TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2020

Pre	oare	d F	or:
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The Toledo Zoological Society Foundation 2700 Broadway Toledo, OH 43609-3121

Prepared By:

Rehmann Robson LLC 7124 W Central Ave Toledo, OH 43617

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

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

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

** PUBLIC DISCLOSURE COPY **

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

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

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

Department of the Treasury Internal Revenue Service

ΑF	or the	2020 calendar year, or tax year beginning and endin	ıg		
B 0	Check if	C Name of organization	[D Employer identific	cation number
а	pplicable				
	Addres change				
	Name change	Doing business as		34-196350	09
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite E	E Telephone number	,
	Final return/	2700 BROADWAY		419-385-	5721
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	0	G Gross receipts \$	4,235,462.
	Amend return	10LEDO, OH 43009-3121	I	H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: DAVID E. FISHER		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1 7	Гах-ехе	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
		e: ▶ N/A		H(c) Group exemption	
			Year of	formation: 2001 N	1 State of legal domicile: OH
Pa	_	Summary			
Φ		Briefly describe the organization's mission or most significant activities: TO SECUL			RM FUTURE
Governance		OF THE ZOO AS A DEPOSITORY FOR GIFTS TO THE			
ž	2 (Check this box if the organization discontinued its operations or disposed of	more th	nan 25% of its net ass	
8	ı	Number of voting members of the governing body (Part VI, line 1a)			16
ه 9		Number of independent voting members of the governing body (Part VI, line 1b)			16
		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			0
Activities		Total number of volunteers (estimate if necessary)			16
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
Revenue				Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		1,080,222.	1,465,392.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
Ŗ	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		585,464.	507,488.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,665,686.	100. 1,972,980.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,485,338.	2,271,243.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	loa i	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	
Ä	17 /			59,650.	55,765.
	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,544,988.	2,327,008.
	l	Revenue less expenses. Subtract line 18 from line 12		120,698.	-354,028.
		tevende 1635 expenses. Subtract line 16 from line 12	Begi	nning of Current Year	End of Year
ets (20	otal assets (Part X, line 16)		20,316,232.	23,624,234.
Assi	21	Total liabilities (Part X, line 26)		484,155.	1,750,879.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	1	9,832,077.	21,873,355.
Pá	art II	Signature Block		, ,	<u>, , , , , , , , , , , , , , , , , , , </u>
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and si	tatement	ts, and to the best of my	knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer ha	as any knowledge.	
		\			
Sig	n	Signature of officer		Date	
Her	е	DAVID E. FISHER, DIRECTOR OF FINANCE			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	i _f L	PTIN
Paid	F		CP 11	./08/21 self-employe	
Prep	parer	Firm's name REHMANN ROBSON LLC		Firm's EIN ▶	38-3635706
Use	Only	Firm's address 7124 W CENTRAL AVE			
		TOLEDO, OH 43617		Phone no. (4)	19) 865-8118
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

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243.

including grants of \$

Total program service expenses ▶

Other program services (Describe on Schedule O.)

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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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			
	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			
	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	<u> </u>		
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	I Lu		
D		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
		144		1
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	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		_v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20 a	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		
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	X	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c 24d		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
-	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization required, terminate, or dissolve and cease operations / // "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Confedule C Contains a response of flote to any line in this Fait V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
b	Enter the number of Forms W-2G included in 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		

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Form 990 (2020) THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

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

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns? .		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			60		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		
b	and the state of t			6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).					
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices r	provided to the payor?	7a		х
b				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?	•		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
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				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	1	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	-		
11	Section 501(c)(12) organizations. Enter:	 11a	I			
a	Gross income from members or shareholders	1118				
IJ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		7	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	In the constitution is a second to increase and it is a second to a little of the constitution in the constitution of the cons			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the consideration which are a second of the fact that a second of			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					

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. 77

800	·					X		
Sec	tion A. Governing Body and Management							
		ı	1 10		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	16					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	_1b	16					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision					
				3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or					
	more members of the governing body?			7a		X		
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:					
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	escribe					
	in Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a		Х		
	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	-T (Section 501(c)(3):	only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19								
	statements available to the public during the tax year.		•					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records					
	DAVID E. FISHER - 419-385-5721							
	P O POY 1/0130 MOLEDO OU /361/							

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per					is botl or/trus		compensation	compensation	amount of
	week	_				T	100,	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	mper		(** 27 1000 111100)		and related
	below	idual	ution	<u>~</u>	Key employee	sst co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			_
(1) JEFFREY SAILER	10.00									
PRESIDENT	40.00			Х				0.	286,996.	23,628
(2) DAVID E. FISHER	0.75									
VICE PRESIDENT, FINANCE	49.25			Х				0.	100,770.	11,255
(3) BRITTANIE KUHR	25.00									
PRESIDENT TO AUGUST 2020	25.00			Х				0.	63,992.	12,056
(4) DEB CALABRESE	2.00									
DIRECTOR		Х						0.	0.	0
(5) FEI YANG ADAMS	2.00									
DIRECTOR		Х				_		0.	0.	0
(6) EDWIN CONN	2.00								_	_
DIRECTOR		Х				_		0.	0.	0
(7) TIM EFFLER	2.00									
DIRECTOR	0.00	Х			_	_		0.	0.	0
(8) DOUGLAS E. KEARNS	2.00			,,					_	
CHAIR (9) DANIEL KORY	2.00			Х		-		0.	0.	0
DIRECTOR	2.00	Х						0.	0.	0
(10) JAMES A. HAUDAN	2.00							0.	0.	- 0
DIRECTOR	2.00	Х						0.	0.	0
(11) JULIE PAYEFF	2.00									
VICE CHAIR	2.00	•		х				0.	0.	0
(12) JOHN C. JONES	2.00									
DIRECTOR		•		x				0.	0.	0
(13) BARRY LAZARUS	2.00								•	
SECRETARY				х				0.	0.	0
(14) LINDSAY NAVARRE	2.00									
DIRECTOR		Х						0.	0.	0
(15) CARL SCHAFFER	2.00									
TREASURER				Х		L		0.	0.	0
(16) JOHN D. SPENGLER	2.00									
DIRECTOR		Х						0.	0.	0
(17) COLLEEN TANKOOS	2.00									
DIRECTOR		Х				1		0.	0.	0

Section A. Officers, Directors, Trus	tees, Key Emp	pioy	ees,	and	ILI	gnes	it C	ompensated Employee	S (continued)					
(A) Name and title	(B) Average hours per		not c		ition more	1 than ((D) Reportable compensation	(E) Reportable compensation			(F) stimate nount		
	week (list any	offi			irecto	or/trus	tee)	from the	from related organization	d ns	com	other pensa	tion	
	hours for related organizations	Individual trustee or director	l trustee		99	npensated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	org	rom th anizat d relat	ion	
	below line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					anizati		
(18) SUSAN E. SZYMANSKI DIRECTOR	2.00	Х						0.		0.			0.	
(19) JAMES WEIDNER	2.00	25								•			•	
DIRECTOR		Х						0.		0.			0.	
1b Subtotal	<u> </u>						<u> </u>	0.	451,7	58.	4	6,9	39.	
c Total from continuation sheets to Part VI	I, Section A							0.	451,7	0.	1	0. 46,939.		
d Total (add lines 1b and 1c)							o re	-			-	0,9	<u> </u>	
compensation from the organization												Yes	0 N o	
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			100	110	
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		Х	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	Х		
5 Did any person listed on line 1a receive or a	accrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	dual for services		_		v	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	J fo	or su	ıch r	oers	on					5		Х	
Complete this table for your five highest co the organization. Report compensation for										pensa	tion fro	om		
(A) Name and business			ONE		itire	JI VVI		(B) Description of s		C	(Compe	C) nsatio	n	
		140	7141					2 333., p. 10. 1	<u></u>				· ·	
							$\frac{1}{1}$							
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than					
\$100,000 of compensation from the organic	zation -				()								

Form 990 (2020)

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		•	-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	. u	Membership dues 1b					
2 5	~	Fundraising events 1c					
fts,	4	I Related organizations 1d					
ig ig	-	e Government grants (contributions) 1e					
ons,	e						
utio	т	All other contributions, gifts, grants, and	1 465 302				
ĕ		similar amounts not included above 1f	1,465,392.				
ont	9	Noncash contributions included in lines 1a-1f		1 465 202			
<u>0</u> <u>e</u>	h	Total. Add lines 1a-1f	D	1,465,392.			
			Business Code				
Se	2 a	·					
ë vi	b						
Se	c	:					
eve	d	l					
Program Service Revenue	е						
<u>4</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f)				
	3	Investment income (including dividends, inter-	est, and				
		other similar amounts)	>	475,395.			475,395.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,294,575	· · · /				
	h	Less: cost or other basis	· 				
a		and sales expenses 7b _2,262,482					
ğ	_	Gain or (loss) 7c 32,093					
ther Revenue		· · · · · · · · · · · · · · · · · · ·		32,093.			32,093.
ت ح		Net gain or (loss) Gross income from fundraising events (not	······	32,033.			32,033.
ŧ.	8 a	· · · · · · · · · · · · · · · · · · ·					
0							
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses8t	<u> </u>				
		Net income or (loss) from fundraising events	_				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses9t)				
		Net income or (loss) from gaming activities	>				
	10 a	Gross sales of inventory, less returns					
		and allowances <u>10</u>	a				
	b	Less: cost of goods sold 10	b				
	С	Net income or (loss) from sales of inventory	<u> </u>				
_ω			Business Code				
no a	11 a	MISCELLANEOUS	900099	100.	100.		
ane	b						
Miscellaneous Revenue	c						
Λisc B	d	All other revenue					
_		Total. Add lines 11a-11d		100.			
	12	Total revenue. See instructions		1,972,980.	100.	0.	507,488.

032009 12-23-20

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Form 990 (2020) THE TOLEDO ZO
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,271,243.	2,271,243.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	16 650		16 650	
f	Investment management fees	46,658.		46,658.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13 14	Office expenses				_
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CULTIVATION EVENTS	8,740.		8,740.	
b	SUPPLIES	261.		261.	
С	MISCELLANEOUS EXPENSES	81.		81.	
d	LICENSES, PERMITS & TAX	25.		25.	
	All other expenses	0 200 000	0.054.040		
25	Total functional expenses. Add lines 1 through 24e	2,327,008.	2,271,243.	55,765.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here fifollowing SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

Part X | Balance Sheet

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	175,591.	1	1,639,861.
2	Savings and temporary cash investments	826,040.	2	638,174.
3	Pledges and grants receivable, net		3	923,076.
4	Accounts receivable, net		4	17,891.
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	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	0 061	9	10,271.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	17,616,813.	12	20,394,961.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	20,316,232.	16	23,624,234.
17	Accounts payable and accrued expenses	18,361.	17	17,383.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties	*	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	165 701		1 722 406
		1011		1,733,496. 1,750,879.
26		404,133.	26	1,730,073.
27		10 325 470.	27	11,518,566.
28				10,354,789.
20		. 3,300,007.	20	10,551,705.
29	·		29	
30				
31				
32				21,873,355.
				23,624,234.
26 27 28 29 30 31 32 33	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances	10,325,470. 9,506,607.	25 26 27 28 29 30 31 32 33	

Form 990 (2020)

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>80.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2				08.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-354,028			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		832,077			
5	Net unrealized gains (losses) on investments 5 2						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	21	, 87	3,3	<u>55.</u>	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
				Form	990	(2020)	

032012 12-23-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

Name of the organization

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Employer identification number 3.4 - 1.963509

			LOGICAL SOCI				4-1903303	
Part I	Reason for Public (Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructions.		
The orga	nization is not a private found	lation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	d in sectio	n 170(b)(1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and state:	city, and state:						
5	An organization operated for	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 go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	ally receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from the general p	oublic described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)((ix) operate	ed in conju	nction with a land-grant	college	
	or university or a non-land-	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	or	
	university:							
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from	
	activities related to its exer							
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.	
	See section 509(a)(2). (Co	mplete Part III.)						
11 🗀	An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).		
12 X	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or	
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	or section :	509(a)(2).	See section 509(a)(3). (Check the box in	
	lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.		
aΣ	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving	
	the supported organization							
	organization. You must o	complete Part IV, Se	ections A and B.					
b 🗌	Type II. A supporting org	anization supervised	or controlled in connec	tion with its	s supporte	d organization(s), by hav	ving	
	control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported	
	organization(s). You mus	st complete Part IV,	Sections A and C.					
С	Type III functionally inte	egrated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
	its supported organizatio	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.		
d 🗌	Type III non-functionally	y integrated. A supp	orting organization oper	rated in co	nnection w	vith its supported organiz	zation(s)	
	that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness	
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	٧.		
е 🗌	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III		
	functionally integrated, o	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f En	ter the number of supported o	organizations					1	
g Pro	ovide the following information			I (iii) la tha assa				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
	TOLEDO							
ZOOLO	OGICAL SOCIETY	34-4440256	10	X		2,271,243.		
						2 271 2/3	. ^	

Schedule A (Form 990 or 990-EZ) 2020 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_							
	Public support. Subtract line 5 from line 4.						
	•••	(-) 0040	(1-) 0047	(-) 0040	(4) 0040	(-) 0000	(f) T-+-!
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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 y	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 2020 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶ □
b	10% -facts-and-circumstances test	-	•				
	more, and if the organization meets the	-					
	organization meets the facts-and-circle						▶ □
18	Private foundation. If the organization		-	• •			• • • • • • • • • • • • • • • • • • •
			,,	, ,, 11 ~		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2020 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T		T
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				1		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ū		•	•		
C	check this box and stop here						>
	etion C. Computation of Publi					145	
	Public support percentage for 2020 (li	, (,,	,	· · · · · · · · · · · · · · · · · · ·		15	<u>%</u>
	Public support percentage from 2019 ction D. Computation of Inves					16	%
				no 13 column (f)\		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3 3 1/3% support tests - 2020. If the					18 32 1/3% and line 1	7 is not
198							. .
j.	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						
i.	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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described in line 11a above?	11b		X
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations			
	r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2020 THE TOLEDO ZOOLOGICAL SOCIETY

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz

Part V	Type III Non-Functionally integrated 505(a)(5) Support	ing Organiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	_
Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	nort-term capital gain	1		
2 Recov	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lii	nes 1 through 3.	4		
5 Depre	ciation and depletion	5		
6 Portio	n of operating expenses paid or incurred for production or			
collec	tion of gross income or for management, conservation, or			
mainte	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjus	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	gate fair market value of all non-exempt-use assets (see			
instruc	ctions for short tax year or assets held for part of year):			
a Avera	ge monthly value of securities	1a		
b Average	ge monthly cash balances	1b		
c Fair m	narket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other factors			
(explai	in in detail in Part VI):			
2 Acquis	sition indebtedness applicable to non-exempt-use assets	2		
	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see in:	structions).	4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	oly line 5 by 0.035.	6		
	veries of prior-year distributions	7		
	num Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjust	ted net income for prior year (from Section A, line 8, column A)	1		
	0.85 of line 1.	2		
3 Minim	um asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
5 Incom	ue tax imposed in prior year	5		
	butable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D,			
line 7:			
Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

** PUBLIC DISCLOSURE COPY **

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

Name of the organization

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Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , 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; line 1. Complete Parts I and II.				
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
but it m u	ust answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

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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		\$\$	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		\$\$	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	Trainity, data coo, and Eir 1 1	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$	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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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,, 1	Contributors (see instructions). Use duplicate copies of Part I in		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	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	Name, address, and Zir + +	\$ 11,316.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	\$ 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
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(c)	Contributors (see instructions). Use duplicate copies of Part I if		(.n
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$.	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
14		\$5,094.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	- Tame, addition, and all 1 T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, audiess, and ZIF + 4	\$ 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
17		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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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
		<u></u>	
(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
		 \$	

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THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

34-1963509

Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following	a line entry. For o	1(c)(7), (8), or (10) that total more than \$1,000 for the year reganizations
	Use duplicate copies of Part III if additional s	space is needed.	1,000 or less for th	ie year. (citter tills lillo. olice.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
-		(a) Transfe	au of wift	
		(e) Transfe	er or girt	
_	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(-) Turners		
		(e) Transfe	er of gift	
-	Transferee's name, address, ar	ZIP + 4		elationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
Part I				
			_	
		(a) Tuanati		
		(e) Transfe	er or girt	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
				_
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		-		
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship 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.

Open to Public Inspection

Employer identification number

Name of the organization

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 34-1963509

Par	τl	Organizations Maintaining Donor Advised	l Funds or Other Similar Funds o	r Accounts. Complete if the				
		organization answered "Yes" on Form 990, Part IV, line	e 6.					
			(a) Donor advised funds	(b) Funds and other accounts				
1	Total	number at end of year						
2	Aggre	egate value of contributions to (during year)						
3	Aggre	egate value of grants from (during year)						
4	Aggre	egate value at end of year						
5	Did th	ne organization inform all donors and donor advisors in w	riting that the assets held in donor advised	l funds				
	are th	e organization's property, subject to the organization's e	exclusive legal control?	Yes No				
6	Did th	ne organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be us	sed only				
	for ch	aritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring				
Pai	t II	Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, Pa	rt IV, line 7.				
1	Purpo	ose(s) of conservation easements held by the organization	n (check all that apply)					
		Preservation of land for public use (for example, recreati	ion or education) Preservation of a	historically important land area				
		Protection of natural habitat	Preservation of a	certified historic structure				
		Preservation of open space						
2	Comp	plete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last				
	day o	f the tax year.		Held at the End of the Tax Year				
а	Total	number of conservation easements		2a				
b	Total	acreage restricted by conservation easements		2b				
С	Numb	per of conservation easements on a certified historic struc	cture included in (a)	2c				
d	Numb	per of conservation easements included in (c) acquired af	fter 7/25/06, and not on a historic structure					
	listed	in the National Register		2d				
3		per of conservation easements modified, transferred, rele		rganization during the tax				
	year]	>						
4	Numb	per of states where property subject to conservation ease	ement is located >					
5	Does	the organization have a written policy regarding the period	odic monitoring, inspection, handling of					
	violat	ions, and enforcement of the conservation easements it I	holds?	Yes No				
6	Staff	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conser	vation easements during the year				
	\ _							
7	Amou	ınt of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservatio	n easements during the year				
	▶\$							
8	Does	each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)((4)(B)(i)				
	and s	ection 170(h)(4)(B)(ii)?		Yes No				
9	In Pa	rt XIII, describe how the organization reports conservation	n easements in its revenue and expense st	atement and				
		ce sheet, and include, if applicable, the text of the footno	ote to the organization's financial statemen	ts that describes the				
<u> </u>		ization's accounting for conservation easements.	A de Historia de la Transacción de College	o O' o 'lo o A o o o lo				
Pai	t III	Organizations Maintaining Collections of		er Similar Assets.				
		Complete if the organization answered "Yes" on Form 9						
1a		organization elected, as permitted under FASB ASC 958	•					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public							
		ce, provide in Part XIII the text of the footnote to its finance						
b		organization elected, as permitted under FASB ASC 958	•					
	art, h	storical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service,				
	•	de the following amounts relating to these items:						
	(i) R	evenue included on Form 990, Part VIII, line 1		• \$				
	٠,							
2	If the	organization received or held works of art, historical trea-	sures, or other similar assets for financial g	ain, provide				
		llowing amounts required to be reported under FASB AS	_					
а		nue included on Form 990, Part VIII, line 1						
b	Asset	s included in Form 990, Part X						

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

Schedule D (Form 990) 2020

Par	t III	Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	(contin	nued)	
3	Using	g the organization's acquisition, accession	on, and other records	, check any of the fo	ollowing that make s	significant u	use of its	•		
	collec	ction items (check all that apply):								
а		Public exhibition	d	Loan or exch	nange program					
b		Scholarly research	e	Other						
c	П	Preservation for future generations	•							
4	Provi	de a description of the organization's co	llections and explain	how they further th	e organization's eve	mnt nurna	se in Part	XIII		
5		g the year, did the organization solicit or					SC IIII ait.	XIII.		
3		sold to raise funds rather than to be ma						Yes		No
Par	t IV	Escrow and Custodial Arrang								110
		reported an amount on Form 990, Par		te ii tile organization	Tanswered Tes of	11 01111 000	,, i aitiv, i	1110 0, 01		
12	le the	e organization an agent, trustee, custodia	· · · · · · · · · · · · · · · · · · ·	any for contributions	or other assets not	included				
ıu		orm 990, Part X?		•				Yes		No
h		es," explain the arrangement in Part XIII						J 103] 140
b	11 10	s, explain the arrangement in rait Air a	and complete the follo	owing table.				Amount		
_	Pogir	nning balance				1c		Amount		
	_	-				—				
u		ions during the year								
e		butions during the year								
Ť		ng balance						٦.,		1
		ne organization include an amount on Fo				•	L	Yes	늗	│ No
		es," explain the arrangement in Part XIII.	Check here if the exp	olanation has been p	provided on Part XIII			<u></u>		
Par	τν	Endowment Funds. Complete in	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.				
			(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	years back			
1a	Begir	nning of year balance	13,335,414.	13,385,927.	14,389,121.	11,8	320,280.	11,	,173,	576.
b	Cont	ributions	463,245.	1,050,954.		9	09,233.			
С		nvestment earnings, gains, and losses	1,900,244.	-358,218.	-653,123.	1,6	62,591.		927,	144.
d	Gran	ts or scholarships								
е		r expenditures for facilities								
	and p	programs	792,521.						248,	440.
f	Admi	nistrative expenses	866,805.	743,249.	350,071.		2,983.		32,	000.
g	End o	of year balance	14,039,577.	13,335,414.	13,385,927.	14,3	889,121.	11,	,820,	280.
2	Provi	de the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а		d designated or quasi-endowment	82.0000	%						
b		anent endowment > 18.0000	%	_						
c		endowment • .0000								
		percentages on lines 2a, 2b, and 2c shou								
За		nere endowment funds not in the posses	•	tion that are held an	d administered for the	he organiza	ation			
	by:	1	3			3		Γ	Yes	No
	-	Inrelated organizations						3a(i)		X
								3a(ii)	\neg	<u> </u>
h	(")	Related organizationses" on line 3a(ii), are the related organiza	tions listed as require	nd on Schodula D2				3b	-+	
								30		
4 Par	t VI	ribe in Part XIII the intended uses of the Land, Buildings, and Equipm		vment iunas.						
	• • •			Dort IV line 11a C	as Form 000 Dort V	lina 10				
		Complete if the organization answered						(-N.D. :		
		Description of property	(a) Cost or ot		1 ' '	Accumulate		(d) Book	< value	9
			basis (investm	ent) basis (outer) de	epreciation				
		ings								
С	Lease	ehold improvements					$-\!$			
d	Equip	oment								
е	Othe	r								
Tatal	٨٨٨	lines to through to (O.) (1)		(1 (0) 1: 30	S - 1					Λ

Schedule D (Form 990) 2020

	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other	. ,			
	VESTMENTS - SECURITIES	20,394,961.	END-OF-YEAR MARKE	T VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)	20,394,961.		
Part VIII	Investments - Program Related.	20,334,301.		
i dit viii	-	Farma 000 Dart IV line a	11 - Cas Farms 000 Dart V line 10	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd of year market value
	(a) Description of investment	(b) book value	(c) Method of Valuation. Cost of e	Hu-or-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"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X. col. (B) line	15)	1	>
Part X	Other Liabilities.	13.)		<u> </u>
	Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11e or 11f See Form 990 Part X line 2	95
1.	(a) Description of liability		110 01 1111 000 1 0111 000, 1 41174, 11110 1	(b) Book value
	deral income taxes			,
	YABLE TO AFFILIATE			1,733,496.
(3)				1,733,4300
(4)				
(5)				
(6)				
(6)				+
(7)				
(7) (8)				
(7) (8) (9)				1 722 406
(7) (8) (9) Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	•		1,733,496.

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 Schedule D (Form 990) 2020

Part XI Reconciliation of Revenue per Audited Financial S		ue per Return.
Complete if the organization answered "Yes" on Form 990, Part I		T . I
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 14 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	40	
b Other (Describe in Part XIII.) c Add lines 4a and 4b		40
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial	Statements With Expen	ses per Return.
Complete if the organization answered "Yes" on Form 990, Part I'		ioco poi riotariii
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:a Donated services and use of facilities	2a	
b Prior year adjustmentsc Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	<u>- </u>	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lin		
Part XIII Supplemental Information.	<u>10.70.7</u>	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4: Part IV. lines 1b and 2b: I	Part V. line 4: Part X. line 2: Part XI.
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provic		, , , , , , , , , , , , , , , , , , , ,
	•	
PART V, LINE 4:		
·		
USED FOR THE SUPPORT OF THE TOLEDO ZOOLO	OGICAL SOCIETY.	
PART X, LINE 2:		
THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION	N HAS EVALUATED	UNCERTAIN INCOME
TAX POSITIONS AND BELIEVES THERE ARE NO	SUCH POSITIONS	OF SIGNIFICANCE AT
DECEMBER 31, 2020 THAT ARE REQUIRED TO 1	BE RECORDED OR D	ISCLOSED IN THE
· · · · · · · · · · · · · · · · · · ·		
FINANCIAL STATEMENTS.		

Schedule D (Form 990) 2020

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.

2020

Open to Publi Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization

Employer identification number

TAXPAYER'S CO. 1545-0047

THE TOLEI	<u>O ZOOLOGI</u>	CAL SOCIETY	FOUNDATIO	<u>N</u>			34-1963509
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	c Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.	(0.14.11.1.1	1	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE TOLEDO ZOOLOGICAL SOCIETY							
2700 BROADWAY							
TOLEDO, OH 43609	34-4440256	501(C)(3)	2,271,243.	0.			VARIOUS PROJECTS
			+				1
			-				
2 Enter total number of section 501(c)(3) a	 and government or	L ganizations listed in th	ne line 1 table		l	L	<u> </u>
3 Enter total number of other organization	-	₹					0.

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

Schedule I (Form 990) 2020



Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.				
PART I, LINE 2:								
ANNUALLY, THE FOUNDATION DETERMINES	THE AMO	UNT OF FUN	DS THAT WI	LL BE				
AVAILABLE TO DISBURSE TO THE ZOO BASED ON THE THREE YEAR AVERAGE OF CERTAIN								
FOUNDATION ASSETS. THE ZOO DETERMINES THE BEST USE OF THE FUNDS AND FUNDS								
ARE DISBURSED BY THE FOUNDATION DURING THE YEAR AS CASH BECOMES AVAILABLE.								

SCHEDULE J (Form 990)

Compensation Informatio

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.

2020

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Employer identification number 34-1963509

Pa	art I Questions Regarding Compensation			
			Yes	No
1 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		<u> </u>
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			
	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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion F01(a)(2), F01(a)(4), and F01(a)(20) organizations must complete lines F.0.			
5	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:			
•		5a		x
a h		5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
а	The organization?	6a		х
		6b		X
J	If "Yes" on line 6a or 6b, describe in Part III.			
7				
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) JEFFREY SAILER	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT	(ii)	286,996.	0.	0.	19,500.	4,128.	310,624.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
-	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(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 0

(Form 990 or 990-EZ)

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.

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

QUZU
Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information Name of the organization

Employer identification number

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION	34-1963509							
FORM 990, PART VI, SECTION B, LINE 11B:								
A COPY OF THE FEDERAL 990 RETURN IS PROVIDED TO EACH BOARD	A COPY OF THE FEDERAL 990 RETURN IS PROVIDED TO EACH BOARD MEMBER FOR							
REVIEW BEFORE THE RETURN IS FILED WITH THE IRS.								
FORM 990, PART VI, SECTION B, LINE 12C:								
THE BOARD OF DIRECTORS REQUIRES EACH TRUSTEE & SENIOR ADMIN	NISTRATOR TO							
ANNUALLY SIGN THE CONFLICT OF INTEREST POLICY, BE FAMILIAR	WITH THE TERMS							
OF THE POLICY, AND DISCLOSE ANY POSSIBLE RELATIONSHIPS THAT	REASONABLY							
MIGHT GIVE RISE TO A CONFLICT INVOLVING THE ZOO FOUNDATION.	EACH TRUSTEE &							
SENIOR ADMINISTRATOR IS REQUIRED TO DISCLOSE, IN WRITING, T	O THE BOARD ANY							
CONFLICTS THAT ARISE DURING THE YEAR SO THAT THE BOARD MAY	TAKE THE							
APPROPRIATE ACTION RELATING TO THE CONFLICT.								
FORM 990, PART VI, SECTION C, LINE 19:								
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.								
FORM 990, PART XII, LINE 2C								
THE PROCESS USED HAS NOT CHANGED.								

SCHEDULE R (Form 990)

THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

34-1963509

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-year	r assets C	s Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	n answered "Yes" on Form 990	D, Part IV, line 34, b	pecause it had one	or more related to	ax-exempt		
(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 control entity	lling co	(g) on 512(b)(13) ontrolled entity?	
				501(c)(3))		Yes	No	
THE TOLEDO ZOOLOGICAL SOCIETY - 34-4440256	WILDLIFE MANAGEMENT AND				THE TOLEDO			
2700 BROADWAY	RELATED EDUCATIONAL &				ZOOLOGICAL			
TOLEDO, OH 43609	SCIENTIFIC ACTIVITIES	оніо	501(C)(3)	LINE 10	SOCIETY		X	
	_							

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

Schedule R (Form 990) 2020



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

organizatione dealest as a partitioning dering the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Direct controlling Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ownership
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1										
	1										
	1										
	1										
	1		1	1					1		

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.



Yes No

X

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		X		
b Gift, grant, or capital contribution to related organization(s)					Х			
c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)						X		
e Loans or loan guarantees by related organization(s)								
f Dividends from related organization(s)				1f		X		
g Sale of assets to related organization(s)						X		
h Purchase of assets from related organization(s)						X		
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
I Performance of services or membership or fundraising solicitations for related orga						X		
m Performance of services or membership or fundraising solicitations by related organ						X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organizati					Х			
Sharing of paid employees with related organization(s)					Х			
p Reimbursement paid to related organization(s) for expenses				1p		<u>X</u>		
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)				1r		X		
				_		X		
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	relationships and transaction thresholds.					
(a)	(b)	(c)	(d)					
(a) Name of related organization	Transaction	Amount involved	Method of determining amou	nt involved				
	type (a-s)							
	_							
(1) THE TOLEDO ZOOLOGICAL SOCIETY	В	2,271,243.	FMV					
	_	1 522 406						
(2) THE TOLEDO ZOOLOGICAL SOCIETY	E	1,733,496.	FMV					
(3)								
(4)								
(4)								
(E)								
(5)								
(6) 132163 10-28-20	L	<u>l</u>	Caha	dule R (For	m 000\	2020		
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Schedule R (Form 990) 2020 THE TOLEDO ZOOLOGICAL SOCIETY FOUNDATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									