# TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

December 31, 2022

Prepared	For:	
	The Toledo Zoological Society 2700 Broadway Toledo, OH 43609	
Prepared	Ву:	
	Rehmann Robson LLC 7124 W Central Ave Toledo, OH 43617	
Amount D	ue or Refund:	
	Not applicable	
Make Che	ck Payable To:	
	Not applicable	
Mail Tax F	Return and Check (if applicable) To:	
	Not applicable	
Return Mu	ust be Mailed On or Before:	

# Special Instructions:

Not applicable

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.

# \*\* 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

н г	OI LITE	E 2022 Calendar year, or tax year beginning	enung				
	heck if	C Name of organization		D Employer identifi	cation number		
	Addres	THE TOLEDO ZOOLOGICAL SOCIETY					
	Name change	Doing business as		34-4440256			
	Initial return Final	2700 BROADWAY	Room/suite	E Telephone number 419-385-5721			
	⊐return/ termin ated		G Gross receipts \$	52,827,594.			
	Amend	<b>1</b>					
	_return _Applic _tion			H(a) Is this a group re for subordinates			
	⊥tion pendir	SAME AS C ABOVE			=		
	'ov ov:		or 507	H(b) Are all subordinates in			
	ax-exe Vebsit		or 527	7	list. See instructions		
		organization: X Corporation Trust Association Other	I Voc	of formation: 1982	M State of legal domicile: OH		
Pa	rt I	Summary	L Teal	or formation. 1902  r	VI State of legal domicile. OII		
		Briefly describe the organization's mission or most significant activities: WE II	NSPIRE	OUR GUESTS	TO JOIN US		
Activities & Governance		IN BEING ADVOCATES FOR WILDLIFE AND CONSE			WORLD BY		
ja Ja	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:	sets.		
Ş	3			3	16		
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			16		
<u>م</u>		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			1391		
iţie		Total number of volunteers (estimate if necessary)		_	747		
Ę				7a	2,202,375.		
_∢		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
П				Prior Year	Current Year		
<u>_</u>	8	Contributions and grants (Part VIII, line 1h)		28,950,095.	31,203,389.		
nue		Program service revenue (Part VIII, line 2g)		9,396,334.	8,385,002.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		107,145.	-717,318.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,033,412.	6,167,183.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		42,486,986.	45,038,256.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,878,735.	9,376,141.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ړي	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,739,544.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		293,174.	347,021.		
ğ		Total fundraising expenses (Part IX, column (D), line 25)1,029,69	97.				
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		17,098,052.	18,663,386.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		36,009,505.	47,840,992.		
	19	Revenue less expenses. Subtract line 18 from line 12		6,477,481.	-2,802,736.		
28				eginning of Current Year	End of Year		
sets alan	20	Total assets (Part X, line 16)	1	L55,762,648.	155,399,314.		
t Assets or od Balances	21	Total liabilities (Part X, line 26)		5,015,116.	8,993,092.		
ᆲ	22	Net assets or fund balances. Subtract line 21 from line 20	1	L50,747,532.	146,406,222.		
	rt II	Signature Block					
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is		
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.			
		Signature of officer		Data			
Sigr		Signature of officer		Date			
Here	е	LAUREN BRANYAN, VICE PRESIDENT, FINANCE Type or print name and title					
			Г	Date Check F	PTIN		
		Print/Type preparer's name  Preparer's signature	1	:, L			
Paid		KRISTEN G. MORSE, CPA KRISTEN G. MORSE	s, CP	L0/17/23 self-employ			
	arer	Firm's name REHMANN ROBSON LLC		Firm's EIN 3	8-3635706		
Jse	Only	Firm's address 7124 W CENTRAL AVE		/ A	10\ 065 0110		
_		TOLEDO, OH 43617		Phone no. <b>( 4</b>	19) 865-8118		
Иay	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Page 2

Fai	Obselvi Oskadala O sastaina a magana ang ata ta ang lina ia thia Dat III	_ X
	Check if Schedule O contains a response or note to any line in this Part III	<u>. A</u>
1	Briefly describe the organization's mission:  WE INCOME OUR OUR MODERN TO THE AND DETNICATION ADVICEMENT FOR WILDLINE AND	
	WE INSPIRE OUR GUESTS TO JOIN US IN BEING ADVOCATES FOR WILDLIFE AND	
	CONSERVING THE NATURAL WORLD BY PROVIDING FUN, AWE-INSPIRING, AND	
	EDUCATIONAL EXPERIENCES. BY JOINING US, OTHERS HELP BUILD A MOVEMENT	
	THAT CARES FOR ANIMALS AND CREATES A SHARED SPACE FOR WILDLIFE IN THI	.ప
2	Did the organization undertake any significant program services during the year which were not listed on the	<b>□</b>
		X No
	If "Yes," describe these new services on Schedule O.	<b>□</b>
3	<u> </u>	X No
_	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	d
	revenue, if any, for each program service reported.	126
4a	(Code:) (Expenses \$42,079,160. including grants of \$9,376,141. ) (Revenue \$12,348,0	
	THE TOLEDO ZOOLOGICAL SOCIETY IS ONE OF THE WORLD'S MOST COMPLETE ZOO	<u>تا</u>
	WITH OVER 18,000 ANIMALS REPRESENTING OVER 700 SPECIES. THE GROUNDS	
	INCLUDE ONE OF THE LARGEST CONCENTRATIONS OF WPA ERA BUILDINGS, FORMA	
	GARDENS, CONSERVATORY, AND AMPHITHEATRE. THE ZOO IS AT THE FOREFRONT	
	OF MANY CONSERVATIONS EFFORTS WORKING TO PRESERVE ENDANGERED AND	
	THREATENED SPECIES. THE ZOO IS ALSO INVOLVED WITH BREEDING ANIMALS	
	THROUGH THE SPECIES SURVIVAL PROGRAM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING TO ENSURE A FUTURE OF THE PROBLEM THAT IS HELPING THE PROBLEM THE PROBLEM THAT IS HELPING THE PROBLEM THE PRO	
	FOR SOME TRULY AMAZING SPECIES. IN ADDITION TO THESE EFFORTS, THE ZO	
	RUNS MANY EDUCATION PROGRAMS FOR BOTH CHILDREN AND ADULTS THAT INSPIRATED THEM TO JOIN THE ZOO IN FOLLOWING THEIR MISSION OF CARING FOR ANIMALS	
	AND CONSERVING THE NATURAL WORLD. ALL PROGRAM EXPENSES ARE USED TO	,
	SUPPORT THE ANIMALS, MAINTAIN THE GROUNDS, AND PROVIDE EDUCATIONAL	
4b	(Code:) (Expenses \$	,
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	
		′
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 42,079,160.	
	_ ^(	٠ ١

# Form 990 (2022) THE TOLEDO Z Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₹.
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	· · ·	11a	х	
b	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1115		
ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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	<u> </u>		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		77	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	- 21	
10		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_ <del></del>
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	
			000	

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Form **990** (2022)

Form 990 (2022) THE TOLEDO ZOOLOGI
Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (N), line 21 "" "ying", compited Schedule I, Part I and III and Schedule I, Part I and III and		i (continued)		Yes	No
Part IX, column (Al, line 2? If "Yes," completes Schedule I, Parts I and III  22	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5, about compensated employees? // "Yes," complete Schedule / 22 X  24a Did the organization have at at-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? // "Yes," answer lines 24b through 24d and complete Schedule K // "No," go to line 25a.  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26c Did the organization maritani an secrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  26c Did the organization maritani an secrow account other than a refunding secrow at any time during the year?  26d Did the organization invest are yirocreeds of tax-exempt bonds beyond a temporary period exception?  26d Did the organization invest are yirocreeds of tax-exempt bonds period outstanding at any time during the year?  26d Did the organization invest are yirocreeds of tax-exempt bonds outstanding at any time during the year?  26d Did the organization invest are the regaled in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I transaction has not been reported on any of the organizations price Forms 990 or 990 EZ? If "Yes," complete Schedule L. Part I secondary or the programization price forms 990 or 990 EZ? If "Yes," complete Schedule L. Part I secondary or forms or forms of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II secondary or the organization provide any part or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part II secondary or applicate Schedule L. Part II secondary or applicate Schedule L. Part			22		Х
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and the organization have a tax exempt bond issue with an auditanding 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 24b and complete Schedule K. If "No." go to line 25a.  24a	23				
Schedule J was a savecempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  24a					
24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the list day of the year, it at was selected after December 31,2002? If "Yes," arosevar lines 24b through 24d and complete Schedule K. If "No." yo to line 25a		•	23	х	
Schedule K. If "No." go to line 25a	24a				
Schedule K. If "No." go to line 25a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
b Dit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  246  Dit the organization minimal an eserow account other than a refunding escrow at any time during the year?  246  Dit the organization account an an escrow account other than a refunding escrow at any time during the year?  246  Dit the organization account at as an 'on behalf of' issuer for bonds outstanding at any time during the year?  246  Dit the organization account at the regaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I    258  Section 501c(Si), 501c(c)4), and 501c(ix29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I    259  Section 501c(Si), 501c(c)4), and 501c(ix29) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization sprice Forms 990 or 990-E27 If 'Yes,' complete Schedule I, Part I    260  Schedule L, Part I    271  Did the organization expert any amount on Part X, line 5 or 22, for receivables from or payables to any current or former or filters, director, trustee, key employee, creator or founder, substantial contribution, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule I, Part II    282  283  284  285  286  286  287  286  287  288  288  288			24a		Х
any tax-exempt bonds?  d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   25a   Section 501(c/i3), 501(c/i4), and 501(c/i2) 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   X   X   X   X   X   X   X   X	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(6)(8), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "I" "Yes," complete Schedule L, Part I 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 980 or 990 E27    "Yes," complete Schedule L, Part I   25b   X    25b   X   Schedule L, Part I   25b   X   X   X   X   X   X   X   X   X	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(6)(8), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "I" "Yes," complete Schedule L, Part I 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 980 or 990 E27    "Yes," complete Schedule L, Part I   25b   X    25b   X   Schedule L, Part I   25b   X   X   X   X   X   X   X   X   X		any tax-exempt bonds?	24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 sprior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part I  25b Id 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	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? #"Yes," complete Schedule L, Part I V  25 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 of rainity member of any of these persons? #"Yes," complete Schedule L, Part II V  26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? #"Yes," complete Schedule L, Part II V  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II V  29 Instructions for applicable finging thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #  "Yes," complete Schedule L, Part IV V  28		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
Schedule L, Part I	b				
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, or grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III 27 X  29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 X  28 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X  29 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1  30 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  31 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, fusclee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IVI instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, fustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IVI 28a X X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IVI 28c X X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I I X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I I X Did the organization related to any tax-exempt or taxable entitly? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, III is 1 X Did the organization related to any tax-exempt or taxable entitly? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, III is 1 X Did the organization one or 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part V, III is 2 X X X Did the organization have a controlled entity within the meaning		Schedule L, Part I	25b		<u> </u>
controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part // 27  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // (** 28b X)  b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV.  28  b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV.  29  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // (** 28b X)  29  Did the organization receive more than 255,000 in non-cash contributions? // "Yes," complete Schedule M.  29  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M.  30  Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I.  30  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? // "Yes," complete Schedule R, Part V, IIIne 2  30  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b  / "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(b)(13)? // "Yes," complete Schedule R, Part V, IIIne 2  31	26				
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) thereof or family member of any of these persons? if "Yes," complete Schedule L, Part III.  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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  28 A 55% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization over 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-2 an					77
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instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organizations. Did the organization receive any paymment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization member from the organization organization conduct more than 5% of its activities through an entity that is not a related organization?  36 Just the organization complete Schedule R, Part V, line 2  37 Just the organization complete Schedule R, Part V, line 2  38 Did the organization complete Schedule R, Part V, line 2			27		Λ_
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35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Tent V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Tent the number reported in box 3 of Form 1096. Enter -0- if not applicable  Be Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X			34	х	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 J 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  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  11 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  12	35a		35a		Х
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a 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  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X		•			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  11 In			35b		
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  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  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  10 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 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 X	36	• • • • • • • • • • • • • • • • • • • •			
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  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Test 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 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 Test VI  11 Test VI  12 Test VI  13 Test VI  32 X  33 X  44 Yes No		If "Yes," complete Schedule R, Part V, line 2	36		X
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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a 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  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	37				
Note: All Form 990 filers are required to complete Schedule O  Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a 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  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1a		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a 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  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Check if Schedule O contains a response or note to any line in this Part V  Yes No.  1a 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  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	D-		38	X	
Ta 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  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  126  X  Inc. X	Pai				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     126       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X					
(gambling) winnings to prize winners?		Eliter the number of Fermi W 24 included of the Fa. Eliter of the applicable			
0 0/ 0 1	С			v	
232004 12-13-22 Form <b>990</b> (202)					,0000

022) THE TOLEDO ZOOLOGICAL SOCIETY

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
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 1391			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	O.D		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.5		
·	to file Form 8282?	7c		Х
d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2022)

THE TOLEDO ZOOLOGICAL SOCIETY Form 990 (2022) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 16 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's Х exempt status with respect to such arrangements? 16b Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filedNONE
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records

TOLEDO. 43614 P.O. BOX 140130.

Form **990** (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

Week (list arry hours for related organizations below line)   Applied to the line)   Applied to the line organization (W-2/1099-MISC/ 1099-NEC)   Applied	24,514. 35,037. 20,947.
Name	24,514. 35,037. 20,947.
SHAYLA BELL-MORIARTY   SO.00   SENIOR VICE PRESIDENT AND CHIEF OF S   X   227,356.   0	24,514. 35,037. 20,947.
X   227,356.   0	35,037.
SENIOR VICE PRESIDENT AND CHIEF MISS   X	35,037.
X	20,947.
Color   Colo	20,947.
Solution   Solution	
Solution   Solution	
(6) DAVID E. FISHER       49.25       X       121,624.       0         VICE PRESIDENT, FINANCE       50.00       X       121,624.       0         (7) REGINA LESTER       50.00       X       105,542.       0         VICE PRESIDENT SECURITY AND SAFETY O       X       105,542.       0         (8) LESLIE CHAPMAN       2.00       X       0.       0         DIRECTOR       X       0.       0         (9) GARY BYERS       2.00       X       0.       0         DIRECTOR       X       0.       0         (10) EBONIE JACKSON       2.00       X       0.       0         DIRECTOR       X       0.       0	9,354.
VICE PRESIDENT, FINANCE         0.75         X         121,624.         0           (7) REGINA LESTER         50.00         X         105,542.         0           VICE PRESIDENT SECURITY AND SAFETY O         X         105,542.         0           (8) LESLIE CHAPMAN         2.00         X         0.         0           DIRECTOR         X         0.         0           (9) GARY BYERS         2.00         X         0.         0           DIRECTOR         X         0.         0           DIRECTOR         X         0.         0           DIRECTOR         X         0.         0	
(7) REGINA LESTER         50.00           VICE PRESIDENT SECURITY AND SAFETY O         X         105,542.         0           (8) LESLIE CHAPMAN         2.00         X         0.         0           DIRECTOR         X         0.         0         0           (9) GARY BYERS         2.00         X         0.         0           DIRECTOR         X         0.         0         0           (10) EBONIE JACKSON         2.00         X         0.         0           DIRECTOR         X         0.         0         0	
VICE PRESIDENT SECURITY AND SAFETY O         X         105,542.         0           (8) LESLIE CHAPMAN         2.00         X         0.         0           DIRECTOR         X         0.         0           DIRECTOR         X         0.         0           (10) EBONIE JACKSON         2.00         0         0           DIRECTOR         X         0.         0	10,776.
(8) LESLIE CHAPMAN       2.00         DIRECTOR       X       0.       0         (9) GARY BYERS       2.00       X       0.       0         DIRECTOR       X       0.       0         DIRECTOR       X       0.       0	
DIRECTOR   X   0. 0	10,740.
(9) GARY BYERS         2.00           DIRECTOR         X         0.         0           (10) EBONIE JACKSON         2.00         X         0.         0           DIRECTOR         X         0.         0	
DIRECTOR   X   0.   0	0.
(10) EBONIE JACKSON 2.00 X 0. 0	
DIRECTOR X 0.	0.
(11) TUNNITURE VITI DEPRAND	0.
(11) JENNIFER HILDEBRAND DIRECTOR  2.00 X 0.	
DIRECTOR X 0. 0  (12) JENNIFER VANCIL 2.00	0.
SECRETARY X U U U U U U U U U U U U U U U U U U	0.
(13) SARA SWISHER 2.00	+
DIRECTOR X 0.	0.
(14) JEREMY ZEISLOFT 2.00	+
VICE CHAIRMAN X 0.	0.
(15) BONNIE RANKIN 2.00	
CHAIRMAN X 0. 0	0.
(16) JAMES A. HAUDAN 2.00	
IMMEDIATE PAST CHAIR X 0. 0	0.
(17) MICHAEL P. BELL 2.00	
DIRECTOR X 0.	Form <b>990</b> (2022)

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Form **990** (2022)

Form 990 (2022) THE TOLIES	DO TOOTIC	<u> </u>	<u>. C.A</u>	<u> </u>	20	<u> Ст</u>	ъı	<u> </u>	34-4440	Z 3 0 Page 0	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	· · · · · · · · · · · · · · · · · · ·									(F)	
Name and title	Average hours per week	box	not c , unle	ss pei	more rson i	than of the state	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) ELAINE CANNING DIRECTOR	2.00	X						0.	0.	0.	
(19) JEFFREY C. COLE TREASURER	2.00			х				0.	0.	0.	
(20) CALLIE JACOBY DIRECTOR	2.00	х						0.	0.	0.	
(21) JOSEPH E. MCNEELY DIRECTOR	2.00	х						0.	0.	0.	
(22) DONI MILLER DIRECTOR	2.00	х						0.	0.	0.	
(23) RODNEY ROGERS DIRECTOR	2.00	х						0.	0.	0.	
1b Subtotal c Total from continuation sheets to Part VI								1,235,154.	0.	136,390.	
d Total (add lines 1b and 1c)								1,235,154.	0.	136,390.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable											

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

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
	Becomplien of convices	Сотроновают
THE LATHROP COMPANY, INC.		
28 N. ST. CLAIR, STE 200, TOLEDO, OH 43604	CONSTRUCTION	7,587,907.
TUTTLE CONSTRUCTION, INC.		
880 SHAWNEE RD., LIMA, OH 45805	CONSTRUCTION	3,610,309.
COMMUNICA, INC.		
31 NORTH ERIE ST., TOLEDO, OH 43604	ADVERTISING	1,799,378.
BUEHRER GROUP ARCHITECTURE		
314 CONANT ST., MAUMEE, OH 43537	CONSTRUCTION	595,141.
BAYES, INC.		
7414 PONDEROSA ROAD, PERRYSBURG, OH 43551	CONSTRUCTION	546,028.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 24		
		000

Form **990** (2022)

Form 990 (2022) THE TOL
Part VIII Statement of Revenue

			Check if Schedule O contains a r	esnonse (	or note to any lin	e in this Part VIII			
			Cricon ii Goricadie G Goritains a i	соронос с	or mote to uny iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				. 1					SECTIONS 212 - 214
nts nts	1		Federated campaigns	1a					
iz on		b	Membership dues	1b	8,156,098.				
S, O		С	Fundraising events	1c	624,227.				
# Z		d	Related organizations	1d	2,521,698.				
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions)	1e	18,868,171.				
		f	All other contributions, gifts, grants, and						
be E			similar amounts not included above	1f	1,033,195.				
텵		a		1g \$					
S P		_	Total. Add lines 1a-1f	·914		31,203,389.			
<u> </u>	Business Code				, , ,				
-	_	_	ADMISSIONS REVENUE		713990	6,051,778.	6,051,778.		
ice	2	_	PARK OPERATIONS	713990	1,989,738.	1,989,738.			
er ne		~	SPECIAL EVENTS AND PROGRAMS				, ,	240 669	
Program Service Revenue		С	SPECIAL EVENTS AND PROGRAMS		711300	343,486.	102,818.	240,668.	
rar Se									
90									
٩			All other program service revenue $\dots$						
		g	Total. Add lines 2a-2f			8,385,002.			
	3		Investment income (including dividen	ds, intere	st, and				
		other similar amounts)  Income from investment of tax-exempt bond proceed			341,695.			341,695.	
	4								
	5		Royalties			1,784.			1,784.
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` ' <del> </del>	curities	(ii) Other				
	′	а		51,175.	5,737.				
			, <u></u> ,	51,175.	3,737.				
•		D	Less: cost or other basis	00 416	1007500				
nue				08,416.	1007509.				
her Revenue			( / /	57,241.	-1001772.				
æ			Net gain or (loss)			-1,059,013.			-1059013.
þe	8	а	Gross income from fundraising events (no						
ð			including \$ 624,227.	of					
			contributions reported on line 1c). Se	e					
			Part IV, line 18	8a	318,555.				
		b	Less: direct expenses	8b	318,555.				
		С	Net income or (loss) from fundraising	events_		0.			
	9	а	Gross income from gaming activities.	. See					
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming act						
			Gross sales of inventory, less returns						
		_	and allowances		8,514,381.				
		h	Less: cost of goods sold						
			Net income or (loss) from sales of inv		, , , , , , , , , , , , , , , , , , , ,	5,259,523.	3,297,816.	1961707.	
$\overline{}$		_	THE INCOME OF GOSS/ HOME SAIRS OF ITIV	опоту	Business Code	-,200,020.	3,237,010.	2552707.	
sn	4.4	_	MISCELLANEOUS		900099	905,876.	905,876.		
e e	17		MICCELLANGOOD		J000J3	703,076.	303,076.		
lan en		b							
3e/		С							
Miscellaneous Revenue			All other revenue						
		е	Total. Add lines 11a-11d			905,876.			
	12		Total revenue. See instructions			45,038,256.	12348026.	2202375.	-715,534.

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#### Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a responsor include amounts reported on lines 6b.	(A)	(B) Program service	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		'		
	and domestic governments. See Part IV, line 21	9,232,648.	9,232,648.		
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	143,493.	143,493.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	790,205.		790,205.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	1 - 1	11.051.000		
7	Other salaries and wages	15,125,700.	14,054,388.	745,881.	325,431
8	Pension plan accruals and contributions (include	644 500	F00 050	44 600	10 644
	section 401(k) and 403(b) employer contributions)	644,583.	589,259.	41,680.	13,644
9	Other employee benefits	1,280,489.	1,170,584.	82,800.	27,105
10	Payroll taxes	1,613,467.	1,430,176.	150,175.	33,116
11	Fees for services (nonemployees):				
а	Management	106 240		106 240	
	Legal	196,340.		196,340.	
	Accounting	53,663.		53,663.	
	Lobbying	247 021			247 001
e	Professional fundraising services. See Part IV, line 17	347,021. 19,747.		19,747.	347,021
f	Investment management fees	19,747.		19,747.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1,021,959.	875,538.	113,005.	33,416
40	column (A), amount, list line 11g expenses on Sch O.)	1,758,529.	1,712,594.	25,943.	19,992
12	Advertising and promotion	278,950.	214,253.	56,397.	8,300
13 14	Office expenses	410,454.	410,454.	30,3376	0,500
15	Information technology	110,131.	110,131.		
16	Royalties Occupancy	1,958,015.	1,735,585.	182,291.	40,139
17	Travel	1,330,013.	1,733,303.	102,251.	40,133
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	33,604.	33,604.		
21	Payments to affiliates	,	.,		
22	Depreciation, depletion, and amortization	7,532,315.	6,676,644.	701,259.	154,412
23	Insurance	438,096.		438,096.	•
24	Other expenses. Itemize expenses not covered			·	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	1,379,391.	1,290,999.	75,573.	12,819
b	REPAIRS & MAINTENANCE	1,132,352.	1,132,352.	0.	0 .
С	PROCESSING FEES	868,871.	0.	868,871.	0 .
d	ANIMAL NUTRITION	728,412.	728,412.	0.	0 .
е	All other expenses	852,688.	648,177.	190,209.	14,302
25	Total functional expenses. Add lines 1 through 24e	47,840,992.	42,079,160.	4,732,135.	1,029,697
26	$\ensuremath{\textbf{Joint costs}}.$ Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,067,612.	1	168,418.
	2	Savings and temporary cash investments	4,819,815.	2	0.
	3	Pledges and grants receivable, net		3	2,453,363.
	4	Accounts receivable, net	493,662.	4	562,803.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net	205 504	7	065 606
Assets	8	Inventories for sale or use	387,584.	8	865,626.
⋖	9	Prepaid expenses and deferred charges	384,953.	9	721,379.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 260,685,033.	120 407 574		140 172 147
	l	Less: accumulated depreciation 10b 112,511,886.	139,407,574.	10c	148,173,147.
	11	Investments - publicly traded securities	5,4/0,30/.		0.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	1,731,141.	14	2 454 579
	15	Other assets. See Part IV, line 11	155,762,648.	15 16	2,454,578. 155,399,314.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,666,831.	17	3,764,399
	17 18	Accounts payable and accrued expenses	2,000,031.	18	3,704,333.
	19	Grants payable	2,348,285.	19	2,386,563.
	20	Deferred revenue Tax-exempt bond liabilities	2/310/2031	20	2/300/303
	21	Francisco de distancia de la Carta de la C		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	2,842,130.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,015,116.	26	8,993,092.
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	149,694,864.	27	145,575,466.
Ва	28	Net assets with donor restrictions	1,052,668.	28	830,756.
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
Š	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	450 515 500	31	446 465 655
<u>Š</u>	32	Total net assets or fund balances	150,747,532.	32	146,406,222.
	33	Total liabilities and net assets/fund balances	155,762,648.	33	155,399,314.

Form 990 (2022)

Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,038		
2	Total expenses (must equal Part IX, column (A), line 25)	2	47	,84	0,9	<u>92.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	,802	2,7	<u> 36.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	150	<u>,74</u>	7,5	<u>32.</u>
5	Net unrealized gains (losses) on investments	5	-1	,378	8,5	<u>62.</u>
6	Donated services and use of facilities	6		4 :	9,2	<u>68.</u>
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-20	9,2	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	146	,40	6,2	22.
Pai	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 O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					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	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 Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

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#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE TOLEDO ZOOLOGICAL SOCIETY

**Employer identification number** 

34-4440256 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	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)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
16a	<b>33 1/3</b> % <b>support test - 2022.</b> 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		-				
b	33 1/3% support test - 2021. If the	-			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				*	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-		•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schodulo A	(Form 990) 2022

#### 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.)

Se	ction A. Public Support	,, ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9767156.	9941597.	13848595 <b>.</b>	<u>16188988.</u>	<u> 19124612.</u>	68870948.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12541586.	13149205.	6800692.	13032112.	13723435.	59247030.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	12449152.	12430663.	12784446.	12761107.	12078777.	62504145.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	34757894.	<u>35521465.</u>	33433733.	41982207.	44926824.	190622123
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	15,000.	15,540.	23,100.	22,480.	24,240.	100,360.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(	Add lines 7a and 7b	15,000.	15,540.	23,100.	22,480.	24,240.	100,360.
8	Public support. (Subtract line 7c from line 6.)						190521763
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	34757894.	<u>35521465.</u>	<u>33433733.</u>	<u>41982207.</u>	<u>44926824.</u>	190622123
10	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	89,595.	102,466.	99,528.	120,854.	343,479.	755,922.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	40,178.					40,178.
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	129,773.	102,466.	99,528.	120,854.	343,479.	796,100.
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.)	34887667.	35623931.	33533261.	42103061.	45270303.	191418223
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,
_	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2022 (		•	column (f))		15	99.53 %
16	Public support percentage from 2021					16	99.54 %
	ction D. Computation of Inves					I I	4.2
	Investment income percentage for 20					17	.42 %
	Investment income percentage from					18	.41 %
19	a 33 1/3% support tests - 2022. If the						v
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	Yes	No
1		
2		
3a		
3b		
_		
3c		
_		
4a		
Al-		
4b		
4c		
70		
5a		
5b		
5c		
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_		
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8		
9a		
Ju		
9b		
9с		
10a		
10b		
A /Farm	~ ^^^	2022

232024 12-09-22

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Soot	super	vised, or controlled the supporting organization.	2		
Seci	.1011	C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sect	ion I	upported organization(s). D. All Type III Supporting Organizations	1		
		Divin Typo in Supporting SiguinEditions		Yes	No
4	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	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 ins	truction	s).	
2	Activi	ities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	CI.		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
		ees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	u u	to organization occided a depotential adgree of another ever the policies, programs, and activities of Cacil			

Schedule A (Form 990) 2022

5

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

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section 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 organization	s	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	<b>Total annual distributions.</b> Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	;					
	(provide details in <b>Part VI</b> ). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
	•	(i)	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022			
_1_	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
_3_	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
c	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2022 distributable amount							
<u>_i</u>	Carryover from 2017 not applied (see instructions)							
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
_8_	Breakdown of line 7:							
<u>a</u>	Excess from 2018							
b	Excess from 2019							
c	Excess from 2020							
<u>d</u>	Excess from 2021							
е	Excess from 2022							

Schedule A (Form 990) 2022

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **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

2022

Name of the organization **Employer identification number** THE TOLEDO ZOOLOGICAL SOCIETY 34-4440256 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Page 2

# THE TOLEDO ZOOLOGICAL SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$12,500.	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		\$ 78,346.	Person X Payroll
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions  \$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 55,835.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# THE TOLEDO ZOOLOGICAL SOCIETY

34-4440256

Page 2

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		\$\$	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		\$ 49,500.	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>45,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 43,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ 7,350.	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
12		\$55,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# THE TOLEDO ZOOLOGICAL SOCIETY

34-4440256

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$36,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$33,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$33,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person X Payroll

Name of organization

Employer identification number

# THE TOLEDO ZOOLOGICAL SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 22,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and Zir + +	\$ 10,600.	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		\$ 20,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$35,500.	Person X Payroll

Name of organization

Employer identification number

Page 2

# THE TOLEDO ZOOLOGICAL SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,099.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 20,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 17,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	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		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# THE TOLEDO ZOOLOGICAL SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$7,978.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	Total contributions  \$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$14,944.	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
36		\$14,700.	Person X Payroll

Name of organization

Employer identification number

# THE TOLEDO ZOOLOGICAL SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ <u>12,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	Nume, address, and Zii + +	\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$ 14,325.	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
42		\$	Person X Payroll

Name of organization Employer identification number

# THE TOLEDO ZOOLOGICAL SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$10,424.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$10,006.	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions  \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$	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
48		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# THE TOLEDO ZOOLOGICAL SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	Nume, address, and En 1 1	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# THE TOLEDO ZOOLOGICAL SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$9,963.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$8,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$8,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$7,996.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

34-4440256

# THE TOLEDO ZOOLOGICAL SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$	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
63		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$7,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$6,827.	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
66		\$6,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# THE TOLEDO ZOOLOGICAL SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	- Hume, dudices, and En 1 7	\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$5,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$5,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE	TOLEDO	ZOOLOGICAL	SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$6,400.	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
74		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$5,206.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	Hume, dudices, and En 1 7	\$5,071.	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
77		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# THE TOLEDO ZOOLOGICAL SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 82	Name, address, and ZIP + 4	Total contributions  \$ 6,750.	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
83		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$ 2,521,698.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## THE TOLEDO ZOOLOGICAL SOCIETY

34-4440256

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$30,606.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$ <u>12,078,777</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$ 255,328.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$6,503,460.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash 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.)

Name of organization Employer identification number

## THE TOLEDO ZOOLOGICAL SOCIETY

34-4440256

		'	1 1110230
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
23453 11-15	i-2?		Schedule B (Form 990) (2022)

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** THE TOLEDO ZOOLOGICAL SOCIETY 34-4440256 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

THE TOLEDO ZOOLOGICAL SOCIETY

Employer identification number 34-4440256

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	<b>b)</b> Fun	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(	i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

232051 09-01-22

Schedule D (Form 990) 2022

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

	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(continued	)
3	Using the organization's acquisition, accession							
	collection items (check all that apply):	,	•	· ·				
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	earua tame	se in Part	XIII.	
5	During the year, did the organization solicit or	•	•	· ·				
-	to be sold to raise funds rather than to be ma						Yes	□ No
Par	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Par		<b>g-</b>			.,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermedia	arv for contributions	or other assets not	included			
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
~	ree, explain the arrangement in arrying	and complete and lon	ormig taloror				Amount	
С	Beginning balance				1c			
	Additions during the year							
e	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.				•		, F	<b>=</b>
Par								
	J S S M P I S S M P I S S M P I S S M P I S S M P I S S M P I	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four year	s back
1a	Beginning of year balance	16,672,713.	14,039,577.	13,335,414.	+ · ·	385,927.	14,389	
b	Contributions	125,705.	2,861,114.	463,245.	<del>                                     </del>	50,954.	,	
c	Net investment earnings, gains, and losses	-2,207,576.	2,249,883.	1,900,244.	<del>                                     </del>	358,218.	-653	3,123.
d	Grants or scholarships	, , -	, , ,	, , -				
	Other expenditures for facilities							
C		708,813.	2,477,861.	792,521.	1 7	743,249.	350	0,071.
	and programs  Administrative expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,1//,002.	866,805.	<b>+</b>	10,210.		, , , , , ,
		13,882,029.	16,672,713.		+	335,414.	13,385	927
g 2	Provide the estimated percentage of the curr				20,0	,		,,,,,,
	Board designated or quasi-endowment	81.0000		) rielu as.				
a	Permanent endowment 19.0000	%	_%					
b		<sup>70</sup>						
С	The percentages on lines 2a, 2b, and 2c shou							
2-	, ,		ion that are hald an	d administered for t	ho			
Sa	Are there endowment funds not in the posses	ssion of the organizat	lion that are nelu an	ia administered for t	iie		Yes	No
	organization by:							X
	(i) Unrelated organizations						3a(i) X	+**
	(ii) Related organizations							+-
							3b X	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment tunas.					
ı uı	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part Y	line 10			
	·		1	ľ		1	(-I) D I I	
	Description of property	(a) Cost or ot basis (investm		1 , ,	Accumulate epreciation	<b>I</b>	(d) Book val	ue
	Local	,	,	, ,	epi eciation		O E30 4	233
_	Land			8,633.	EEC 0		8,538,6	
b	Buildings		211,65	0,000. 93,	330,8	<u>ол•hт</u>	8,099,7	143.
С	Leasehold improvements		12 02	7 556 10	272 0	62	2 064	102
d	Equipment			7,556. 10,	273,0	03.	2,964,4	±93.
	Other	•					8,570,2	
Total	l. Add lines 1a through 1e. (Column (d) must e	aual Form 990.Part >	(. column (B). line 10	Oc.)		<u></u>  ⊥4	8,173,1	L4/.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 THE TOLEDO	ZOOLOGICAL SO	CIETY 3	4-4440256 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or el	ad of year market value
	(b) Book value	(c) Method of Valuation. Cost of el	nd-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(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"		11d. See Form 990, Part X, line 15.	(Is) Dead cooler
·	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'			25
1. (a) Description of liability	5 7 51.11 555, 1 die 14, 1116		(b) Book value
(1) Federal income taxes			(=) = 30
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ......

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

(7) (8)

	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.	т т	
1	Total revenue, gains, and other support per audited financial statements	S	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	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 VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. linert XII   Reconciliation of Expenses per Audited Financia	e 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financia	l Statements With Expens	es 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			
С	Other losses			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>			
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	40		
		1 <del>4</del> a 1		
b	Other (Describe in Part XIII.)			
	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	
С	Add lines 4a and 4b	4b		
с 5	Add lines 4a and 4b	4b		
5 <b>Pa</b> i	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.	ine 18.)	5	Part XI.
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	Part XI,
5 <b>Pa</b> l Provi	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	Part XI,
5 <b>Pa</b> l Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	Part XI,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	Part XI,
5 Par Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	Part XI,
c 5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In tax XIII   Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the tax XIII   XIII   XIIII   XIIII   XIIII   XIIII   XIIII   XIIII   XIIII   XIIIII   XIIII   XIIIII   XIIIII   XIIIII   XIIIII   XIIIII   XIIIII   XIIIII   XIIIIII   XIIIIII   XIIIIII   XIIIII   XIIIIII   XIIIIII   XIIIIII   XIIIII   XIIIII   XIIIIII   XIIIII   XIIIIII   XIIIIII   XIIIII   XIIIII   XIIIIII   XI	ine 18.)  and 4; Part IV, lines 1b and 2b; Pade any additional information.	art V, line 4; Part X, line 2; F	
c 5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	ine 18.)  and 4; Part IV, lines 1b and 2b; Pade any additional information.	art V, line 4; Part X, line 2; F	
Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete this part to provide this part to provide the complete the c	and 4; Part IV, lines 1b and 2b; Pade any additional information.	art V, line 4; Part X, line 2; F	
Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In tax XIII   Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the tax XIII   XIII   XIIII   XIIII   XIIII   XIIII   XIIII   XIIII   XIIII   XIIIII   XIIII   XIIIII   XIIIII   XIIIII   XIIIII   XIIIII   XIIIII   XIIIII   XIIIIII   XIIIIII   XIIIIII   XIIIII   XIIIIII   XIIIIII   XIIIIII   XIIIII   XIIIII   XIIIIII   XIIIII   XIIIIII   XIIIIII   XIIIII   XIIIII   XIIIIII   XI	and 4; Part IV, lines 1b and 2b; Pade any additional information.	art V, line 4; Part X, line 2; F	
Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete this part to provide this part to provide the complete the c	and 4; Part IV, lines 1b and 2b; Pade any additional information.	art V, line 4; Part X, line 2; F	
Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete this part to provide this part to provide the complete the c	and 4; Part IV, lines 1b and 2b; Pade any additional information.	art V, line 4; Part X, line 2; F	
c 5 Pau Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.) Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide TV, LINE 4:  E TOLEDO ZOOLOGICAL SOCIETY FOUNDATION CLETY FOR VARIOUS PROGRAMS.	and 4; Part IV, lines 1b and 2b; Pade any additional information.	art V, line 4; Part X, line 2; F	
c 5 Pau Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete this part to provide this part to provide the complete the c	and 4; Part IV, lines 1b and 2b; Pade any additional information.	art V, line 4; Part X, line 2; F	
c 5 Pare Providence Pare PARE PARE PARE PARE PARE PARE PARE PARE	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.) In time Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide IT V, LINE 4:  E TOLEDO ZOOLOGICAL SOCIETY FOUNDATION CIETY FOR VARIOUS PROGRAMS.	and 4; Part IV, lines 1b and 2b; Pade any additional information.	art V, line 4; Part X, line 2; F	CAL
c 5 Pare Providence Pare PARE PARE PARE PARE PARE PARE PARE PARE	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.) Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide TV, LINE 4:  E TOLEDO ZOOLOGICAL SOCIETY FOUNDATION CLETY FOR VARIOUS PROGRAMS.	and 4; Part IV, lines 1b and 2b; Pade any additional information.	art V, line 4; Part X, line 2; F	CAL
c 5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.)  IT XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a  2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi  RT V, LINE 4:  E TOLEDO ZOOLOGICAL SOCIETY FOUNDATION  CIETY FOR VARIOUS PROGRAMS.  RT X, LINE 2:  E TOLEDO ZOOLOGICAL SOCIETY HAS EVALUE  OF TOLEDO ZOOLOGICAL	and 4; Part IV, lines 1b and 2b; Pade any additional information.  N GRANTS TO THE TOTHE T	rt V, line 4; Part X, line 2; F	CAL
c 5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.) In time Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide IT V, LINE 4:  E TOLEDO ZOOLOGICAL SOCIETY FOUNDATION CIETY FOR VARIOUS PROGRAMS.	and 4; Part IV, lines 1b and 2b; Pade any additional information.  N GRANTS TO THE TOTHE T	rt V, line 4; Part X, line 2; F	CAL
C 5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.) Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide TV, LINE 4:  E TOLEDO ZOOLOGICAL SOCIETY FOUNDATION  CIETY FOR VARIOUS PROGRAMS.  RT X, LINE 2:  E TOLEDO ZOOLOGICAL SOCIETY HAS EVALUED BELIEVES THERE ARE NO SUCH POSITION	and 4; Part IV, lines 1b and 2b; Part IV, li	TCOME TAX POSI	CAL
C 5 Pai Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.)  IT XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a  2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi  RT V, LINE 4:  E TOLEDO ZOOLOGICAL SOCIETY FOUNDATION  CIETY FOR VARIOUS PROGRAMS.  RT X, LINE 2:  E TOLEDO ZOOLOGICAL SOCIETY HAS EVALUE  OF TOLEDO ZOOLOGICAL	and 4; Part IV, lines 1b and 2b; Part IV, li	TCOME TAX POSI	CAL
PAI THI THI ANI	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.)  In XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a  2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete	and 4; Part IV, lines 1b and 2b; Part IV, li	TCOME TAX POSI	CAL
PAI THI THI ANI	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.) Int XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide TV, LINE 4:  E TOLEDO ZOOLOGICAL SOCIETY FOUNDATION  CIETY FOR VARIOUS PROGRAMS.  RT X, LINE 2:  E TOLEDO ZOOLOGICAL SOCIETY HAS EVALUED BELIEVES THERE ARE NO SUCH POSITION	and 4; Part IV, lines 1b and 2b; Part IV, li	TCOME TAX POSI	CAL
PAI THI THI ANI	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.)  In XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a  2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete	and 4; Part IV, lines 1b and 2b; Part IV, li	TCOME TAX POSI	CAL
PAI THI THI ANI	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.)  In XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a  2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete	and 4; Part IV, lines 1b and 2b; Part IV, li	TCOME TAX POSI	CAL

Schedule D	) (Form 990) 2022	$\mathtt{THE}$	TOLEDO	ZOOLOGICAL	SOCIETY	34-4440256	Page <b>5</b>
Part XIII	(Form 990) 2022 Supplemental Infor	mation	(continued)				
			,				
-							
	<u> </u>						

# SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** THE TOLEDO ZOOLOGICAL SOCIETY 34-4440256 Part I General Information on Activities Outside the United States

Form 990, Part I		ctivities Out	side the Officed States. Comple	ete if the organization answered "Y	es" on
		n maintain record	ds to substantiate the amount of its gra	ints and other assistance.	
			the selection criteria used to award the		Yes No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance outsi	de the
3 Activities per Region. (1	he following Part	: I, line 3 table ca	an be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING					
ICELAND & GREENLAND) - ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	1	PROGRAM SERVICES	FIELD CONSERVATION	95,337.
EAST ASIA AND THE					
PACIFIC	0	0	PROGRAM SERVICES	GRANTS	48,156.
3 a Subtotal	0	1			143,493.
<b>b</b> Total from continuation					
sheets to Part I c Totals (add lines 3a	0	0			0.

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

Schedule F (Form 990) 2022

Part II

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC - AUSTRALIA,						
		· ·	PROGRAM SERVICES	7,554.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,	DDOGDAN GEDVIGEG	40.600	MANAGER MANAGER	0		
		BRUNEI, BURMA,	PROGRAM SERVICES	40,602.	WIRE TRANSFER	0.		
2 Enter total number of r	I recipient organization	I ns listed above that are r	l ecognized as charities by the f	l oreign country, r	I recognized as a tax			I

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a t	ax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

ightharpoonup	

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplic	pace is needed Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

# Schedule F (Form 990) 2022 Part IV Foreign Forms

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

Schedule F (Form 990) 2022

#### **SCHEDULE G** (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number THE TOLEDO ZOOLOGICAL SOCIETY 34-4440256

Fundraising Activities required to complete this pa	<ul> <li>Complete if the organization answ art.</li> </ul>	ered "Y	es" or	r Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization ra     X Mail solicitations     X Internet and email solicitation	ised funds through any of the followi e $\fbox{X}$ Solicit	ation of	non-g	overnment grants		
c Phone solicitations d X In-person solicitations	g X Specia	al fundra	ising (	events		
<ul> <li>2 a Did the organization have a written key employees listed in Form 990,</li> <li>b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by th</li> </ul>	Part VII) or entity in connection with plividuals or entities (fundraisers) purs	professi	onal fu	undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CHULTZ & WILLIAMS - 325	DIRECT MAIL CAMPAIGN FOR	Yes	No			
CHESTNUT ST, STE 700,	MEMBERSHIPS		Х	3,080,692.	347,021.	2,733,671.
Total  3 List all states in which the organizati	ion is registered or licensed to solicit	contrib	 utions	3,080,692. or has been notified	347,021. it is exempt from req	2,733,671. gistration
or licensing. OH,MI						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Tatal avanta
				FEAST WITH		(d) Total events
			Z00-T0-D0	THE BEASTS	7	(add col. (a) through
			(event type)		(total number)	col. <b>(c)</b> )
ā			(event type)	(event type)	(total number)	
Revenue						
ě	1	Gross receipts	384,290.	165,000.	393,492.	942,782.
<u>~</u>						
	2	Less: Contributions	272,899.	150,249.	201,079.	624,227.
	_		,	,	· · · · · ·	,
	3	Gross income (line 1 minus line 2)	111,391.	14,751.	192,413.	318,555.
	3	Gloss income (inte i minus line 2)	111,351.	14,731.	172,413.	310,333.
	١,	Ocale militar				
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
퓢	7	Food and beverages				
<u>.e</u>	l <b>'</b>	1 ood and beverages				
	_	Entertainment				
	8	Entertainment	444 004	1 / 751	100 /10	210 555
	9	Other direct expenses		14,751.	192,413.	318,555.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			318,555.
	11	Net income summary. Subtract line 10 from li				0.
Pa	ırt I	<b>II Gaming.</b> Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) birigo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
š						
æ	<b> </b>	Gross revenue				
	Ė	Groot revenue				
	,	Cook prizos				
es	~	Cash prizes				
Direct Expenses						
ă	3	Noncash prizes				
垬						
<u>.e</u>	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No —	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	'	Briodi experise sammary. Add intel 2 timodgi	10 iii oolaniii (a)			
		Not coming income cumment Cubtract line 7	from line 1 column (d)			
	8	Net gaming income summary. Subtract line 7	nominie i, column (a)			<u>I</u>
_						
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				Yes No
b	) If "	No," explain:				
	_					
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
		Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	ledule G (Form 990) 2022 THE TOLEDO ZOOLOGICAL SOCIETY 54-4	144025	<b>b</b> Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	S No
13	Indicate the percentage of gaming activity conducted in:		
а	a The organization's facility	13a	%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III and III an	t III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<u>;:                                    </u>	
(I	) NAME OF FUNDRAISER: SCHULTZ & WILLIAMS		
(I	) ADDRESS OF FUNDRAISER:		
<u>/                                    </u>	7 ADDRESS OF FUNDRAISER.		
<u>32</u>	5 CHESTNUT ST, STE 700, PHILADELPHIA, PA 19106		

Schedule G (Form 990) THE TOLEDO ZOOLOGICAL SOCIETY	34-4440256 Page 4
Schedule G (Form 990)  THE TOLEDO ZOOLOGICAL SOCIETY  Part IV   Supplemental Information (continued)	

#### SCHEDULE I (Form 990)

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Inspection Go to www.irs.gov/Form990 for the latest information. Employer identification number Name of the organization 34-4440256 THE TOLEDO ZOOLOGICAL SOCIETY

Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	ional space is neede	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FOUNDATION 901 WOODY HAYES DR.							
COLUMBUS, OH 43210	31-1145986	501(C)(3)	43,494.	0.			WILDLIFE GRANT
PURDUE RESEARCH FOUNDATION 1281 WIN HENTSCHEL BLVD. WEST LAFAYETTE, IN 47906	35-1052049	501(C)(3)	12,887.	0.			WILDLIFE GRANT
THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION - 2700 BROADWAY - TOLEDO, OH 43609	34-1963509	501(C)(3)	9,176,267.	0.			VARIOUS PROJECTS
2 Enter total number of section 501(c)(3) a	and government o	ganizations listed in th	e line 1 table				3.

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

232102 10-31-22

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
Supplemental Information. Provide the information.	tion required in Part I, lin	e 2; Part III, columi	n (b); and any other ad	Iditional information.	

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number THE TOLEDO ZOOLOGICAL SOCIETY 34-4440256

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate 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 charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 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 the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		1

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

Schedule J (Form 990) 2022

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEFFREY SAILER	(i)	380,912.	0.	0.	20,500.	4,522.	405,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHAYLA BELL-MORIARTY	(i)	227,356.	0.	0.	13,759.	10,755.	251,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KENT A. BEKKER	(i)	136,961.	0.	0.	18,392.	16,645.	171,998.	0.
SENIOR VICE PRESIDENT AND CHIEF MISS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GENEVIEVE A. DUMONCEAUX	(i)	131,423.	0.	0.	16,225.	4,722.	152,370.	0.
DIRECTOR OF ANIMAL HEALTH AND NUTRIT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 O (Form 990)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

THE TOLEDO ZOOLOGICAL SOCIETY

Employer identification number 34 - 4440256

THE TODEDO ZOODOGICAD DOCTETI 34 4440230
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDING FUN, AWE-INSPIRING, AND EDUCATIONAL EXPERIENCES. BY JOINING
US, OTHERS HELP BUILD A MOVEMENT THAT CARES FOR ANIMALS AND CREATES A
SHARED SPACE FOR WILDLIFE IN THIS WORLD.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WORLD.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EXPERIENCES FOR THE PUBLIC.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FEDERAL 990 RETURN IS PROVIDED FOR REVIEW DURING A GOVERNING
BODY MEETING BEFORE THE RETURN IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES EACH DIRECTOR TO READ AND SIGN A CONFLICT OF
INTEREST ATTESTATION ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:
THE GOVERNING BODY REVIEWS AND APPROVES THE COMPENSATION OF THE TOLEDO
ZOOLOGICAL SOCIETY'S PRESIDENT AND CEO. SALARY SURVEYS ARE ALSO USED TO
HELP DETERMINE APPROPRIATE COMPENSATION FOR THE PRESIDENT AND CEO, AS WELL
AS THE OTHER OFFICERS.

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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization THE TOLEDO ZOOLOGICAL SOCIETY	Employer identification number 34-4440256
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	-209,280.
FORM 990, PART XII, LINE 2C	
THE PROCESS USED HAS NOT CHANGED.	

#### **SCHEDULE R** (Form 990)

Part I

## **Related Organizations and Unrelated Partnerships**

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

THE TOLEDO ZOOLOGICAL SOCIETY

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

**Employer identification number** 34-4440256

(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-yea	r assets Direct	(f) controlling entity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	or more related tax-exe	∍mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))	THE TOLEDO	Yes	No
THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION - 34-1963509, 2700 BROADWAY, TOLEDO, OH 43609	A DEPOSITORY FOR GIFTS TO THE SOCIETY	оніо	501(C)(3)	LINE 12A, I	ZOOLOGICAL SOCIETY		х
For Paperwork Reduction Act Notice, see the Instruction	 s for Form 990.				Schedule R	 (Form 99	<u> </u> 90) 2022

		0 11 20 1 1	"' "	D 1 11 / 11 O 1 1	
Dowt III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, I	Part IV, line 34, because	e it had one or more related
Part III	organizations treated as a partnership during the tax year.		·	,	

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
	-								

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		X
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		X
•	, 11 , (/			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1р		X
	Reimbursement paid by related organization(s) for expenses	1q		X
_				
r	Other transfer of cash or property to related organization(s)	1r		Х
	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.			
	(a) (b) (c) (d)  Name of related organization Transaction Amount involved Method of determining amount invol	olved		

type (a-s)

2,521,698. BASED ON NEEDS OF ORGANIZATION (1) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION С

(2) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 1,625,322.FMV D

В

9,176,267.FMV (3) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

(4) (5)

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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000