

# TAX RETURN FILING INSTRUCTIONS

FORM 990

# FOR THE YEAR ENDING

December 31, 2019

# **Prepared For:**

The Toledo Zoological Society Foundation 2700 Broadway Toledo, OH 43609-3121

# **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 <b>990</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

0040

# \*\* 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:	Αŀ	or the	e 2019 calendar year, or tax year beginning and	ending		
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Doing Dusiness as Tream       Doing Dusiness as The Universe of the CP.0. box if mail is not delivered to street address)       Reconvsuite       E Telephone number 41.9 - 38.5 - 57.2.1         City or town, state or province, country, and ZIP or foreign postal code Memorial       Gross recepts 3       1,699,396         Presenter       Finame and address of principal officer. DAVID E. FISHER Form of organization; X Carporation       Hall Is this agroup return for subordinates?       Yes X Nc H(b) Area statustics; X Solf(C)(3)         J website: ► N/A       HG Carporation       Trust       Association       Other ►         I aracexempt status; X Solf(C)(3)       501(C)(1)        (insert no.)       4947(a)(1) or       527         I Briefly describe the organization's mission or most significant activities:       TO SECURE THE LONG-TERM FUTURE OF THE ZOO AS A DEPOSITORY FOR GIFTS TO THE SOCIETY.         2 Check this box ►       I fit 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 V, line 1a)       3       1         5 Total number of independent voting members of the governing body (Part V, line 1a)       3       1         5 Total number of voting members of the governing body (Part V, line 1a)       3       1         6 Total number of independent voting members of the governing body (Part V, line 1a)       3       1         5 Total number of independent voting membe		chang	e   THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATI	ON		
Number and street (of PJ. 0x If Mail is not deleved to street address)       Hoom/Suite       E Telephone number         27100       BROADWAY       End of the phone street address of principal officer. DAVID E. FISHER       G creas receipts 3       1,699,396         Intervent       Family       Family <th></th> <td>chang</td> <td>e Doing business as</td> <td></td> <td>34-19635</td> <td>09</td>		chang	e Doing business as		34-19635	09
Image: Second Secon		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
atted Comparison       City or town, state or province, country, and 2/P or toreign postal code       City corrown, state or province, country, and 2/P or toreign postal code         Properties       TOLEDO, OH 43609-3121       F Name and address of principal officer: DAVID E. FISHER       H(a) Is this a group return         I accessment status:       X isol(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527       H(b) Xeral subordinates included?       Yes X No         J Website: ► N/A       X isol(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527       H(c) Yeral subordinates included?       Yes X No         J Briefly describe the organization is mission or most significant activities:       TO SECURE THE LONG-TERM FUTURE       OF THE ZOO AS A DEPOSITORY FOR GIFTS TO THE SOCIETY.         2 Check this box ► if the organization idscontinued its operations or disposed of more than 25% of its net assets.       Number of individuals employed in calendar year 2019 (Part V, line 1a)       1       1         4 Number of individuals employed in calendar year 2019 (Part V, line 2a)       5       1       1       1         6 Total number of volunteers (estimate if necessary)       6       1 <t< th=""><th></th><td>Jreturn/</td><td></td><td></td><td>419-385-</td><td></td></t<>		Jreturn/			419-385-	
Image: Contribution of the control		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,699,396.
Image: Provide and address of principal officer: DAVED Extended by the set of subordinates / Provided address of principal officer: DAVED Extended by the set of subordinates / Provided address of principal officer: DAVED Extended by the set of subordinates / Provided address of principal officer: DAVED Extended by the set of subordinates / Provided address of principal officer: DAVED Extended by the set of subordinates / Provided address of principal officer: DAVED Extended by the set of subordinates / Provided address of principal officer: DAVED Extended by the set of subordinates / Provided address of principal officer: DAVED Extended by the set of subordinates / Provided address of principal officer: DAVED Extended by the set of subordinates / Provided address of principal officer: DAVED Extended by the set of subordinates / Provided address of principal officer: DAVED Extended by the set of subordinates / Provided address of principal officer: DAVED Extended by the set of		return	IOLEDO, OH 45009-5121		H(a) Is this a group re	
SAME AS C ABOVE       H(b) Are all subcrimet include?       Yes IN         I Tax-exempt status: I Sol1(c)(3) 501(c) ( )        (insert no.) 4947(a)(1) or 527       H(b) Are all subcrimet include?       Yes IN         J Webste: N/A       N/A       H(b) Are all subcrimet include?       Yes IN         K Form of organization: I Corporation       Trust       Association       Other ►       L Year of formation: 2001 M State of legal domicile: O         Part I Summary       1 Briefly describe the organization's mission or most significant activities:       TO SECURE THE LONG-TERM FUTURE         OF THE ZOO AS A DEPOSITORY FOR GIFTS       TO THE SOCIETY.       2 Check this box ►       if 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       1         4 Number of individuals employed in calendar year 2019 (Part V, line 2a)       5       6         5 Total number of volutherse (estimate if necessary)       6       1       7a         6 Total number of volutherse (setimate if necessary)       0       1, 761, 545.       1, 080, 222         9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       1, 137, 266.       585, 464         10 Unrestment income (Part VIII, column (A), lines 4., and 7d)       1, 137, 266.       585, 464         11 Other revenue (Ad lines 3.4, and		tion	F Name and address of principal officer: DAVID E. FISHER		for subordinates	? Yes X No
J Website: ▶ N/A       H(c) Group exemption number ▶         K Form of organization: X Corporation Trust Association Other ▶       L Year of formation: 2001 M State of legal domicile: O         Part I       Summary         1       Briefly describe the organization's mission or most significant activities: TO SECURE THE LONG-TERM FUTURE         0F       THE ZOO AS A DEPOSITORY FOR GIFTS TO THE SOCIETY.         2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of volume rest of the governing body (Part VI, line 1a)       3       1         4       Number of volunteers (estimate if necessary)       5       5         5       Total number of volunteers (estimate if necessary)       6       1         7       Total unrelated business revenue from Form 990-T, line 39       Prior Year       Current Year         9       Program service revenue (Part VIII, column (O), line 12       7       0       0         10       Investment income (Part VIII, lone The M POPOLT, line 39       Prior Year       Current Year         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       1, 1, 137, 266       585, 464         11       Other revenue (Part VIII, column (A), lines 1-3)       2, 107, 389.		-	SAME AS C ABOVE		1	
K Form of organization:       X Corporation       Trust       Association       Other ▶       L Year of formation:       2001       M State of legal domicile: O         PartII       Summary       I       Briefly describe the organization's mission or most significant activities:       TO       SECURE       THE       LONG-TERM       FUTURE         OF       THE       ZOO AS       A DEPOSITORY FOR GIFTS       TO       THE       SOCIENTY         2       Check this box <ul> <li>if the organization discontinued its operations or disposed of more than 25% of its net assets.</li>       3       1       4       1       4       1       4       1       4       1       4       1       4       1       4       1       4       1       4       1       1       4       1       1       4       1       1       4       1       1       4       1       1       4       1       1       4       1       1       6       1       1       7       7       1       1       1       1       7       7       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       <td< th=""><th></th><td></td><td></td><td>or 527</td><td>1</td><td></td></td<></ul>				or 527	1	
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: OF THE ZOO AS A DEPOSITORY FOR GIFTS TO THE SOCIETY.       1         2       Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       3       1         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       1         5       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       6       1         6       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       6       1         6       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       6       1         7       Total number of volunteers (estimate if necessary)       7a       0       0         7       Total number of Part VIII, line 1h)       9       Prior Year       Current Year         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       1, 137, 266.       585, 464         10       Investment income (Part VIII, column (A), lines 1-3)       2, 898, 811.       1, 665, 686         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.						
9       Prior Year       Current Year         1       Briefly describe the organization's mission or most significant activities: TO SECURE THE LONG-TERM FUTURE         0F       THE ZOO AS A DEPOSITORY FOR GIFTS       TO THE SOCIETY.         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of independent voting members of the governing body (Part VI, line 1b)       4       1         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       1         5       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       5       6         6       Total number of volunteers (estimate if necessary)       6       1       7a         7       Total number of volunteers (estimate if necessary)       7b       0       0         7       Total number of volunteers (estimate if necessary)       7b       0       0         8       Contributions and grants (Part VIII, line 1b)       1,761,545.       1,080,222       0.       0.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       1,137,266.       585,464       1       1,137,266.       585,4568       1,485,338         14       Benefits paid to or for members (Part IX, column (A),				<b>L</b> Year	of formation: 2001  N	State of legal domicile: OH
OF       THE ZOO AS A DEPOSITORY FOR GIFTS TO THE SOCIETY.         2       Check this box       if 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       1         4       Number of individuals employed in calendar year 2019 (Part VI, line 1a)       4       1         5       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       5       5         6       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       6       1         7       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)       6       1         6       Total number of votunteers (estimate if necessary)       6       1       1         7       Total number of votunteers (estimate if necessary)       6       1       1         7       Total numetated business revenue from Part VIII, column (C), line 12       7       0       0         9       Program service revenue (Part VIII, line 1h)       1, 761, 545.       1, 080, 222       0.       0.       0         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7ci)       1, 7137, 266.       585, 464       0.       0.       0       0.       0.       0.	Ра					
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b Net unrelated business taxable income from Form 990-T, line 39         Tb         U           Prior Year         Current Year           1,761,545.         1,080,222           9 Program service revenue (Part VIII, line 2g)         0.           10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)         1,137,266.         585,464           11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0           12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         2,107,389.         1,485,338           13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)         2,107,389.         1,485,338           14 Benefits paid to or for members (Part IX, column (A), lines 4.         0.         0           15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         0.         0           16a Professional fundraising fees (Part IX, column (A), line 25)         0.         0         0           17 Other expenses (Part IX, column (A), line 25)         0.         2,155,658.         1,544,988           19 Revenue less expenses. Subtract line 18 from line 12         743,153.         120,698           20 Total assets (Part X, line 16)         17,800,628.         20,316,232           21 Total liabilities (Part X, line 26)         753,212.         484,155	anc					
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b Net unrelated business taxable income from Form 990-T, line 39         Tb         U           Prior Year         Current Year           1,761,545.         1,080,222           9 Program service revenue (Part VIII, line 2g)         0.           10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)         1,137,266.         585,464           11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0           12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         2,107,389.         1,485,338           13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)         2,107,389.         1,485,338           14 Benefits paid to or for members (Part IX, column (A), lines 4.         0.         0           15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         0.         0           16a Professional fundraising fees (Part IX, column (A), line 25)         0.         0         0           17 Other expenses (Part IX, column (A), line 25)         0.         2,155,658.         1,544,988           19 Revenue less expenses. Subtract line 18 from line 12         743,153.         120,698           20 Total assets (Part X, line 16)         17,800,628.         20,316,232           21 Total liabilities (Part X, line 26)         753,212.         484,155	ies					
b Net unrelated business taxable income from Form 990-T, line 39         Tb         U           Prior Year         Current Year           1,761,545.         1,080,222           9         Program service revenue (Part VIII, line 1h)         1,761,545.         1,080,222           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         1,137,266.         585,464           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         2,107,389.         1,485,338           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         2,107,389.         1,485,338           14         Benefits paid to or for members (Part IX, column (A), lines 1.3)         0.         0           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)         0.         0           16a         Professional fundraising expenses (Part IX, column (A), line 25)         0.         0           17         Other expenses (Part IX, column (A), line 11e         48,269.         59,650           17         Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)         743,153.         120,698           19         Revenue less expe	tivit					
B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         1, 137, 266.         585, 464           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         2, 107, 389, 1, 485, 338           14         Benefits paid to or for members (Part IX, column (A), lines 1.3)         2, 107, 389, 1, 485, 338           14         Benefits paid to or for members (Part IX, column (A), lines 5.10)         0.         0           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)         0.         0           16a         Profer expenses (Part IX, column (A), line 11e)         0.         0         0           17         Other expenses (Part IX, column (A), line 25)         0.         1         2, 155, 658.         1, 544, 988           19         Revenue less expenses. Subtract line 18 from line 12         743, 153.         120, 698         12, 800, 628.         20, 316, 232           20         Total assets (Part X, line 16)         17, 800, 628.         20, 316, 232 </th <th>Ac</th> <td></td> <td></td> <td></td> <td></td> <td></td>	Ac					
8       Contributions and grants (Part VIII, line 1h)       1,761,545.       1,080,222         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       0.00         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.00         12       Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.00         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,898,811.       1,665,686         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       2,107,389.       1,485,338         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       0.00       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.00       0         17       Other expenses (Part IX, column (D), line 25)       0.       0       0         17       Other expenses (Part IX, column (D), line 25)       0.       0       0         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2,155,658.       1,544,988         19       Revenue less expenses. Subtract line 18 from line 12       743,153.       120,698         20       Total assets (Part X, line 16)       17,800,628.       20,316,232		U				
9       Program service revenue (Part VIII, line 2g)       0.       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1,137,266.       585,464         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,898,811.       1,665,686         13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       2,107,389.       1,485,338         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)       0.       0         16a       Professional fundraising fees (Part IX, column (A), line 25)       0.       0       0         17       Other expenses (Part IX, column (D), line 25)       0.       0       0       0         18       Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)       2,155,658.       1,544,988       19       743,153.       120,698         19       Revenue less expenses. Subtract line 18 from line 12       17,800,628.       20,316,232       753,212.       484,155         20       Total assets (Part X, line 16)       17,800,628.       20,316,232		8	Contributions and grants (Part VIII line 1b)			
0.       0.       0.       0.       0.       0.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,898,811.       1,665,686         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)         14 Benefits paid to or for members (Part IX, column (A), line 4)         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         16a Professional fundraising fees (Part IX, column (A), line 11e)         b Total fundraising expenses (Part IX, column (D), line 25)         0.         17 Other expenses (Part IX, column (A), line 25)         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19 Revenue less expenses. Subtract line 18 from line 12         17, 800, 628.         20 Total assets (Part X, line 16)         20 Total liabilities (Part X, line 26)	anı					0.
0.       0.       0.       0.       0.       0.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,898,811.       1,665,686         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)         14 Benefits paid to or for members (Part IX, column (A), line 4)         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         16a Professional fundraising fees (Part IX, column (A), line 11e)         b Total fundraising expenses (Part IX, column (D), line 25)         0.         17 Other expenses (Part IX, column (A), line 25)         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19 Revenue less expenses. Subtract line 18 from line 12         17, 800, 628.         20 Total assets (Part X, line 16)         20 Total liabilities (Part X, line 26)	ver				1.137.266.	* :
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,898,811.       1,665,686         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       2,107,389.       1,485,338         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), line 5-10)       0.       0         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0       0         b       Total revenue (Part IX, column (A), lines 11a-11d, 11f-24e)       0.       0       0         17       Other expenses (Part IX, column (A), line 25)       0.       2,155,658.       1,544,988         19       Revenue less expenses. Subtract line 18 from line 12       743,153.       120,698         20       Total assets (Part X, line 16)       17,800,628.       20,316,232         21       Total liabilities (Part X, line 26)       753,212.       484,155	Re					0.
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       2,107,389.1,485,338         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)       0.0         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.0         b       Total fundraising expenses (Part IX, column (D), line 25)       0.         17       Other expenses. (Part IX, column (A), lines 11a-11d, 11f-24e)       48, 269.59, 650         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       743, 153.120, 698         19       Revenue less expenses. Subtract line 18 from line 12       743, 153.120, 698         20       Total assets (Part X, line 16)       17, 800, 628.20, 316, 232         21       Total liabilities (Part X, line 26)       753, 212.484, 155					2,898,811.	1,665,686.
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.000         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.000         b       Total fundraising expenses (Part IX, column (D), line 25)       0.000         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       48, 269.59, 650         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2, 155, 658.1, 544, 988         19       Revenue less expenses. Subtract line 18 from line 12       743, 153.120, 698         20       Total assets (Part X, line 16)       17, 800, 628.20, 316, 232         21       Total liabilities (Part X, line 26)       753, 212.484, 155						1,485,338.
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.00         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.00         b       Total fundraising expenses (Part IX, column (D), line 25)       0.00         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       48, 269.59, 650         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2, 155, 658.1, 544, 988         19       Revenue less expenses. Subtract line 18 from line 12       743, 153.120, 698         20       Total assets (Part X, line 16)       17, 800, 628.20, 316, 232         21       Total liabilities (Part X, line 26)       753, 212.484, 155						0.
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0         b       Total fundraising expenses (Part IX, column (D), line 25)       0.       48, 269.       59, 650         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       48, 269.       59, 650         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2, 155, 658.       1, 544, 988         19       Revenue less expenses. Subtract line 18 from line 12       743, 153.       120, 698         20       Total assets (Part X, line 16)       17, 800, 628.       20, 316, 232         21       Total liabilities (Part X, line 26)       753, 212.       484, 155					0.	0.
17       Other expenses (rart X, column (A), lines Harrid, Hir24e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         10       743, 153.         11       120, 698         12       8         13       120, 698         14       120, 698         15       120, 698         16       17, 800, 628.         17       120, 316, 232         18       753, 212.         18       120, 698	Ise				0.	0.
17       Other expenses (rart X, column (A), lines Harrid, Hir24e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         10       743, 153.         11       120, 698         12       8         13       120, 698         14       120, 698         15       120, 698         16       17, 800, 628.         17       120, 316, 232         18       753, 212.         18       120, 698	bei			<u> </u>		
18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         2,155,658.         1,544,988           19         Revenue less expenses. Subtract line 18 from line 12         743,153.         120,698           10         Revenue less expenses. Subtract line 18 from line 12         743,153.         120,698           10         Total assets (Part X, line 16)         17,800,628.         20,316,232           21         Total liabilities (Part X, line 26)         753,212.         484,155	щ	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)			59,650.
Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         17,800,628.         20,316,232           21         Total liabilities (Part X, line 26)         753,212.         484,155					2,155,658.	1,544,988.
20       Total assets (Part X, line 16)       17,800,628.       20,316,232         21       Total liabilities (Part X, line 26)       753,212.       484,155		19	Revenue less expenses. Subtract line 18 from line 12		743,153.	120,698.
20       Total assets (Part X, line 16)       17,800,628.       20,316,232         21       Total liabilities (Part X, line 26)       753,212.       484,155         22       Net assets or fund balances. Subtract line 21 from line 20       17,047,416.       19,832,077	or ces			Ве		
21       Total liabilities (Part X, line 26)       753,212.       484,155         22       Net assets or fund balances. Subtract line 21 from line 20       17,047,416.       19,832,077	sets alan	20	Total assets (Part X, line 16)			20,316,232.
<u> 원</u> 22 Net assets or fund balances. Subtract line 21 from line 20 17, 047, 416. 19, 832, 077	t As d Bä	21	Total liabilities (Part X, line 26)			484,155.
	Eun	22	Net assets or fund balances. Subtract line 21 from line 20		17,047,416.	19,832,077.

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, DIRECTOR OF FINANCE	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	KRISTEN G. MORSE, CPA KRISTEN G. MORSE, CP11/02	/20 self-employed P01034447
Preparer	Firm's name 🕒 REHMANN ROBSON LLC	Firm's EIN 🕨 38-3635706
Use Only	Firm's address 7124 W CENTRAL AVE	
	TOLEDO, OH 43617	Phone no. (419) 865-8118
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2019)

	990 (2019) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 2
Pa	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
-	TO SECURE THE LONG-TERM FUTURE OF THE ZOO, INCLUDING ITS ANIMAL
	COLLECTIONS, EDUCATION AND CONSERVATION PROGRAMS, MAGNIFICENT GARDENS
	AND HISTORIC WPA-ERA BUILDINGS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
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) 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.
4a	(Code:) (Expenses \$1,485,338. including grants of \$1,485,338. ) (Revenue \$)
	TO ACCEPT GIFTS, GRANTS, AND BEQUESTS FROM THE GENERAL PUBLIC FOR THE
	BENEFIT OF THE TOLEDO ZOOLOGICAL SOCIETY AND TO PROVIDE SUPPORT FOR
	PROJECTS UNDERTAKEN BY THE TOLEDO ZOOLOGICAL SOCIETY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.4	Other program convises (Describe on Schedule O)
4d	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,485,338.
	Form <b>990</b> (2019)
932002	01-20-20
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 Form 990 (2019)
 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION
 34-1963509
 Page 3

 Part IV
 Checklist of Required Schedules
 Page 3

			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?	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		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			37
	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		v	
	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,			x
	Part VI	<u>11a</u>		
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	х	
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		- 13	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
20-	complete Schedule G, Part III	<u>19</u>		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
- 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
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			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		X
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	<u>24a</u>		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لم	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24u</u>		
200	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	200		
	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		X
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 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-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
a	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?	350		
	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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>  1c</u>	990	 (2019)
932004	۵۱-20-20 <b>۵</b>	Form	550	(2019)
<u></u>		~~~		~ 1 1

Form 990 (2019	/		ZOOLOGICAL			N 34-1963509
Part V St	atements Regard	ing Other I	RS Filings and Ta	ax Complian	<b>ce</b> (continued)	

					1	
0.		I.	I		Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0	0			
Ŀ.	filed for the calendar year ending with or within the year covered by this return	2a				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a single federal employment tax return			2b		
20	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?					Х
				3a 3b		- 23
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over a			
та	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х
h	If "Yes," enter the name of the foreign country	locour		та		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (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 transac			5b		х
	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 th					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
~	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			00		
	Did the energy argument of distribution to a dense dense advisor or valated percent?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			50		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:		•	1		
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1		
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		1			
	organization is licensed to issue qualified health plans	13b		4		
	Enter the amount of reserves on hand	13c				v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		х
	excess parachute payment(s) during the year?			15		Δ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	tincor	ne?	16		х
.0	If "Yes," complete Form 4720, Schedule O.					
				-	000	(0040)

Page 5

932005 01-20-20

Form 990 (	2019)
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# THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509

Page **6** 

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	 X
Section A. Governing Body and Management	

		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	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 O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99				
5	Did the organization become aware during the year of a significant diversion of the organization's asse				
6	Did the organization have members or stockholders?				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app		····   •	-	<u> </u>
74	more members of the governing body?		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		10	-	
U			7b		v
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year		10		
8		J	0	v	
a	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				X X X X X X X X X X X X X X X X X X X
	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 Rev	enue Code.)			
				Yes	
10a	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters, 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	before filing the form	? <b>11a</b>	Х	
b	Describe in 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 t			Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma_e$				
-	in Schedule O how this was done	-,	120	х	
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?			X	
15	Did the process for determining compensation of the following persons include a review and approval				
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independent			
_			15.0	-	v
	The organization's CEO, Executive Director, or top management official				
a	Other officers or key employees of the organization		<u>15b</u>	-	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	taxable entity during the year?		<u>16a</u>	-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz				
	exempt status with respect to such arrangements?		<b>16</b> b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (Section 501	(c)(3)s only	) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain a	on Schedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	,	, and finar	icial	
-	statements available to the public during the tax year.		, <b>u</b>		
20	State the name, address, and telephone number of the person who possesses the organization's book	s and records			
	DAVID E. FISHER - 419-385-5721				
	P.O. BOX 140130, TOLEDO, OH 43614				
0000	3 01-20-20		Ear	<b></b> 000	(004

<u>Form 990 (2019)</u>					FOUNDATION	34-1963509	Page /				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employees, and Independent Contractors											
Check if Schedu	le O contains a	response	or note to any line in	this Part VII							

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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

See 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	(do	(do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	s per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aaa	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	dual ti	itiona	_	nploy	st cor yee	-			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			or gamzation o
(1) DEB CALABRESE	2.00									
DIRECTOR		Х						0.	0.	0.
(2) ELIZABETH FOLEY	2.00									
DIRECTOR		X						0.	0.	0.
(3) PRITHVI S. GANDHI	2.00									
DIRECTOR		х						0.	Ο.	0.
(4) GARRICK P. JOHNSON	2.00									
DIRECTOR		х						0.	Ο.	0.
(5) DANIEL KORY	2.00									
DIRECTOR		Х						0.	0.	0.
(6) ROBERT MEEKER	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JULIE PAYEFF	2.00									
DIRECTOR		Х						0.	0.	0.
(8) LUIS SANTIAGO	2.00									
DIRECTOR		Х						0.	0.	0.
(9) CARL SCHAFFER	2.00									
DIRECTOR		Х						0.	0.	0.
(10) ERIC J. STOCKARD	2.00									-
DIRECTOR		х						0.	0.	0.
(11) OLIVIA SUMMONS	2.00									-
DIRECTOR		Х						0.	0.	0.
(12) JAMES WEIDNER	2.00								0	0
DIRECTOR	0.00	Х						0.	0.	0.
(13) DOUGLAS E. KEARNS	2.00			37					0	0
TREASURER	2 00			Х				0.	0.	0.
(14) MARNA RAMNATH	2.00			37					0	0
CHAIR	2 00			Х				0.	0.	0.
(15) ANN SANFORD	2.00			v					0.	0
SECRETARY	2 00			Х				0.	0.	0.
(16) SUSAN E. SZYMANSKI	2.00			v					<u> </u>	
VICE CHAIR	0.75			Χ				0.	0.	0.
(17) DAVID E. FISHER	0.75	•		v					0 <i>6 1</i> 0F	6 767
DIRECTOR OF FINANCE	49.43			Х				0.	86,405.	6,263. Form <b>990</b> (2019)
932007 01-20-20				_	-					Form ອອບ (2019)

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Form									Y FOUNDATION		635	09	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)			( Pos	C)	<b>-</b>		(D)	(E)		(F)	
	Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable		Estima	
		week					is botł or/trus		compensation from	compensatior from related		amour othe	
		(list any	ector						the	organizations		compens	
		hours for	or dire	96			ated		organization	(W-2/1099-MIS	C)	from	
		related organizations	ustee	truste		e	upensi		(W-2/1099-MISC)			organiz	
		below	ndividual trustee or director	Institutional trustee	-	ƙey employee	est con	er				organiza	
		line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former				•	
(18)	BRITTANIE KUHR	25.00											
PRES	IDENT	25.00			X				0.	95,09	<u>6.</u>	6,	724.
											-+		
			i										
							-						
			1										
	Subtotal								0.	181,50		12,9	987.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.	10	0.
	Total (add lines 1b and 1c)								0.	181,50	1.	12,	987.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100,	000 of reportable			0
	compensation from the organization											Yes	
3	Did the organization list any former officer,	director, truste	ee, k	ev e	emp	love	e. or	hia	hest compensated emp	ovee on			
-	line 1a? If "Yes," complete Schedule J for s						,	0		2		3	X
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		L	4	X
5	Did any person listed on line 1a receive or a	accrue compen	Isati	on fr	rom	any	unre	elate	ed organization or individ	lual for services			
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ich j	oers	son					5	X
	tion B. Independent Contractors									100.000 (			
1	Complete this table for your five highest co the organization. Report compensation for	•	•							· ·	Insatio	n trom	
	(A)	une calendar ye		nuii	iy w				(B)			(C)	
	Name and business	address	NC	ONE	Ξ				Description of s	ervices	Cor	npensat	ion
								_					
2	Total number of independent contractors (ii		ot lin	nitor	4 + ~	that		tod	above) who received me	are then			
2	\$100,000 of compensation from the organiz	•	JUIII	met	. 10		3e iis )	.eu		Jo unan			
												000	(0010)

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Form **990** (2019)

Form						ZOC	DLOGICAL	SOCIETY	FOUNDATION	34-1963	509 Page 9
ľů								a in this Davit V/III			
			Check if Schedule O	contains	s a respor	ise c	or note to any lin	e in this Part VIII (A) Total revenue	(B)	(C)	(D) Revenue excluded
										business revenue	sections 512 - 514
ស ស	1	а	Federated campaigns		1a						
ran.											
<u> </u>		с	Fundraising events					1			
ifts ar A			Related organizations								
s, G milå			Government grants (conti					1			
ion: Sij			All other contributions, gifts,					1			
but the			similar amounts not included	above .	1f	1,	080,222.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines 1a-1	f <b>1g</b> \$						
Co		h	Total. Add lines 1a-1f			<u></u>		<b>1,080,22</b>	2.		
							Business Code				
e	2	а				_					
evi		b				_					
n Se		С				_					
ran 3ev		d				_					
Program Service Revenue		е				_					
Ъ			All other program service								
			Total. Add lines 2a-2f								
	3		Investment income (inclue					619,17	A		619,174.
			other similar amounts) Income from investment of					019,17	±•		019,174.
	4 5				-	-					
	5		Royalties	·····	(i) Real		(ii) Personal				
	6	~	Gross rents	6a	(i) Heal		(ii) i cisciliai				
	0		Gross rents Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss				•				
	7		Gross amount from sales of		i) Securitie		(ii) Other				
		assets other than inventory <b>7a</b>									
		b	Less: cost or other basis								
ne			and sales expenses		33,71						
venue		с	Gain or (loss)		33,71	0.					
		d	Net gain or (loss)				►	-33,71	0.		-33,710.
Other Re	8	а	Gross income from fundraisi including \$	-	-						
•			contributions reported on								
			Part IV, line 18	-		8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from			s					
	9	а	Gross income from gamir	ng activi	ties. See						
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from				►				
	10	а	Gross sales of inventory,								
			and allowances			10a					
			Less: cost of goods sold			10b	<b>⊾</b>				
		С	Net income or (loss) from	sales of	rinventory	/	Business Code				
sņ	11	2				ŀ	Submoss Oue				
Miscellaneous Revenue		a b				-					
əllaı wer		c				-					
Isce			All other revenue			-					
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					1,665,68	6. 0.	0.	585,464.
93200	9 01	-20-									Form <b>990</b> (2019)

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# Form 990 (2019) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 10 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).

Secu	on 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,485,338.	1,485,338.		
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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
 а	Management				
b	Legal				
c c	Accounting				
d	Lobbying				
u 0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
12					
	Office expenses				
14 15	Information technology				
15 16	Royalties				
16					
17					
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
20 21	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22 22					
23	Insurance				
24	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.)	44,394.		44,394.	
a h	CULTIVATION EVENTS	7,088.		7,088.	
b	PRINTING	4,431.		4,431.	
C	MISCELLANEOUS EXPENSES	3,737.		3,737.	
d		، ۱۵۱٫ د		5,151.	
-	All other expenses	1,544,988.	1,485,338.	59,650.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	<b>т, ј44, 900</b> .	т,400,000.	.020,020.	0.
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)				Form <b>990</b> (2010

10

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## 10521102 759633 429115.00000

Form 990 (2019)

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511,888. 826,040. Savings and temporary cash investments 2 2 1,864,489. 1,687,827. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 14,615,711. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 161,935. 15 15 Other assets. See Part IV, line 11 17,800,628. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 9,925. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 743,287. 25 of Schedule D 753,212. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 9,253,444. 27 27 Net assets without donor restrictions

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

(A)

Beginning of year

646,605.

1

17,616,813. 9,961. 20,316,232. 18,361. 465,794. 484,155. 10,325,470. Net assets with donor restrictions 7,793,972. 9,506,607. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 17,047,416. 19,832,077. Total net assets or fund balances 32 32 17,800,628. 20,316,232. 33 33 Total liabilities and net assets/fund balances

Form 990 (2019)

1

(B)

End of year

175,591.

Check if Schedule O contains a response or note to any line in this Part XI       I         1       Total revenue (must equal Part VIII, column (A), line 12)       1       1, 665, 686.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 544, 988.         3       Revenue less expenses. Subtract line 2 from line 1       3       120, 698.         4       17, 047, 416.       5       2, 816, 256.         5       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       17, 047, 416.         5       Net unrealized gains (losses) on investments       6       7         6       Investment expenses       6       7         7       8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -152, 293.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       19, 832, 077.         Part XII       Financial Statements and Reporting       X       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2       X         1       Accounting method used to prepare the Form 99	Form	1 990 (2019) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION	34-1	.963509	Pa	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1, 665, 686.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 544, 988.         3       Revenue less expenses. Subtract line 2 from line 1       3       120, 698.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       17, 047, 416.         5       0. 800       100       2, 816, 256.       6         7       8       9       Other changes in net assets or fund balances (explain on Schedule O)       9       -152, 293.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       19, 832, 077.         Part XII Financial Statements and Reporting         Check if Schedule 0 contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       If the organization's financial statements compiled or reviewed by a	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,544,988.         3       Revenue less expenses. Subtract line 2 from line 1       3       120,698.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       17,047,416.         5       Net unrealized gains (losses) on investments       5       2,816,256.         6       0       6         7       8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -152,293.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       19,832,077.         Part XII         Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2       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 statement		Check if Schedule O contains a response or note to any line in this Part XI				X
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,544,988.         3       Revenue less expenses. Subtract line 2 from line 1       3       120,698.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       17,047,416.         5       Net unrealized gains (losses) on investments       5       2,816,256.         6       0       6         7       8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -152,293.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       19,832,077.         Part XII         Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2       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 statement						
3       Revenue less expenses. Subtract line 2 from line 1       3       120,698.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       17,047,416.         5       Net unrealized gains (losses) on investments       5       2,816,256.         6       0       6         7       8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -152,293.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       19,832,077.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       17,047,416.         5       Net unrealized gains (losses) on investments       5       2,816,256.         6       0nated services and use of facilities       6         7       Investment expenses       6         8       9       Other changes in net assets or fund balances (explain on Schedule O)       9       -152,293.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       19,832,077.         Part XII         Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       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       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       2,816,256         6       6         7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -152,293         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       19,832,077         Part XII       Financial Statements and Reporting       X       Yes       Not         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       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:       2a       X       2a       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X       2b       X	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities   7   8   9   0   10   Net assets or fund balances (explain on Schedule O)   9   -152,293.   10   10   11   Accounting method used to prepare the Form 990:   12   13   Accounting method used to prepare the Form 990:   14   15   15   16   17   18   19   10   10   11   12   12   13   14   15   15   16   16   17   18   19   11   11   12   13   14   15   15   16   16   17   18   19   19   10   19   10   10   10   10   11   12   13   14   15   15   16   17   18   19   10   10   11   12   13   14   15   15   16   17   18   19   19   10   10	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   10 19,832,077.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a   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: Cash S consolidated basis Both consolidated and separate basis    b Were the organization's financial statements audited by an independent accountant?	5	Net unrealized gains (losses) on investments	5	2,81	<u>6,2</u>	56.
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   10 19,832,077.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a   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: Cash S consolidated basis Both consolidated and separate basis    b Were the organization's financial statements audited by an independent accountant?	6	Donated services and use of facilities	6			
<ul> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 -152,293.</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>10 19,832,077.</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>X</li> <li>Yes No</li> <li>1 Accounting method used to prepare the Form 990: Cash X Accrual Other // explain in Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>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</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> </ul>	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       19,832,077.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         I Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       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:       Both consolidated and separate basis       2a       X         b Were the organization's financial statements audited by an independent accountant?       2b       X	8	Prior period adjustments	8			
column (B))   Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   X   Yes   1   Accounting method used to prepare the Form 990:   Cash   X   Accrual   Other   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   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	9	Other changes in net assets or fund balances (explain on Schedule O)	9	-15	2,2	<u>93.</u>
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         Yes No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Ves       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Colspan="2">Image: Colspan="2">Yes       No         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       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:       End to the separate basis       End to the separate base separate	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construction of the second secon		column (B))	10	<u>19,83</u>	2,0	77.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
<ul> <li>Accounting method used to prepare the Form 990: Cash X Accrual Other</li></ul>		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a         Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         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:       2a         Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b				_	Yes	No
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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
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?		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
separate basis, consolidated basis, or both:       Image: Separate basis	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>		X
Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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 compiled or reviewed	on a			
b Were the organization's financial statements audited by an independent accountant?						
		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 basis,		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		Separate basis X Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		gle Audit			
Act and OMB Circular A-133? 3a X				<u>3a</u>	<u> </u>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

932012 01-20-20

SCHEDULI	ΞA
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(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047
2019
Open to Public Inspection

		the Treasury nue Service			Attach to Form 990 or F //Form990 for instructio			formation.		Inspection
Name	of t	he organizati							Employer	identification number
			THE	TOLEDO ZOO	LOGICAL SOCIE	ETY FO	DUNDAT	ION	3	4-1963509
Par	tl	Reason			All organizations must co					
The o	rgan	ization is not a	private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1 [		A church, cor	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).		
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
з [		A hospital or	a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [		A medical res	search 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	e:							
5 [		An organizati	on operated fo	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6 [		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [		An organizati	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(I	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8 [		A community	trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Parl	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
_		university:								
10		An organizati	on that norma	Ily receives: (1) more	than 33 1/3% of its supp	port from o	contributio	ns, membersh	nip fees, an	d gross receipts from
		activities relat	ted to its exen	npt functions - subjec	t to certain exceptions,	and (2) no	more thar	1/3% of it	s support f	rom gross investment
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.
-				mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	vely to test for public saf	fety. See	section 50	)9(a)(4).		
12	X	-	-	-	vely for the benefit of, to	-			•	
				-	d in <b>section 509(a)(1)</b> o					Check the box in
		7	-	• •	f supporting organizatior				-	
а	X	••			upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	pporting
				complete Part IV, Se						
b				-	or controlled in connect			-		-
			•		anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	oorted
				t complete Part IV,						
С			-		g organization operated				ly integrate	d with,
			-		. You must complete F					
d			-		orting organization oper				-	
			-		ation generally must sati nplete Part IV, Sections	-		-	an attentiv	reness
•		- ·	,	,	vritten determination from	,				
е		—	0		nally integrated supportir			турет, турет	і, туре ш	
f	Ente	er the number of				iy organiz	ation.			1
				n about the supporte	d organization(s)					
		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
THE	T	OLEDO								
zoo	LO	GICAL S	OCIETY	34-4440256	10	x		1,485	,338.	
									-	
										-
Total								ı 1,485	,338.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

#### Schedule A (Form 990 or 990-EZ) 2019 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 2 Part II 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
		(-) 0015	(1-) 0010	(-) 0017	(-1) 0010	(-) 0010	(0) T = t = 1
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources	<u> </u>					
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	0						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	oto (soo instructi	0000)			12	
	First five years. If the Form 990 is for		,	rd fourth or fifth t		· · · ·	
10	organization, check this box and stop	•			2		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2019 (li	ine 6. column (f) d	ivided by line 11. d	column (f))		14	%
	Public support percentage from 2018		•			15	%
	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies					, ,	
b	33 1/3% support test - 2018. If the c		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test	•	•	. ,	•		
	more, and if the organization meets th	e "facts-and-circu	imstances" test, c	heck this box and	stop here. Explai	in in Part VI how th	e
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
					Sch	edule A (Form 990	) or 990-EZ) 2019

932022 09-25-19

#### Schedule A (Form 990 or 990 EZ) 2019 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 3 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 beginnir	ng in) 🕨 (a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, a						
membership fees received. (E						
include any "unusual grants.'	")					
2 Gross receipts from admissic merchandise sold or services formed, or facilities furnished any activity that is related to organization's tax-exempt pu	s per- lin the					
3 Gross receipts from activities	s that					
are not an unrelated trade or	bus-					
iness under section 513						
4 Tax revenues levied for the o	rgan-					
ization's benefit and either pa	aid to					
or expended on its behalf						
5 The value of services or facili	ties					
furnished by a governmental	unit to					
the organization without char	rge					
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1,						
3 received from disqualified p						
<b>b</b> Amounts included on lines 2 and 3 rece from other than disqualified persons the exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	at he					
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from	m line 6.)					
Section B. Total Support						
Calendar year (or fiscal year beginnir	ng in) 🕨 (a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received securities loans, rents, royalti and income from similar sour	ies,					
<b>b</b> Unrelated business taxable incon	ne					
(less section 511 taxes) from bus	sinesses					
acquired after June 30, 1975 $\dots$						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated bu activities not included in line whether or not the business i regularly carried on	10b,					
12 Other income. Do not include or loss from the sale of capita assets (Explain in Part VI.)	al I					
13 Total support. (Add lines 9, 10c, 11,						
14 First five years. If the Form §	990 is for the organization	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						<b>&gt;</b>
Section C. Computation o	f Public Support Pe	rcentage				
15 Public support percentage for	or 2019 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage fro	om 2018 Schedule A, Part	III, line 15			16	%
Section D. Computation o	f Investment Incom	e Percentage				
17 Investment income percentage	ge for <b>2019</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage	ge from 2018 Schedule A	Part III, line 17			18	%
19a 33 1/3% support tests - 201	9. If the organization did	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check th	is box and <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 201	8. If the organization did	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
line 18 is not more than 33 1/	/3%, check this box and <b>s</b>	top here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the org	ganization did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins	structions	
932023 09-25-19				Sch	edule A (Form 99	0 or 990-EZ) 2019
		15	5			

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# Schedule A (Form 990 or 990-EZ) 2019 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 4

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 6 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 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 disqualified person (as defined in 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 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.)

16

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Yes

Х

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

No

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# Schedule A (Form 990 or 990-EZ) 2019 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 5 Part 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		Х
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) 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 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	Х	
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.	2		х
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 in (2), 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 (see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in</i> <b>Part VI.</b>	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9		)0-EZ)	2019
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Sche Pai	dule A (Form 990 or 990-EZ) 2019 THE TOLEDO ZOOLOGICAL SC tV Type III Non-Functionally Integrated 509(a)(3) Supporting			34-1963509 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Dart VII) See instructions All
•	other Type III non-functionally integrated supporting organizations must cor			art vij. See instructions. An
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		
с	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 <b>Part VI</b> ):			
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 1-1/2% 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 .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 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		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

# Schedule A (Form 990 or 990-EZ) 2019 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	mation. Provide to 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part IV	he explanations required a, 6, 9a, 9b, 9c, 11a, 11 /, Section E, lines 1c, 2a	d by Part II, line 1 b, and 11c; Part I, 2b, 3a, and 3b	FOUNDATION 34-1963509 10; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section ; Part V, line 1; Part V, Section B, line 1e; Par s part for any additional information.	C,
932028 09-25-1	9		20		Schedule A (Form 990 or 990-I	EZ) 2019

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

### \*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

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

# **201**9

Employer identification number

THE	TOLEDO	ZOOLOGICAL	SOCIETY	FOUNDATION	
Organization type (check one	:				

34-1963509

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 or 990-EZ), 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, 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Employer identification number

34-1963509

#### THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION . . -لل . . ما : ب ل

Part I	<b>CONTRIBUTORS</b> (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
1		\$159,208.	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
2		\$ <u>150,000.</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
3		\$ <u>50,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$30,000.	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
5		\$25,000.	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
6		\$12,587.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

22

923452 11-06-19

10521102 759633 429115.00000

Employer identification number

34-1963509

# THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additiona	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	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
9		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$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
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

23

923452 11-06-19

10521102 759633 429115.00000

Employer identification number

34-1963509

# THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a)	(b)	(c) Total contributions	(d) Turne of constribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions            \$5,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	, , , , , , , , , , , , , , , , ,	\$100,000.	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
15		\$100,000.	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
16		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_		\$9,690.	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>18</u> 923452 11-06		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

24

Employer identification number

34-1963509

# THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution       Person     X       Payroll
		_	(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) 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)
	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

25

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# THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

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

(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
		\$	

# 10521102 759633 429115.00000

34-1963509

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)		Page <b>4</b>			
Name of o	organization		Employer identification number			
THE TO	OLEDO ZOOLOGICAL SOCIET	Y FOUNDATION	34-1963509			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	tions to organizations described in section of the	ection 501(c)(7), (8), or (10) that total more than \$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.) <b>*</b>			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	ft			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(-) N-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Parti						
	(e) Transfer of gift					
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		e) Transfer of gif				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	ft			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
		[				
923454 11-06	5-19		Schedule B (Form 990, 990-EZ, or 990-PF) (2019)			

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SCHEDULE D	)
------------	---

Department of the Treasury

Internal Revenue Service Name of the organization

(Form	990)
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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.



Employer identification number

	THE TOLEDO ZOOLOGI	CAL SOCIETY FOUNDATION	34-1963509
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	inds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
			ľ m m
Pa			
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation assement on the last
2	day of the tax year.		Held at the End of the Tax Year
•			
b	<b>C 1</b>		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired a		
~	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
4	year		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
~	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	fianding of violations, and emorcing conserva	tion easements during the year
-	Amount of expenses incurred in monitoring, inspecting, hand		
7		uning of violations, and emorcing conservation e	easements during the year
•	\$	(a) action the requirements of acction $170/b/(4)/$	
8			
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements f	that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Other	Similar Assets
1 41	Complete if the organization answered "Yes" on Form		ommar Addetd.
4.	· · · · · · · · · · · · · · · · · · ·		
18	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul		ance of public
	service, provide in Part XIII the text of the footnote to its final		
a	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtheran	ice of public service,
	provide the following amounts relating to these items:		<b>N</b> .
	(i) Revenue included on Form 990, Part VIII, line 1		<b>N A</b>
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		► \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

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932051 10-02-19

28

Sche Par		EDO ZOOLOGI						34–19 r Assets			<sub>age</sub> 2
3	Using the organization's acquisition, accessic									<u>1404/</u>	
	collection items (check all that apply):										
а	Public exhibition	d	🗌 Loan	or excl	hange program						
b	Scholarly research	е	Other	·							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they fu	ther th	e organization's ex	empt	purpo	se in Part 3	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historic	al treas	sures, or other simi	ar ass	sets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the orga	nizatio	n answered "Yes"	on Fo	rm 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contri	butions	s or other assets no	ot incl	uded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:								
									Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e				
f	Ending balance						_1f		1 1		<b></b>
	Did the organization include an amount on Fo					-		······ L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete it							<u></u>			
		(a) Current year	(b) Prior y		(c) Two years back		Three	/ears back	(e) Four	veare	hack
1a	Beginning of year balance	13,385,927.	14,389		11,820,280			73,576.		,537,	
	Contributions	1,050,954.	,	/ -	909,233		,	, -		, ,	
	Net investment earnings, gains, and losses	-358,218.	-653	,123.	,		9	27,144.		-29,	277.
	Grants or scholarships	,		,							
	Other expenditures for facilities										
	and programs						2	48,440.		302,	440.
f	Administrative expenses	743,249.	350	,071.	2,983			32,000.		32,	352.
g	End of year balance	13,335,414.	13,385	,927.	14,389,121		11,8	20,280.	11	,173,	576.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, colu	umn (a)	) held as:						
а	Board designated or quasi-endowment	80.28	_%								
b	Permanent endowment  16.03	%									
с	Term endowment  3.69	%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are	held an	nd administered for	the o	rganiza	ation	r		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
	If "Yes" on line 3a(ii), are the related organization								3b		
4 Dar	t VI Land, Buildings, and Equipme		vment funds.								
T ai			Dout IV line	110 0	an Form 000 Dort	Vinc	10				
	Complete if the organization answered										
	Description of property	(a) Cost or ot basis (investm	•	basis (			imulate ciation		( <b>d)</b> Boo	k valu	е
10	Land			20010			Siacion				
	Land										
	Buildings Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must ed		( column (P)	line 1/	)c)						0.
		quar on 000, rall?						Schedule	D (Forn	n 990)	

932052 10-02-19

Schedu	e D (Form 990) 2019		ZOOLOGICAL	SOCIETY	FOUNDATIO	N 34-1963509 <sub>Page</sub> 3
Part V	/II Investments - 0	Other Securities.				
	Complete if the org	anization answered "Yes	" on Form 990, Part IV	, line 11b. See	Form 990, Part X, lin	e 12.
(a) Des	scription of security or categ		(b) Book value			Cost or end-of-year market value
(1) Fina	ncial derivatives					
• •	sely held equity interests					
(3) Oth						
	INVESTMENTS	- SECURITIES	17,616,8	13. ENI	D-OF-YEAR M	IARKET VALUE
<u>(A)</u> (B)			1,101010			
(C)						
<u>(D)</u>						
<u>(E)</u>						
<u>(F)</u>						
(G)						
(H)				10		
Total. (C	ol. (b) must equal Form 990	), Part X, col. (B) line 12.) 🕨	17,616,8	13.		
Part	/III Investments -	•				
		anization answered "Yes				
	(a) Description of	investment	(b) Book value	(c) N	lethod of valuation:	Cost or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	ol (b) must aqual Form 000	), Part X, col. (B) line 13.) 🕨				
Part		, Fait A, COI. (D) IIITE 13.)				
		anization answered "Yes	on Form 000 Part IV	ling 11d Soc	Form 000 Part V lin	0.15
	Complete il the org		) Description	, line 110. See	10m 330, 1 art A, im	(b) Book value
(4)		(4	<b>J</b> Description			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. ((	Column (b) must equal Fo	orm 990, Part X, col. (B) lir	ne 15.)			►
Part 2	C Other Liabilitie	S.				
	Complete if the org	anization answered "Yes	" on Form 990, Part IV	/, line 11e or 11	f. See Form 990, Par	t X, line 25.
1.		escription of liability			· · ·	(b) Book value
	Federal income taxes	·				
	PAYABLE TO A	FFILIATE				465,794.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>Total. ((</u>	Column (b) must equal Fo	orm 990, Part X, col. (B) lir	ne 25.)			▶ 465,794.
2. Liab	ility for uncertain tax pos	sitions. In Part XIII, provid	e the text of the footn	ote to the orga	nization's financial st	atements that reports the
orga	anization's liability for und	certain tax positions unde	er FASB ASC 740. Che	eck here if the t	ext of the footnote h	as been provided in Part XIII 🗴

932053 10-02-19

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 THE TOLEDO ZOOLOGICAL SOCI	ETY FOUNDATION	34-1963509 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	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		1
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	2c	
d	Other (Describe in Part XIII.)		
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	. <b>4</b> a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er 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:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		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	. <b>4</b> a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	rt 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:

USED FOR THE SUPPORT OF THE TOLEDO ZOOLOGICAL SOCIETY.

PART X, LINE 2:

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION HAS EVALUATED UNCERTAIN INCOME

# TAX POSITIONS AND BELIEVES THERE ARE NO SUCH POSITIONS OF SIGNIFICANCE AT

31

DECEMBER 31, 2019 THAT ARE REQUIRED TO BE RECORDED OR DISCLOSED IN THE

# FINANCIAL STATEMENTS.

932054 10-02-19

SCHEDULE I (Form 990)			OMB No. 1545-0047					
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization		O ZOOLOGI	CAL SOCIETY	0				Employer identification number $34 - 1963509$
Part I General Info	ormation on Grants a							
criteria used to awa	ard the grants or assis	stance?	amount of the grants oring the use of grant			-		
Part II Grants and	Other Assistance to	Domestic Organiz	zations and Domestic	<b>Governments.</b> C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient tha <b>1 (a)</b> Name and addr or gover	ress of organization	(b) EIN	be duplicated if addition (c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE TOLEDO ZOOLOGIC 2700 BROADWAY TOLEDO, OH 43609	CAL SOCIETY	34-4440256	501(C)(3)	1,485,338.	0.	CASH VALUE		VARIOUS PROJECTS
	of other organizations	s listed in the line		e line 1 table				Schedule I (Form 990) (2019)

#### Schedule I (Form 990) (2019) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

34-1963509

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> 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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ANNUALLY, THE FOUNDATION DETERMINES THE AMOUNT OF FUNDS THAT WILL BE

AVAILABLE TO DISBURSE TO THE ZOO BASED ON THE THREE YEAR AVERAGE OF CERTAIN

FOUNDATION ASSETS. THE ZOO DETERMINES THE BEST USE OF THE FUNDS AND FUNDS

ARE DISBURSED BY THE FOUNDATION DURING THE YEAR AS CASH BECOMES AVAILABLE.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

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 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 34-1963509

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

COPY OF THE FEDERAL 990 RETURN IS PROVIDED TO EACH BOARD MEMBER FOR

REVIEW BEFORE THE RETURN IS FILED WITH THE IRS.

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

THE BOARD OF DIRECTORS REQUIRES EACH TRUSTEE & SENIOR ADMINISTRATOR TO

ANNUALLY SIGN THE CONFLICT OF INTEREST POLICY, BE FAMILIAR WITH THE TERMS

OF THE POLICY, AND DISCLOSE ANY POSSIBLE RELATIONSHIPS THAT REASONABLY

MIGHT GIVE RISE TO A CONFLICT INVOLVING THE ZOO FOUNDATION. EACH TRUSTEE &

SENIOR ADMINISTRATOR IS REQUIRED TO DISCLOSE, IN WRITING, TO THE BOARD ANY

CONFLICTS THAT ARISE DURING THE YEAR SO THAT THE BOARD MAY TAKE THE

APPROPRIATE ACTION RELATING TO THE CONFLICT.

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

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

LINE 9, FORM 990, PART XI, CHANGES IN NET ASSETS:

-152,293. CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST

34

FORM 990, PART XII, LINE 2C

THE PROCESS USED HAS NOT CHANGED.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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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 2019

Open to Public Inspection

# Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 34-1963509

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

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

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

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 Part II 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	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE TOLEDO ZOOLOGICAL SOCIETY - 34-4440256	WILDLIFE MANAGEMENT AND				THE TOLEDO		
2700 BROADWAY	RELATED EDUCATIONAL &				ZOOLOGICAL		
TOLEDO, OH 43609	SCIENTIFIC ACTIVITIES	оніо	501(C)(3)	9	SOCIETY		Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2019

# Schedule R (Form 990) 2019 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

34-1963509 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) (h) (i) (j)										(1.)	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	n)	(i)			(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	eral or	Percentage
of related organization		(state or	entity	(related, unrelated,	(related, unrelated, cluded from tax under sections 512-514) income end-of-year assets		allocations?		amount in box	partner?		Percentage ownership
		foreign		sections 512-514)			Yes No			Yes		
		country)		30010113 0 12 0 14)			res			res		
	1											
	]											
	-											
	4											
	1											
	1											

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	i) b)(13) rolled ity?
		country)				833613		Yes	No
T.Z. SOLAR, INC 27-1626455									
2700 BROADWAY ST.									
TOLEDO, OH 43609	PROVIDE SOLAR ENERGY	OH	N/A	C CORP	N/A	N/A	N/A		Х
	-								
	-								
	-								

# Schedule R (Form 990) 2019 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

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

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.									
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
1	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?			37					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>1</b> a		X					
b	Gift, grant, or capital contribution to related organization(s)	1b	X	<b> </b>					
С	Gift, grant, or capital contribution from related organization(s)	1c		X					
d	Loans or loan guarantees to or for related organization(s)	1d		X					
	Loans or loan guarantees by related organization(s)	1e	X						
f	Dividends from related organization(s)	1f		Х					
g	Sale of assets to related organization(s)	1g		Х					
	Purchase of assets from related organization(s)	1h		Х					
i	Exchange of assets with related organization(s)	1i		X					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X					
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X					
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X						
	Sharing of paid employees with related organization(s)	10	X						
р	Reimbursement paid to related organization(s) for expenses	1p		Х					
q	Reimbursement paid by related organization(s) for expenses	1q		Х					
-									
r	Other transfer of cash or property to related organization(s)	1r		Х					
s	Other transfer of cash or property from related organization(s)	1s		Х					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) THE TOLEDO ZOOLOGICAL SOCIETY	в	1,485,338.	FMV
(2) THE TOLEDO ZOOLOGICAL SOCIETY	Е	465,794.	FMV
(3)			
(4)			
(5)			
(6)			

# Schedule R (Form 990) 2019 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

# 34-1963509 Page 4

#### 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)	(b)	(c)	(d)	6	~)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	<b>∋)</b> e all rs sec				• <b>,</b> opor-	Code V-UBI	Genera		centage
of entity	· ······	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501( org	c)(3) s.?	total	end-of-year	Dispr tior allocat	nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing r? owr	nership
		country)	sections 512-514)	Yes				Yes	No	(Form 1065)	Yes	10	
										1			

Schedule R (Form 990) 2019

# Part VII Supplemental Information

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