

# TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

December 31, 2021

#### **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.

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Form	220	

Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



A	A For the 2021 calendar year, or tax year beginning and ending							
B	Check if applicab	e: C Name of organization		D Employer identific	ation number			
	Addre	THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATI	ON					
	Name chang		34-196350	)9				
	Initial		Room/suite	E Telephone number				
	Final return	2700 BROADWAY		419-385-5	5721			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	13,388,007.			
	Amen return			H(a) Is this a group re	turn			
	Applie tion	F Name and address of principal officer: DAVID E. FISHER		for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions			
		te: ▶ N/A		H(c) Group exemption				
		f organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	L Year	of formation: 2001 N	State of legal domicile: OH			
Pá	art I	Summary						
¢	1	Briefly describe the organization's mission or most significant activities: TO S			M FUTURE			
ũ		OF THE ZOO AS A DEPOSITORY FOR GIFTS TO T	HE SOC	CIETY.				
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass				
Ň	3				16			
യ യ	1 .	Number of independent voting members of the governing body (Part VI, line 1b)			16			
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0			
iviti	6	Total number of volunteers (estimate if necessary)			16			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
				Prior Year 1,465,392.	<u>Current Year</u> 3,745,829.			
ne	8	Contributions and grants (Part VIII, line 1h)		1,405,592.	<u> </u>			
Revenue	9	Program service revenue (Part VIII, line 2g)		507,488.	2,511,967.			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		100.	0.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,972,980.	6,257,796.			
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,271,243.	4,448,157.			
	14			0.	0.			
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	h	Total fundraising expenses (Part IX, column (2), line 25)	0.					
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		55,765.	43,424.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,327,008.	4,491,581.			
	19	Revenue less expenses. Subtract line 18 from line 12		-354,028.	1,766,215.			
or	-			ginning of Current Year	End of Year			
Assets (	7	Total assets (Part X, line 16)		23,624,234.	25,241,517.			
Ass	21	Total liabilities (Part X, line 26)		1,750,879.	706,006.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		21,873,355.	24,535,511.			
Pa	art II	Signature Block	<u> </u>	· · ·	-			

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.

	Signature of officer	Date							
Sign		Dale							
Here	DAVID E. FISHER, VICE PRESIDENT, FINANCE								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature	Date Check	PTIN PTIN						
Paid	KRISTEN G. MORSE, CPA KRISTEN G. MORSE, CI	P 11/01/22 self-em	ployed P01034447						
Preparer	Firm's name <b>REHMANN ROBSON LLC</b>	Firm's EIN	38-3635706						
Use Only	Firm's address 57124 W CENTRAL AVE								
	TOLEDO, OH 43617	Phone no. (	419) 865-8118						
May the II	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2021)						

Form	990 (2021) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 2
Par	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
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$ 4,448,157. including grants of \$ 4,448,157. ) (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.
	PROJECTS UNDERTAKEN BY THE TOLEDO ZOOLOGICAL SOCIETY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ►     4,448,157.
4e	Total program service expenses ► 4,448,157. Form 990 (2021)
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 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION
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 Part IV
 Checklist of Required Schedules

			¥.	
	In the experimentian described in section $F(2/n)/n$ or $40.47/n/(4)$ (ather there are instead for undetice)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	4	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
5	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
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	X	
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?		77	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	1/1		х
16	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
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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			x
L	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
U		24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ū	"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		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		v	
05 -	Part V, line 1	34	X	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U	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?	550		
	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 on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O  T V Statements Regarding Other IRS Filings and Tax Compliance Chack if Schedule O contains a response or note to any line in this Bat V			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
<b>1</b> a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on 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?	1c	990	(2004)
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Part V	Statements	Regard	ing Other I	RS Filings and Ta	ax Complian	ce (continued)		

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	0		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	-	•	2b	
0	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ . See instruction			20	
20				3a	
				3b	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			30	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	it)?	4a	
b	If "Yes," enter the name of the foreign country		(== + =)		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).	_	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit		
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts		
	were not tax deductible?			6b	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a	
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	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
0		•		8	
9	Sponsoring organizations maintaining donor advised funds.				
				00	
				9a 0h	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10	Section 501(c)(7) organizations. Enter:	40-	I		
	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	Section 501(c)(12) organizations. Enter:	1	I		
	Gross income from members or shareholders	<u>11a</u>		-	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
l2a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
				14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?			15	1
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16	
	If "Yes," complete Form 4720, Schedule O.		··-·		
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv			
17	section of tone in a guine attended of the trast, any disquamed person, or time operator engage in			47	1
17	activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532			1 1/	
17	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17	

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Form 990	(2021)
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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	

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		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 0.						
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 a	iny other				
	officer, director, trustee, or key employee?				2		X
	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 9	90 was	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	following:				
	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
	ion B. Policies (This Section B requests information about policies not required by the Internal Re						
						Yes	
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	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	/ befor	e filing the fo	orm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			[	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? از ۳	′es," de	escribe	Γ			
	on Schedule O how this was done			[	12c	Х	
	Did the organization have a written whistleblower policy?				13	Х	
	Did the organization have a written document retention and destruction policy?				14	Х	
	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			[	15a		X
	Other officers or key employees of the organization			[	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	exempt status with respect to such arrangements?				16b		
Sect	ion 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, ar	nd 990-	T (section 50	01(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	on Sc	hedule (1)				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.			licy, and	finano	cial	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records	▶			
	DAVID E. FISHER - 419-385-5721						
	P.O. BOX 140130, TOLEDO, OH 43614						

Form 990 (2021)		O ZOOLOGICAL			34-1963509	Page /		
Part VII Compens	ation of Officers, D	irectors, Trustees,	Key Employ	ees, Highest Comp	ensated			
Employees, and Independent Contractors								
Check if Sch	edule O contains a respo	onse 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 the instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both r/trus	n an	compensation	compensation	amount of
	week		cer an	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	utiona	_	mploy	st col	ar.	1000 1120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY SAILER	10.00									
PRESIDENT	40.00			Х				0.	338,041.	23,895.
(2) DAVID E. FISHER	0.75									
VICE PRESIDENT, FINANCE	49.25			Х				0.	105,967.	11,905.
(3) DEB CALABRESE	2.00									
DIRECTOR		Х						0.	0.	0.
(4) FEI YANG ADAMS	2.00									
DIRECTOR		Х						0.	0.	0.
(5) EDWIN CONN	2.00									
DIRECTOR		Х						0.	0.	0.
(6) TIM EFFLER	2.00									
DIRECTOR		Х						0.	0.	0.
(7) DOUGLAS E. KEARNS	2.00									
CHAIR				Х				0.	0.	0.
(8) DANIEL KORY	2.00									
DIRECTOR		Х						0.	0.	0.
(9) JAMES A. HAUDAN	2.00									_
DIRECTOR		х						0.	0.	0.
(10) JULIE PAYEFF	2.00									-
VICE CHAIR				х				0.	0.	0.
(11) JOHN C. JONES	2.00									•
DIRECTOR				X				0.	0.	0.
(12) BARRY LAZARUS	2.00								0	0
SECRETARY	0.00			X				0.	0.	0.
(13) LINDSAY NAVARRE	2.00								0	0
DIRECTOR	2 00	Х						0.	0.	0.
(14) CARL SCHAFFER	2.00			37					0	0
TREASURER	2 00			Х				0.	0.	0.
(15) JOHN D. SPENGLER	2.00							0	0.	0
DIRECTOR	2 00	Х						0.	0.	0.
(16) COLLEEN TANKOOS	2.00	x						0.	0.	<u>م</u>
DIRECTOR (17) SUSAN E. SZYMANSKI	2 00	^				-		0.	0.	0.
(17) SUSAN E. SZYMANSKI DIRECTOR	2.00	x						0.	0.	0.
		Δ						J 0.	U •	Form <b>990</b> (2021)
132007 12-09-21				-	-					Form <b>330</b> (2021)

2021.05000 THE TOLEDO ZOOLOGICAL SOC 429115.1

7

									Y FOUNDATION		63	509	Ρ	age <b>8</b>
Par			oloye	ees,			ghes	t C		, ,			(=)	
	(A) Name and title	( <b>B</b> ) Average hours per week	box, offic	not c , unle:	Posi heck i ss per id a di	ition more rson is	than o s both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related			(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	nstitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa om th anizat d relat anizati	ie tion ted
(18)	JAMES WEIDNER	2.00				×		_						
DIRE	CTOR		Х						0.		0.			0.
	Subtatal								0.	444,00	18	2	5 8	00.
	Subtotal Total from continuation sheets to Part VI								0.	444,00	0.	5	5,0	0.
	Total (add lines 1b and 1c)					<u></u>			0.	444,00		3	5,8	00.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any <b>former</b> officer,	director. truste	ee. k	kev e	empl	ove	e. or	hia	hest compensated emp	ovee on	[		Tes	
	line 1a? If "Yes," complete Schedule J for su	-			•	•		Ŭ	• •			3		Х
4	For any individual listed on line 1a, is the su											4	х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,										4		
_	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ıch r	berse	on .		-			5		X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	mpensated ind	lene	nder	nt co	ontra	actor	rs th	nat received more than \$	100 000 of comp	ensa	tion fro	om	
·	the organization. Report compensation for t	•	•							•				
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	С	<b>)</b> ompe		n
2	Total number of independent contractors (ir	•	ot lin	niteo	d to t	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				0	)					_	000	0001

132008 12-09-21

Form Pa			2021) THE TOLEDO ZOOLO Statement of Revenue	GICAL	SOCIETY FO	DUNDATION	34-1963	509 Page <b>9</b>
14			Check if Schedule O contains a response or not	o to any ling	o in this Part VIII			
			Check in Schedule O Contains a response of hor		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ts, ( Am			Fundraising events 1c	FFC 454				
Gif				556,451.				
sins,			Government grants (contributions) 1e					
utic		T	All other contributions, gifts, grants, and similar amounts not included above <b>If</b> 1, ,	189,378.				
l Otl		a	Noncash contributions included in lines 1a-1f					
Cor and		-	Total. Add lines 1a-1f	►	3,745,829.			
				ness Code				
e	2	а						
ervi		b						
n Sí /enu		с						
grar Rev		d						
Program Service Revenue		e f	All other program service revenue					
_			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest, and					
			other similar amounts)		713,128.			713,128.
	4		Income from investment of tax-exempt bond proceed	ds 🕨				
	5		Royalties					
	-			Personal				
			Gross rents 6a					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Net rental income or (loss)					
				i) Other				
			assets other than inventory <b>7a</b> 8,929,050.					
		b	Less: cost or other basis					
venue			and sales expenses					
			Gain or (loss)		1,798,839.			1798839.
Other Re			Net gain or (loss)       Gross income from fundraising events (not	🕨	1,790,039.			1798859.
Oth	U	u	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	····· <b>&gt;</b>				
	Э	a	Gross income from gaming activities. See Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory	ness Code				
sn	11	2		iless Coue				
Miscellaneous Revenue		a b						
ellaneo: evenue		c						
Alisc B		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	►	6,257,796.	0.	0.	2511967.
13200	9 12-	-09-	21					Form <b>990</b> (2021)

09591101 759633 429115.00000

# Form 990 (2021) 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).

0000	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	4,448,157.	4,448,157.		
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				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	22.000		22.000	
f	Investment management fees	33,806.		33,806.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	F 0.07		F 0.07	
12	Advertising and promotion	5,267.		5,267.	
13	Office expenses				
14	Information technology				
15	Royalties				
16					
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21					
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22 23					
23 24	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.)				
а	SUPPLIES	2,246.		2,246.	
a b	MISCELLANEOUS EXPENSES	1,705.		1,705.	
c	LICENSES, PERMITS & TAX	400.		400.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,491,581.	4,448,157.	43,424.	0.
26	Joint costs. Complete this line only if the organization	,,	,, <b></b>		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				
					Farm 990 (000 f

10

132010 12-09-21

Form 990 (2021)

09591101 759633 429115.00000

Net

32

33

21,873,355.

23,624,234.

32

33

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION Part X Balance Sheet

		Check if Schedule O contains a response or note to any lin	e in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,639,861.	1	953,613.
	2	Savings and temporary cash investments		638,174.	2	222,918.
	3	Pledges and grants receivable, net		923,076.	3	0.
	4	Accounts receivable, net		17,891.	4	0.
	5	Loans and other receivables from any current or former off				
		trustee, key employee, creator or founder, substantial cont				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified person				
		under section 4958(f)(1)), and persons described in section			6	
Ś	7	Notes and loans receivable, net	l l l l l l l l l l l l l l l l l l l		7	
Assets	8	Inventories for sale or use			8	
Ą	9	Prepaid expenses and deferred charges		10,271.	9	10,308.
	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	
	12	Investments - other securities. See Part IV, line 11		20,394,961.	12	24,054,678.
	13				13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		00 604 004	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		23,624,234.	16	25,241,517.
	17	Accounts payable and accrued expenses		17,383.	17	13,401.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20 21	Tax-exempt bond liabilities			20 21	
	21	Escrow or custodial account liability. Complete Part IV of S Loans and other payables to any current or former officer,			21	
Liabilities	22	trustee, key employee, creator or founder, substantial cont				
bili		controlled entity or family member of any of these persons			22	
Lia	23	Secured mortgages and notes payable to unrelated third p			23	
	24	Unsecured notes and loans payable to unrelated third part			24	
	25	Other liabilities (including federal income tax, payables to r				
		parties, and other liabilities not included on lines 17-24). Co				
		of Schedule D		1,733,496.	25	692,605.
	26	Total liabilities. Add lines 17 through 25		1,750,879.	26	706,006.
		Organizations that follow FASB ASC 958, check here	X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		11,518,566.	27	13,766,037.
Ba	28	Net assets with donor restrictions		10,354,789.	28	10,769,474.
pun		Organizations that do not follow FASB ASC 958, check	here 🕨 🗌			
Ĕ		and complete lines 29 through 33.				
tsc	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fu			30	
et Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or o	ther funds	21 873 355	31	24 535 511.

Total net assets or fund balances

Total liabilities and net assets/fund balances

25,241,517. Form **990** (2021)

24,535,511.

Form 990 (2021)

Form	990 (2021) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION	34-1	963509	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,25		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,493		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,760		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,873		
5	Net unrealized gains (losses) on investments	5	89!	5,9	<u>41.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	24,53	5,5:	<u>11.</u>
Pa	rt 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		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	

Form **990** (2021)

132012 12-09-21

SCHEDULE A	Dublic Cho	ity Status on	d Dub	lie Su	nnort		OMB No. 1545-0047		
(Form 990)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section							
		4947(a)(1) nonexempt charitable trust.							
Department of the Treasury Internal Revenue Service		Attach to Form 990 or F /Form990 for instruction			formation		Open to Public Inspection		
Name of the organization			nis anu ui	e latest li		Employer	identification number		
·····	THE TOLEDO ZOOI	LOGICAL SOCIE	ETY FC	UNDAT	ION		4-1963509		
Part I Reason f	or Public Charity Status.								
	private foundation because it is: (F								
1 A church, cor	ivention of churches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).				
2 A school desc	cribed in section 170(b)(1)(A)(ii). (	Attach Schedule E (Form	i 990).)						
3 A hospital or a	a cooperative hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4 A medical res	earch organization operated in cor	junction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii).Enter f	the hospital's name,		
city, and state									
5 An organizatio	on operated for the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	d in		
section 170(	b)(1)(A)(iv). (Complete Part II.)								
6 A federal, stat	te, or local government or governm	ental unit described in	section 17	'0(b)(1)(A)	(v).				
7 An organization	on that normally receives a substar	ntial part of its support fr	om a gove	rnmental ı	unit or from th	ne general p	ublic described in		
	<b>b)(1)(A)(vi).</b> (Complete Part II.)								
	trust described in section 170(b)(		-						
	al research organization described		· ·			•	•		
· · · · · ·	or a non-land-grant college of agric	ulture (see instructions).	Enter the r	name, city,	and state of	the college	or		
university:									
	on that normally receives (1) more t								
	ed to its exempt functions, subjec nrelated business taxable income	•	• •			••	•		
	509(a)(2). (Complete Part III.)			ses acqui		janization a	itel Julie 30, 1973.		
	on organized and operated exclusion	vely to test for public saf	etv See	section 50	9(a)(4)				
	on organized and operated exclusion	•	•			rrv out the r	ourposes of one or		
	supported organizations describe	•	•				•		
	ugh 12d that describes the type of								
	upporting organization operated, su		-			-	jiving		
the support	ed organization(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	pporting		
organization	n. You must complete Part IV, Se	ctions A and B.							
b 🗌 Type II. A s	upporting organization supervised	or controlled in connect	ion with its	supporte	d organizatio	n(s), by havi	ing		
control or m	nanagement of the supporting orga	nization vested in the sa	ime persor	ns that cor	ntrol or manag	ge the supp	orted		
organization	n(s). You must complete Part IV, S	Sections A and C.							
c Type III fun	ctionally integrated. A supporting	g organization operated i	n connect	ion with, a	nd functional	ly integrated	d with,		
	ed organization(s) (see instructions)	•							
	n-functionally integrated. A supp					•			
	unctionally integrated. The organiz	0 ,			1	an attentiv	eness		
	t (see instructions). You must con	•							
	box if the organization received a v				Type I, Type	II, Type III			
	integrated, or Type III non-functior of supported organizations	, , , , , , , , , , , , , , , , , , , ,	0 0	ation.			1		
	ng information about the supporte	d organization(s)					<b>_</b>		
(i) Name of suppo		(iii) Type of organization	(iv) Is the orga in your governir	nization listed	(v) Amount or	fmonetary	(vi) Amount of other		
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
THE TOLEDO									
ZOOLOGICAL SO	OCIETY 34-4440256	10	x		4,448	3,157.			
					-				

Total

4,448,157.

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# Schedule A (Form 990) 2021 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) Page 2

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support		•		•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
13						i01(c)(3)	
	organization, check this box and stop	-			•		
See	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), c	divided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organization				
b	33 1/3% support test - 2020. If the c	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	box and stop he	<b>ere.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	blicly supported c	organization		
b	10% -facts-and-circumstances test	- 2020. If the org	ganization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	mstances test, che	ck this box and <b>s</b>	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Tl	he organization qua	alifies as a publicly	/ supported organi	zation	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	nd see instruction	s ►
						Schedule A	(Form 990) 2021

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#### Schedule A (Form 990) 2021 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
L	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6			(0) 2010	(4) 2020		(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organiza	ation,
	check this box and <b>stop here</b>	<u></u>					
Sec	ction C. Computation of Publi	c Support Per	rcentage			,       ,	
15	Public support percentage for 2021 (	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					, <u>,</u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2021.</b> If the						
-	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2020.</b> If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins		
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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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9a X 9b X 9b X 9c X 10a X 10a X 10b 5 Schedule A (Form 990) 2021

Yes

Х

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5c

6

7

8

No

Х

х

Х

Х

х

Х

х

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## Schedule A (Form 990) 2021 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 5

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Hast	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c I	below, the governing body of a supported organization?	11a		X
b	A far	mily member of a person described on line 11a above?	11b		X
с	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	<i>il in</i> Part VI.	11c		X
Sec	ction	B. Type I Supporting Organizations			
				Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	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		X

Sectio	n C	. Туре	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed
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Section D. All Ty	pe III Supporting	Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

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

с		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	--	---	--

17

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

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

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

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

V. N

Schedule A (Form 990) 2021

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Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	(-) -
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		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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-functional	ally integrate	ed Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2021

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## Schedule A (Form 990) 2021

# THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 7

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	<u>ed)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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	Section D, lines 5, 6, ar (See instructions.)	nd 8; and Pa	rt V, Section	E, lines 2, 5,	and 6. Als	so complete th	is part for any addition	ai information.
	line 1; Part IV, Section A, lines	3 1, 2, 3b, 3c D, lines 2 an	, 4b, 4c, 5a, d 3; Part IV, \$	6, 9a, 9b, 9c Section E, lin	, 11a, 11b es 1c, 2a,	, and 11c; Parl 2b, 3a, and 3b	; Part V, line 1; Part V,	Section B, line 1e; Part V,
Schedule A	(Form 990) 2021 Supplemental Info	ormation.	Provide the	explanations	s required	by Part II, line	10; Part II, line 17a or	17b; Part III, line 12;
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### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

# 2021

Employer identification number

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>100,000.</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
2		\$9,988.	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> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>15,000.</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
5		\$31,632.	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		\$5,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

34-1963509

Schedule B (Form 990) (2021)

## THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>25,000.</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
8		\$8,350.	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_		\$ <u>55,000.</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
10		\$ <u>10,000.</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
11		\$ <u>12,600.</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
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

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THE TO	OLEDO ZOOLOGICAL SOCIETY FOUNDATION		34-1963509
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
13		\$7,50	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
14		\$50,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
15		\$10,00	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
16		\$40,00	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
17		\$25,00	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
18		\$41,42	Person     X       Payroll     Image: Complete Part II for noncash contributions.)

Employer identification number

## THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ <u>144,541.</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
20		\$ <u>10,000.</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
21		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u>200,000.</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
23		\$ <u> </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
24		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

34-1963509

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

## THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>50,000.</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
26		\$ <u>10,000.</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
27		\$ <u> </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
28		\$ <u>25,000.</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
29		\$ <u>10,000.</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
30		\$11,712 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number

34-1963509

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 32 X Person Payroll 5,074. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 5,159. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 34 X Person Payroll 9,303. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 5,531. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 36 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number

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## THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37_		\$ <u>25,000.</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
38_		\$ <u>7,250.</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
39		\$5,100.	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>40</u>		\$12,911.	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>2,556,451.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number

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		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-11-21		·	Schedule B (Form 990) (202

## Name of organization

Schedule B (Form 990) (2021)

Employer identification number

(c)

FMV (or estimate)

(See instructions.)

34-1963509

(d)

**Date received** 

#### THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

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

(b)

Description of noncash property given

from Part I

(a)

No.

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	B (Form 990) (2021)			Page 4
Name of o	organization			Employer identification number
	OLEDO ZOOLOGICAL SOCIET			34-1963509
Part III	from any one contributor. Complete columns (a	) through (e) and the following line e	ntry For organizati	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 o	r less for the year. (E	nter this info. once.) 🕨 \$
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ft	
	Transferee's name, address, a	nd ZIP + 4	Relations	ship of transferor to transferee
			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
<u>Part i</u>				
		(e) Transfer of g	ft	
		ad 71D - 4	Deletion	his of two seferes to two seferes
	Transferee's name, address, a		Relations	hip 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 g	<del>,</del>	
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee
(a) No.		<u> </u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ft	
	Transferee's name, address, a	nd $7IP \pm 4$	Relation	ship of transferor to transferee
			Telauvik	
123454 11-1	1-21	I		Schedule B (Form 990) (2021)

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30 2021.05000 THE TOLEDO ZOOLOGICAL SOC 429115.1

SCHEDULE D	)
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Department of the Treasury

Internal Revenue Service

(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.

OMB No. 1545-0047 Ĺ **Open to Public** Inspection

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

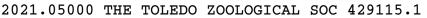
Name	of the	organization
------	--------	--------------

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Employer identification number 34-1963509

Par			or Acco	ounts. Complete if the	ne
	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor advised funds	(b)	Funds and other accou	unts
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 v	-			<u> </u>
	are the organization's property, subject to the organization's				└── No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o		-		
Par		appization answered "Vee" on Form 000			<u>No</u>
			Fart IV, III	le 7.	
1	Purpose(s) of conservation easements held by the organization		f a historia	ally important land area	_
	Preservation of land for public use (for example, recrea Protection of natural habitat			ally important land area d historic structure	4
	Preservation of open space		a certine	a historic structure	
2	Complete lines 2a through 2d if the organization held a qualif	ind conservation contribution in the form	of a consc	priation accoment on th	no lact
2	day of the tax year.			Held at the End of th	
а				2a	
b				2b	
c	Number of conservation easements on a certified historic stru			2c	
	Number of conservation easements included in (c) acquired a				
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel				
	year ►		5		
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per		•		
	violations, and enforcement of the conservation easements it			Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation e	easements during the ye	ear
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easen	nents during the year	
	►\$				
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	No No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement	t and	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	nents that c	describes the	
	organization's accounting for conservation easements.			·· · ·	
Par	t III Organizations Maintaining Collections of		ther Sim	llar Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95				
	of art, historical treasures, or other similar assets held for pub			of public	
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of	public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			• \$	
~				<b>\$</b>	
2	If the organization received or held works of art, historical treater following any state of the following and the following the second state of the following and the following the second state of the following and the following the second state of the following and the following the second state of the following and the following the second state of the following and t		ai gain, pro	VIDE	
_	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			► 5 Schedule D (Form	000) 2021
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form	330) 2021
132051	10-28-21	31			

3 T



	dule D (Form 990) 2021 THE TOLE:			TY FOUNDAT		34-19 r Assets			age <b>2</b>
3	Using the organization's acquisition, accession						(00.14)	1000)	
	collection items (check all that apply):			C C	0				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be main						Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part		te if the organizatio	n answered "Yes" or	n Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodiar	n or other intermedia	ary for contribution	s or other assets not	included				
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII ar								
							Amoun	t	
с	Beginning balance				1c				
d	Additions during the year				1d				
	Distributions during the year								
f	Ending balance				<b>1</b> f		_		
	Did the organization include an amount on For				• • • • • • • • • • • • • • • • • • • •		Yes		No
	If "Yes," explain the arrangement in Part XIII. C								
Par							<b>_</b>		<u> </u>
	—	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	, 	<b>(e)</b> Fou		
	Beginning of year balance	14,039,577.	13,335,414.		14,3	889,121.	11	<u>,820,</u>	
	Contributions	2,861,114.	463,245.	, ,				909,	
	Net investment earnings, gains, and losses	2,249,883.	1,900,244.	-358,218.	-6	53,123.	1,662,591.		591.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	2,477,861.	792,521.						
f	Administrative expenses	4.6.650.540	866,805.			350,071.	2,983. 14,389,121.		
g	End of year balance	16,672,713.	14,039,577.		13,3	385,927.	14	,389,	121.
2	Provide the estimated percentage of the currer			)) held as:					
	<b>a</b> 1 <b>i i i</b>	83.0000	_%						
	Permanent endowment $\blacktriangleright \frac{17.0000}{0.000}$	%							
С	Term endowment ► <u>.0000</u> %								
•	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possess	ion of the organizat	ion that are held ar	nd administered for t	ne organiz	ation		Yes	No
	by:						0-(1)	103	X
	(i) Unrelated organizations						3a(i) 3a(ii)		X
h	(ii) Related organizations	ne listod ze roquiro	d on Schodulo P2				3b		
4	Describe in Part XIII the intended uses of the o						30		
	t VI Land, Buildings, and Equipme		ment lunds.						
	Complete if the organization answered		Part IV. line 11a. S	See Form 990. Part X	line 10.				
	Description of property	(a) Cost or ot				ed	(d) Boo	k valu	
	Description of property	basis (investm	• •		epreciation		(~) 500	valu	-
1a	Land	· ·	, , , , , , , , , , , , , , , , , , , ,						
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
-	. Add lines 1a through 1e. (Column (d) must eau		( column (R) line 1	0c)					0.
		an ronn 030, rail A		<u> </u>		Schedule	D (Forn	n 990)	

	ZOOLOGICAL	SOCIETY	FOUNDATION	34-1963509 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes	on Form 990, Part IV	, line 11b. See F	Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) M	lethod of valuation: Cos	st or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) INVESTMENTS - SECURITIES	24,054,6	78. END	OF-YEAR MAP	RKET VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	24,054,6	78.		
Part VIII Investments - Program Related.	21/031/0			
Complete if the organization answered "Yes	on Form 990, Part IV	line 11c. See F	Form 990, Part X, line 13	3.
(a) Description of investment	(b) Book value			st or end-of-year market value
		(0) 11		
(1)(2)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				_
Complete if the organization answered "Yes		, line 11d. See I	-orm 990, Part X, line 1	
(a	) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)			►
Part X Other Liabilities.				
Complete if the organization answered "Yes	on Form 990, Part IV	, line 11e or 11f	. See Form 990, Part X,	line 25.
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				
(2) PAYABLE TO AFFILIATE				692,605.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
				<b>▶</b> 692,605.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) lin <b>2.</b> Liability for uncertain tax positions. In Part XIII, provid	,			· · · ·
		-		
organization's liability for uncertain tax positions unde	1 1 AOD AOU 740. UNE		EVEN OF THE TOOLHOFE HAS T	

132053 10-28-21

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION	34-1963509 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r 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		
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 VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.) 4b	
с	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
С	Other losses 2c	
d	Other (Describe in Part XIII.) 2d	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.) 4b	
с	Add lines <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

34

DECEMBER 31, 2021 THAT ARE REQUIRED TO BE RECORDED OR DISCLOSED IN THE

#### FINANCIAL STATEMENTS.

132054 10-28-21

SCHEDULE I (Form 990)		Go	Grants and Oth vernments, an lete if the organization	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization		O ZOOLOGI	CAL SOCIETY	FOUNDATIC	DN			Employer identification number $34 - 1963509$
	ormation on Grants a							
criteria used to awa	ard the grants or assis	stance?	amount of the grants					
		•	zations and Domestic be duplicated if addition			anization answered "Y	es" on Form 990, Par	IV, line 21, for any
<b>1 (a)</b> Name and addr or gover		<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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)	4,448,157.	0.			VARIOUS PROJECTS
	of other organization	s listed in the line	I ganizations listed in the 1 table					

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

#### 132102 10-26-21

#### Schedule I (Form 990) 2021 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

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
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Comparison of the second second

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:

Part III

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.

34-1963509

SC	HEDULE J	1	OMB No.				
(Fo	rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest	-		<b>~</b> 4		
<b>1</b>	,	Compensated Employees		20	21		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organizatio		Employer	identificatio	on nui	mber	
		THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION	34-1	196350	9		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or d	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re-	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		ompensation consultant					
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee				
	During the user di	Lanuaren listad en Form 000 Datt//II. Castien A. line 1a with versatte the filing					
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re	-		10		x	
a b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?		<u>4a</u> 4b	Х		
		size no was at from an any ity based as was an atting a was a second of			- 23	x	
C	-	eve payment from an equity-based compensation arrangement?		+c			
	In res to any or in						
	Only section 501(	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
-	contingent on the r						
а	-			5a		X	
b	Any related organiz	ation?				X	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the r						
а	The organization?			6a		X	
		ation?				X	
		or 6b, describe in Part III.					
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	1e				
				8		X	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section						
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n <b>990</b> )	) 2021	

132111 11-02-21

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEFFREY SAILER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	338,041.	0.	0.	19,500.	4,395.	361,936.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

#### Part III Supplemental Information

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

Schedule J (Form 990) 2021


SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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



THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

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

40

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.

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. 132211 11-11-21

Schedule O (Form 990) 2021

2021.05000 THE TOLEDO ZOOLOGICAL SOC 429115.1

SCHEDULE R

## **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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

## THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Employer identification number 34 - 1963509

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

<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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<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)	LINE 10	SOCIETY		х
	-						
	-						

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

Schedule R (Form 990) 2021

#### Schedule R (Form 990) 2021 THE TOLEDO ZOOLOGICAL SOCIETY 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)       (k)         Name, address, and EIN of related organization       Primary activity       Image: controlling (state or rowity)       Predominant income entity       Share of total income       Share of total income       Share of total income       Disproprimate end-of-year assets       Image: controlling allocations?       General or end-of-year assets       Image: controlling end-of-year assets       Image: controlling end-o												
(state or entry (related, unrelated, income end-of-year allocations? and internet box (state or entry excluded from tax under 20 of Schedule	(a)	(b)		(d)	(e)	(f)	(g)	(1	n)			(k)
Indeptine     Insections 512-514)     Yes     No     K-1 (Form 1065)     Yes     No	Name, address, and EIN of related organization	Primary activity	(state or	Direct controlling entity	(related, unrelated, excluded from tax under	Share of total income	end-of-year	allocations		Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentag <sup>ing</sup> ownership r?
			country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
		]										
		]										

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?		
		country)						Yes	No		
									<u> </u>		
									<u> </u>		

#### Schedule R (Form 990) 2021 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.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	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		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	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	
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		<u> </u>
S	Other transfer of cash or property from related organization(s)	1s		X

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.

<b>(a)</b> 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	4,448,157.	FMV
(2) THE TOLEDO ZOOLOGICAL SOCIETY	Е	692,605.	FMV
(3) THE TOLEDO ZOOLOGICAL SOCIETY	С	2,556,451.	FMV
<u>(4)</u>			
(5)			
(6)			

#### Schedule R (Form 990) 2021 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)	(ł	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	<b>e)</b> e all rs sec.	Share of			- <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 alloca	nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing er? owr	nership
		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	10	

Schedule R (Form 990) 2021

## Part VII Supplemental Information

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