does each conservation easement reported on line 2(d) above s	, , ,	
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial stateme	ents that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	ort Historical Treasures or Ot	her Similar Assets
	Complete if the organization answered "Yes" on Form 99		
10	If the organization elected, as permitted under FASB ASC 958,		nd balanco shoot works
Ia	of art, historical treasures, or other similar assets held for public	•	
			•
h	service, provide in Part XIII the text of the footnote to its financial		
b	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public ex	knibition, education, or research in furth	lerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		N .
-			
2	If the organization received or held works of art, historical treasu		i gain, provide
	the following amounts required to be reported under FASB ASC	-	
a	Revenue included on Form 990, Part VIII, line 1		• •
h	Assets included in Form 990 Part X		► S

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

Schedule D (Form 990) 2021

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Sche		EDO ZOOLOGI						34-44			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tre	asures, o	r Othei	r Simila	r Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the f	ollowing tha	t make si	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d] Loan or excl	hange progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how t	hey further th	e organizatio	on's exer	npt purpc	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, h	istorical treas	ures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orga	anization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if th	e organizatio	n answered	"Yes" on	Form 990	D, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contributions	s or other as	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:				_			
									Amount		
с	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						. 1f				
2a	Did the organization include an amount on Fe						ity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planati	on has been j	provided on	Part XIII					
Par	t V Endowment Funds. Complete i	f the organization an	swered	d "Yes" on Fo	rm 990, Part	IV, line 1	10.				
		(a) Current year	(b)	Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	14,039,577.	1	3,335,414.	13,38	5,927.	14,3	389,121.	11,	820,	280.
b	Contributions	2,861,114.		463,245.	1,05	0,954.				909,	233.
с	Net investment earnings, gains, and losses	2,249,883.		1,900,244.	-35	8,218.	- 6	553,123.	1,	662,	591.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	2,477,861.		792,521.	74	3,249.	3	350,071.			
f	Administrative expenses			866,805.						2,	983.
g	End of year balance	16,672,713.	1	4,039,577.	13,33	5,414.	13,3	385,927.	14,	389,	121.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	lg, column (a)) held as:						
а	Board designated or quasi-endowment	83.0000	%								
b	Permanent endowment <a>17.0000	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion th	at are held an	d administe	red for th	e organiz	ation			
	by:								ſ	Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations								3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza								3b	Х	
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990	, Part I	V, line 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulat	ed	(d) Bool	k valu	e
		basis (investn	nent)	basis	(other)	de	preciation	1	.,		
1 a	Land			8,41	2,906.				8,412	2,9	06.
	Buildings			210,42		87,2	281,9	83.12			
	Leasehold improvements						•			-	
	Equipment			12,79	1,363.	9,9	931,1	11.	2,860),2	52.
	Other				3,855.		<u>, 390</u>		4,992		
	. Add lines 1a through 1e. (Column (d) must e		X. colu						9,40		
	<u> </u>				7			Schedule			

132052 10-28-21

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" of			af
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-ot-year market value
. ,	al derivatives			
	held equity interests			
(3) Other (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-ot-year market value
(1)				
(2)				
<u>(3)</u> (4)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities.		· · · · · ·	
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line [.]	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) Fed	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	umn (b) must equal Form 990, Part X, col. (B) line	25.)		
	for uncertain tax positions. In Part XIII, provide			at reports the
-	ation's liability for uncertain tax positions under		•	

Schedule D (Form 990) 2021

132053 10-28-21

11461101 759633 429114.00000

	dule D (Form 990) 2021 THE TOLEDO ZOOLOGICAL		34-4440256 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenue p	ber Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expenses	s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE	TOLEDO	ZOOLOGICAL	SOCIETY	FOUNDATION	GRANTS	то	THE	TOLEDO	ZOOLOGICAL
-----	--------	------------	---------	------------	--------	----	-----	--------	------------

SOCIETY FOR VARIOUS PROGRAMS.

PART X, LINE 2:

THE TOLEDO ZOOLOGICAL SOCIETY HAS EVALUATED UNCERTAIN INCOME TAX POSITIONS

39

AND BELIEVES THERE ARE NO SUCH POSITIONS OF SIGNIFICANCE AT DECEMBER 31,

2021 THAT ARE REQUIRED TO BE RECORDED OR DISCLOSED IN THE FINANCIAL

STATEMENTS.

132054 10-28-21

Schedule	D	(Form	990)	202

Part XIII Supplemental Information (continued)	
	Cakadula D (Faun 000) 0004
132055 10-28-21	Schedule D (Form 990) 2021

BRUNEI, BURMA,		•			1.00.000
CAMBODIA,	0	0	PROGRAM SERVICES	GRANTS	160,000
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,	o	0	PROGRAM SERVICES	GRANTS	10 616
AUSTRIA, BELGIUM EAST ASIA AND THE		0	PROGRAM SERVICES	GRANIS	19,616
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	o	0	PROGRAM SERVICES	GRANTS	65,000
	•			GRAVID	
3 a Subtotal	0	1			309,386
b Total from continuation					
sheets to Part I	0	0			0
c Totals (add lines 3a					
and 3b)	0	1			309,386
HA For Paperwork Reductio	on Act Notice, se	e the Instruc	tions for Form 990.	S	chedule F (Form 990) 202
132071 12-20-21					
61101 759633 429			41	HE TOLEDO ZOOLOG	

PROGRAM SERVICES

(by type) (such as, fundraising, pro-

gram services, investments, grants to

recipients located in the region)

2	Activitics ner Design	(The following Dort I	line O table can be du	plicated if additional ar	and in product)
3	Activities per Region.	(The following Fart I,	line 3 table can be du	plicated if additional sp	Jace is needed.)

Name of the	organization	Employer identification number		
THE TO	LEDO ZOOLOGICAL SOCIETY	34-4440256		
Part I	General Information on Activities Outside the United States. Complete if the organ	ization answered "Yes" on		
	Form 990, Part IV, line 14b.			

	Form 990, Part IV, line 14b.	
I	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance	5
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes

offices

in the region

0

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,

AUSTRIA, BELGIUM

EAST ASIA AND THE PACIFIC - AUSTRALIA,

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

No

(f) Total

expenditures

for and

investments

in the region

64,770.

Open to Public

Inspection

is a program service,

describe specific type

of service(s) in the region

FIELD CONSERVATION

3	Activities per Region. (TI	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)

employees, agents, and

independent

contractors in the region

1

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

²

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

United States.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,			ELECTRONIC			
		BRUNEI, BURMA,	PROGRAM SERVICES	160,000.	FUNDS TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,			ELECTRONIC			
		BRUNEI, BURMA,	PROGRAM SERVICES	65,000.	FUNDS TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -			ELECTRONIC			
		ALBANIA, ANDORRA,	PROGRAM SERVICES	19,616.	FUNDS TRANSFER	0.		
	inization by the IRS, o	or for which the grantee	ecognized as charities by the or counsel has provided a sect					3

Schedule F (Form 990) 2021

THE	TOLEDO	ZOOLOGICAL	SOCIETY
	TOTTDO	TOOTOOTOTIT	DOCTUTI

34-4440256

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Part V	(Form 990) 2021 THE TOLEDO ZOOLOGICAL SOCIET Supplemental Information	Y 34-4440256	Page 5
	Provide the information required by Part I, line 2 (monitoring of funds); Part I investments vs. expenditures per region); Part II, line 1 (accounting method)	; Part III (accounting method); and Part III, column (c)	
	(estimated number of recipients), as applicable. Also complete this part to p	covide any additional information. See instructions.	
PART I	, LINE 2:		
WRITTF	N MEMORANDUMS OF UNDERSTANDING OR CONTR	ACTS ARE ESTABLISHED WITH	
ALL CC	NTRACTS & VENDORS. THE ZOO ALSO RECEIVE	S PROGRAM REPORTS ON A	
REGULA	R BASIS.		
PART I	, LINE 3:		
FMV			
_			
		<u> </u>	
132075 12-20-	²¹ 45	Schedule F (Form S	990) 2021

SCHEDULE G	Suppleme	ities (OMB No. 1545-0047					
(Form 990)	Complete if the	or if the	2021					
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	ruction	s and	the latest information	on.	Employor ide	Inspection entification number
	THE TOL	EDO ZOOLOGICAL SOC					34-4440	256
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	I filers are not
 Indicate whether th a X Mail solicitat b X Internet and c Phone solici d X In-person so 2 a Did the organization key employees list 	e organization rais itions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	ed funds through any of the followin e X Solicita f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra (includ	non-g gover iising ling of onal fi	overnment grants nment grants events ficers, directors, trus undraising services?	-	X Yes	
(i) Name and addres	s of individual	(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
SCHULTZ & WILLIAMS	- 325	DIRECT MAIL CAMPAIGN FOR	Yes	No				
CHESTNUT ST, STE 7	00,	MEMBERSHIPS		X	1,854,806.		293,174.	1,561,632.
Total					1,854,806.		293,174.	1,561,632.
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt from re	gistration
OH or licensing.								
		ce, see the Instructions for Form FOR CONTINUATIONS	990 or	990-E	Ζ.		Schedule	e G (Form 990) 2021

132081 10-21-21

THE TOLEDO ZOOLOGICAL SOCIETY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FEAST WITH		
			ZOO-TO-DO	THE BEASTS	5	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
heveriue	1	Gross receipts	333,433.	80,800.	209,863.	624,096
	2	Less: Contributions	269,299.	78,870.	146,046.	494,215
	3	Gross income (line 1 minus line 2)	64,134.	1,930.	63,817.	129,881
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	64,134.	1,930.	63,817.	129,881
	10	Direct expense summary. Add lines 4 throug				129,881
	11	Net income summary. Subtract line 10 from	line 3, column (d)		🕨	0
a	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
ž			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Hevenue						
Ĕ	1	Gross revenue				
ام	2	Cash prizes				
lse						
<u>p</u>	3	Noncash prizes				
Ì						
<u> </u>						
₽	4	Rent/facility costs				
	4	Rent/facility costs				
л.e	4 5	Rent/facility costs Other direct expenses				
	4 5		Yes%	Yes %	Yes %	
	4 5 6		└── Yes % └── No	☐ Yes% ☐ No	Yes % No	
	5	Other direct expenses	No			
Dire	5	Other direct expenses	No		No	
	5 6	Other direct expenses	No	No	No	
	5 6	Other direct expenses	h 5 in column (d)	No	<u>No</u> No	
	5 6 7	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No	<u>No</u> No	
,	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	No	No►	
•	5 6 7 8 Ent	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	No	No►	Yes N
) a	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No	No►	Yes N
) a	5 6 7 8 Ent	Other direct expenses	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No	No►	Yes N
9 a	5 6 7 8 Ent	Other direct expenses	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No	No►	YesN
a b Da	5 6 7 8 Is t If "	Other direct expenses	No No No Solumn (d) Solumn (d) Solumn (d) Solution Solution	states?	No	
) a b	5 6 7 8 Is t If "	Other direct expenses	No No No Solumn (d) Solumn (d) Solumn (d) Solution Solution	states?	No	
) a b	5 6 7 8 Is t If "	Other direct expenses	No No No Solumn (d) Solumn (d) Solumn (d) Solution Solution	states?	No	
a b 0a	5 6 7 8 Is t If "	Other direct expenses	No No No Solumn (d) Solumn (d) Solumn (d) Solution Solution	states?	No	
a b b	5 6 7 8 Ent Is t If " We If "	Other direct expenses	No No No Solumn (d) Solumn (d) Solumn (d) Solution Solution	states?	No ►	

Schedule G (Form 990) 2021 THE TOLEDO ZOOLOGICAL SOCIETY 34-	4440	256	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	No No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a		%
b An outside facility	13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[]	Yes	L No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party $ ightarrow$ \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation 🕨 💲			
Description of services provided 🕨			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	No No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year > \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ırt III, lin	es 9, 9	b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	s:		
(I) NAME OF FUNDRAISER: SCHULTZ & WILLIAMS			
(I) ADDRESS OF FUNDRAISER:			
325 CHESTNUT ST, STE 700, PHILADELPHIA, PA 19106			
132083 10-21-21 Scher	Jule G (Form 9	990) 2021

Sch	nedule	e G	(Form	990))
			-		

Part IV	Supplemental Information (continued)
132084 11-18-	Schedule G (Form 990)

49 2021.05000 THE TOLEDO ZOOLOGICAL SOC 429114.1

SCHEDULE I	(Grants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)	Go	overnments, ar	nd Individual	s in the Uni	ted States		2021
Department of the Tracsury	Comp	nete ir the organizatio			rt IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ii			nation.		Inspection
Name of the organization THE TOLED	O ZOOLOGI	CAL SOCIETY					Employer identification number $34 - 4440256$
1 Does the organization maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assis	stance?						X Yes No
	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FOUNDATION 901 WOODY HAYES DR.							
COLUMBUS, OH 43210	31-1145986	501(C)(3)	59,976.	0.			WILDLIFE GRANT
PURDUE RESEARCH FOUNDATION 1281 WIN HENTSCHEL BLVD. WEST LAFAYETTE, IN 47906	35-1052049	501(C)(3)	17,692.	0.			WILDLIFE GRANT
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Partice if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Partice if the organization Partice if the organization Employer identified and the organization Partice if the organization Imployer identified and the organization and the selection Imployer identified and the organization on Grants and Assistance Imployer identified and the organization and the selection Imployer identified and the organization and the organization and the organization and the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Imployer identified and the organization of the provements. Complete if the organization (book or orgovernment) Imployeridentified and the organization of orgovernment.		VARIOUS PROTECTS					
		551(5)(5)	2,000,101.				
	0	0	e line 1 table			I	
3 Enter total number of other organization	s listed in the line	1 table					• 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

e I	I (Form 990) 2021	THE	TOLEDO	ZOOL	OGICAL	SOCIETY			
	Grants and Other Assist Part III can be duplicated				Complete in	the organization	answered "Yes'	' on Form 990, F	²art IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	L uired in Part I, lin	e 2; Part III, column	(b); and any other ac	l dditional information.	1

Schedule Part III 34-4440256 Page 2

SC	HEDULE J	Compens	sation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)		ors, Trustees, Key Employees, and Highest	F	00	n 4	
•	-	Com	pensated Employees		20	Z	
-			answered "Yes" on Form 990, Part IV, line 23. tach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service		0 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organizatio	1		Employer i	identificatio	on nui	mber
		THE TOLEDO ZOOLOGI	CAL SOCIETY	34-4	44025	6	
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropr	ate box(es) if the organization provided any	of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any rele	evant information regarding these items.				
	First-class or o	harter travel	Housing allowance or residence for perso	nal use			
	Travel for com	panions	Payments for business use of personal re-	sidence			
	Tax indemnifie	ation and gross-up payments	Health or social club dues or initiation fee				
	Discretionary	spending account	Personal services (such as maid, chauffer	ır, chef)			
b			follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described ab	ove? If "No," complete Part III to explain		1b		<u> </u>
2	-		or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, re	garding the items checked on line 1a?		2		
-							
3			establish the compensation of the organization's				
			y boxes for methods used by a related organization	on to			
	· · ·	ation of the CEO/Executive Director, but exp					
	X Compensation		X Written employment contract				
		ompensation consultant	X Compensation survey or study				
		ther organizations	X Approval by the board or compensation c	ommittee			
4	During the year di	any person listed on Form 990, Part VII, Se	action A line 12, with respect to the filing				
4	organization or a re		ction A, line Ta, with respect to the hilling				
а	-	e payment or change-of-control payment?			4a		X
b		eive payment from a supplemental nonqual	ified retirement plan?			х	<u> </u>
		eive payment from an equity-based comper	anting among a second of the				x
Ŭ		les 4a-c, list the persons and provide the ap	•				
	Only section 501()(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.				
5			the organization pay or accrue any compensatio	n			
	contingent on the r						
а	-						X
							X
		r 5b, describe in Part III.					
6	For persons listed	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		X
							X
		r 6b, describe in Part III.					
7			the organization provide any nonfixed payments				
					7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accr	ued pursuant to a contract that was subject to th	ie			
		ption described in Regulations section 53.4			8		X
9	If "Yes" on line 8, c	d the organization also follow the rebuttable	e presumption procedure described in				
	Regulations section				9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions	for Form 990.	Sched	lule J (Forn	n 990)) 2021

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEFFREY SAILER	(i)	338,041.	0.	0.	19,500.	4,395.	361,936.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHAYLA BELL-MORIARTY	(i)	176,161.	0.	0.	12,481.	4,989.	193,631.	0.
SENIOR VICE PRESIDENT AND	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



THE TOLEDO ZOOLOGICAL SOCIETY

Employer identification number 34 - 4440256

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDING FUN, AWE-INSPIRING, AND EDUCATIONAL EXPERIENCES. BY JOINING

US, OTHERS HELP BUILD A MOVEMENT THAT CARES FOR ANIMALS AND CREATES A

SHARED SPACE FOR WILDLIFE IN THIS WORLD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EXPERIENCES FOR THE PUBLIC.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FEDERAL 990 RETURN IS PROVIDED FOR REVIEW DURING A GOVERNING

BODY MEETING BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES EACH DIRECTOR TO READ AND SIGN A CONFLICT OF

INTEREST ATTESTATION ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE GOVERNING BODY REVIEWS AND APPROVES THE COMPENSATION OF THE TOLEDO

ZOOLOGICAL SOCIETY'S PRESIDENT AND CEO. SALARY SURVEYS ARE ALSO USED TO

HELP DETERMINE APPROPRIATE COMPENSATION FOR THE PRESIDENT AND CEO, AS WELL

AS THE OTHER OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990) 2021

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THE TOLEDO ZOOLOGICAL SOCIETY	Employer identification number 34-4440256
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	59,381.
FORM 990, PART XII, LINE 2C	
THE PROCESS USED HAS NOT CHANGED.	
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

THE TOLEDO ZOOLOGICAL SOCIETY

Employer identification number 34 - 4440256

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
					THE TOLEDO		
THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION -	A DEPOSITORY FOR GIFTS TO				ZOOLOGICAL		
34-1963509, 2700 BROADWAY, TOLEDO, OH 43609	THE SOCIETY	оніо	501(C)(3)	LINE 12A, I	SOCIETY		х
]						
]						
	1						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 THE TOLEDO ZOOLOGICAL SOCIETY

34-4440256 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	· · · · · · · · · · · · · · · · · · ·	,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	((k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
	1											
	-											
	1											
	4											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		0				Yes	No
	1								
	1								
									\square

Schedule R (Form 990) 2021 THE TOLEDO ZOOLOGICAL SOCIETY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	1j		+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)	_	X	
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION	С	4,448,157.	BASED ON NEEDS OF ORGANIZATION
(2) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION	D	692,605.	FMV
(3) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION	В	2,556,451.	FMV
<u>(4)</u>			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2021 THE TOLEDO ZOOLOGICAL SOCIETY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: Yes	all rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior alloca Yes	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn) ging ter?	(k) Percentage ownership
			30010113 0 12 0 14)	Yes	NO			Yes	NO		Yes	NO	

Schedule R (Form 990) 2021

THE TOLEDO ZOOLOGICAL SOCIETY

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

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