TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

Prepared for	CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY CLEVELAND, OH 44109
Prepared by	CIUNI & PANICHI, INC. 25201 CHAGRIN BLVD. #200 CLEVELAND, OH 44122-5683
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	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each ret	urn.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	e or Name of exempt organization or other filer, see instructions.					number (TIN)	
print	CLEVELAND ZOOLOGICAL SOCIE	34-0816490		6490			
File by the due date fi filing your return. See	Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.				
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44109							
Enter th	e Return Code for the return that this application is for (fi	ile a separa	ate application for each return)				
Application		Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	00 or Form 990-EZ	01	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	00-PF	04	Form 5227			10	
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	00-T (trust other than above)	06	Form 8870			12	
Form 99	00-T (corporation) SARAH CRUPI	07					
• If this box 1 In the box	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until e organization named above. The extension is for the org Calendar year 2022 or tax year beginning the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta NOVEJ ganization's	emption Number (GEN) uch a list with the names and TINs o <u>MBER 15, 2023</u> , to file s return for: d ending	f this is fo f all memb	r the whole groupers the extension of th	sion is for.	
3a If	this application is for Forms 990-PF, 990-T, 4720, or 606	9. enter the	e tentative tax. less				
	ny nonrefundable credits. See instructions.	,		3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and				
	stimated tax payments made. Include any prior year over			3b	\$	0.	
c B	alance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required, by				
u	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ons.	Зc	\$	0.	
Cautior instruct	:: If you are going to make an electronic funds withdrawa ions.	Il (direct de	bit) with this Form 8868, see Form 8	3453-TE ar		. ,	
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 88	68 (Rev. 1-2022)	

Department of the Treasury Internal Revenue Service

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



A For the 2022 calendar year, or tax year beginning and ending						
B	Check if applicat	e: C Name of organization D Employer identification				
	Addr	CLEVELAND ZOOLOGICAL SOCIETY				
	Name			34-08164	90	
	Initial returr		Room/suite	E Telephone number	r	
	Final returr	J 3900 WILDLIFE WAY		216-635-		
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	18,365,896.	
	Amer	CHEVELAND, OII 44109		H(a) Is this a group re		
	Appli tion pend			for subordinates		
		SAME AS C ABOVE		H(b) Are all subordinates in		
		empt status: $X 501(c)(3) 501(c)()$ (insert no.) 4947(a)(1) (insert no.)	or 🛄 527	1	list. See instructions	
	Webs			H(c) Group exemption		
	orm o art I	f organization: X Corporation Trust Association Other	L Year (State of legal domicile: OH	
		Briefly describe the organization's mission or most significant activities: CONN	ECTING	PEOPLE WIT	H WTLDLTFE	
Governance	1.	briefly describe the organization's mission of most significant activities.				
'naı	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets	
Nel	3	Number of voting members of the governing body (Part VI, line 1a)			40	
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			40	
ss 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			32	
Activities &	6	Total number of volunteers (estimate if necessary)			46	
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		11,518,798.	13,455,152.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Sev Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,189,070.	386,311.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		138,263.	111,391.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,846,131.	13,952,854.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,307,557.	7,546,067.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 1,606,744.	1,734,523.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	1,000,744.	<u> </u>	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 971, 22	27	0.	0•	
Ă		Total fundraising expenses (Part IX, column (D), line 25) 971,22 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		964,914.	1,061,393.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,879,215.	10,341,983.	
	19	Revenue less expenses. Subtract line 18 from line 12		1,966,916.	3,610,871.	
or				ginning of Current Year	End of Year	
Fund Balances	20	Total assets (Part X, line 16)		29,186,847.	30,703,125.	
Ass	21	Total liabilities (Part X, line 26)		8,128,360.	8,962,540.	
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		21,058,487.	21,740,585.	
Pa	art II	Signature Block				
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of my	v knowledge and belief. it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

					-		
Sign	Signature of officer				Date		
	SARAH CRUPI, CEO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	MICHAEL B. KLEIN, CPA	MICHAEL B.	KLEIN,			P00359504	
Preparer	Firm's name CIUNI & PANICHI,	INC.			Firm's EIN 34-	-1322309	
Use Only	Firm's address 25201 CHAGRIN BLV						
	CLEVELAND, OH 441	122-5683			Phone no. (216	5)831-7171	
May the II	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

	990 (2022) CLEVELAND ZOOLOGICAL SOCIETY	34-0816490	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🔲
1	Briefly describe the organization's mission: THE CLEVELAND ZOOLOGICAL SOCIETY IS THE NONPROFIT PARTNI		AND
	METROPARKS ZOO, COMMITTED TO RAISING AWARENESS OF THE ZO		
	COMMUNITY PRIORITY AND CIVIC ASSET; SECURING PRIVATE SU		
	ZOO; AND GIVING MEMBERS AND DONORS GREAT VALUE FOR THEIR	X INVESTMENT.	•
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes [XNo
-	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.		nd
4a)
	WE EXCEEDED OUR REVENUE GOALS FOR ANNUAL OPERATIONS AND	-	
	INCLUDING RECORD MEMBERSHIP REVENUE OF OVER \$4.8 MILLION	-	
	ADDITION OF OVER 10,000 NEW FAMILIES TO OUR MEMBERSHIP H		
	SOCIETY CONTINUED DIGITAL MEMBERSHIP COMMUNICATIONS AND		DNOR
	EVENTS. IN TURN, THE ZOO SOCIETY PROVIDED \$2,900,276 IN	N GENERAL	
	OPERATING SUPPORT TO CLEVELAND METROPARKS ZOO.		
4b	(Code:) (Expenses \$ 3,232,000. including grants of \$ 3,232,000.) (Revenue)
	IN 2022, THE ZOO SOCIETY SECURED \$6,552,784 IN CAPITAL 1		
	THE BOARD OF DIRECTORS COMMITTED \$3.2 MILLION IN SUPPORT	<u>r of a primat</u>	ΓE
	FOREST PROJECT AND \$32,000 FOR RHINOS.		
	1 070 020 1 070 020		
4c	(Code:) (Expenses \$ 1,079,828. including grants of \$ 1,079,828.) (Revenue the second)
	THE ZOO SOCIETY PROVIDED NEARLY \$1.1 MILLION TO THE ZOO		
	ITS EDUCATION, CONSERVATION, ANIMAL CARE PROGRAMS, AND (JTHER SPECIAL	J
	PROJECTS.		
	THE ZOO SOCIETY PROVIDED \$165,542 IN SUPPORT OF ANIMAL (ATNO
	AND \$169,905 IN SUPPORT OF EDUCATIONAL PROGRAMING.	JAKE PROGRAMM	IING
	AND \$109,905 IN SUPPORT OF EDUCATIONAL PROGRAMING.		
	THE ZOO SOCIETY PROVIDED \$744,381 IN SUPPORT OF CONSERVA	ΔΨΤΟΝ	
	PROGRAMMING. THIS FUNDING WAS A BLEND OF GENEROUS DONAT		
	INVESTMENT SPINOFFS, AS WELL AS A PORTION OF EACH MEMBER	ASHIP PURCHAS	SED
	IN THE YEAR.		
4d	Other program services (Describe on Schedule O.)	_	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses8,625,143.		0 (00000
		Form 99	U (2022)
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	J		

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Form	990	(2022)

Part IV Checklist of Required Schedules

CLEVELAND ZOOLOGICAL SOCIETY

			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
	If "Yes," complete Schedule A	1	X		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v	
	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		х		
-	during the tax year? If "Yes," complete Schedule C, Part II	4	~		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		x	
6	similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5			
6	provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to	6		x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0			
'	the environment historic land areas or historic structures? If "Yes," semplete Schoduls D. Part II	7		x	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'			
Ŭ	Schedule D, Part III	8		x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
	If "Yes," complete Schedule D, Part IV				
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,				
	as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
	Part VI	11a	Х		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total				
	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			37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Х	<u> </u>	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х		
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>	
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	х		
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZd		<u> </u>	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any				
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to				
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v	
00-	complete Schedule G, Part III	19		X	
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х		
		~ 1			

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Form **990** (2022)

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Form 990 (2	2022)	CLEVELAND	ZOOLOGICAL	SOCIETY
Part IV	Ch	ecklist of Required Sched	ules (continued)	

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		X
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete</i>	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
~	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
-	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
82	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u></u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
)E a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		- 11
N N	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable 10		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	x	
32004	(gambing) withings to prize withers:		990	(202:
22001	5			<u>,</u>
10	921 755563 16150 2022.04020 CLEVELAND ZOOLOGICAL SOCIET	161	150_	1

Form 990	(2022)
Part V	Sta

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	32		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	X
				3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a farcian accurate (such as a bank account accurate accura		•	10		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	accou	nu) ?	<u>4a</u>		- 23
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		nts (FBAB)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•				
0				8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			55		
	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				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b						
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		I			
_	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c		14-		x
	Did the organization receive any payments for indoor tanning services during the tax year?			14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or			<u> </u>
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	nt inco	me?	16		х
	If "Yes," complete Form 4720, Schedule O.	- •				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ctivitie	5			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990 o	(2022)

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Form 990 (2022)

CLEVELAND ZOOLOGICAL SOCIETY

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

	Check if Schedule O contains a response or note to any line in this Part VI					
Sect	tion A. Governing Body and Management					-
			4.0		Yes	ļ
	Enter the number of voting members of the governing body at the end of the tax year	1a	40			I
	If there are material differences in voting rights among members of the governing body, or if the governing					I
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					I
	Enter the number of voting members included on line 1a, above, who are independent	1b	40			I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with any oth	ner			l
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supe	rvision			I
	of officers, directors, trustees, or key employees to a management company or other person?			3		ļ
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		
6	Did the organization have members or stockholders?			6		
	Did the organization have members, stockholders, or other persons who had the power to elect or a					I
	more members of the governing body?			7a		I
	Are any governance decisions of the organization reserved to (or subject to approval by) members,					Ι
	persons other than the governing body?			7b		I
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					ţ
	The governing body?			8a	Х	l
þ	Each committee with authority to act on behalf of the governing body?			8b	Х	ł
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					t
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal F			-		
			,		Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ay before millig		114		
				12a	Х	ļ
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line</i> 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12a 12b	X	
				120	23	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			40-	х	
	on Schedule O how this was done			12c	X	
	Did the organization have a written whistleblower policy?			13	X	┦
	Did the organization have a written document retention and destruction policy?			14	л	ļ
	Did the process for determining compensation of the following persons include a review and approv	•	dent			ļ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	ļ
	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b	Х	ļ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					I
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				ļ
	taxable entity during the year?			16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participa	ation			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's				ļ
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed OH					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (sec	tion 501(c)(3)	s only) avail	la
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain	n on Schedule	O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	conflict of inter	est policy, an	d finar	ncial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's be	ooks and reco	rds			
	SARAH CRUPI - 216-635-3368					
	3900 WILDLIFE WAY, CLEVELAND, OH 44109					
2006	12-13-22			Form	990	(
	7					
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

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

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

List all of the organization of content key employees, if all your definition of the definition of the employee.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

Name and tite Average hours per measure the sector states or the sector states below Description the sector states or the sector states the sector states or the sector states or the sector states the sector states or the sect	(A)	(B)		(C)					(D)	(E)	(F)
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(11) GEORGE S. COAKLEY 1.00 X 0. 0. 0. LIFE DIRECTOR X 0. 0. 0. 0. 0. (12) JULIE A. EDGAR, PHD 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (13) ROBERT ELMORE 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (14) THEODORE R. EVANS, JR. 2.00 X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. <td>(10) MARILYN K. BROWN</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(10) MARILYN K. BROWN	1.00									
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(14) THEODORE R. EVANS, JR. 2.00 X 0. 0. 0. 0. DIRECTOR X 1.00 X 0. 0. 0. 0. (15) SALLY EVERETT 1.00 X 0. 0. 0. 0. 0. LIFE DIRECTOR X 0. 0. 0. 0. 0. 0. (16) THOMAS G. FISTEK 4.00 X 0. 0. 0. 0. VICE PRESIDENT X 0. 0. 0. 0. 0. (17) COTY FRANKLIN 4.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.		1.00									0
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(15) SALLY EVERETT 1.00 0.0.0.0. LIFE DIRECTOR X 0.0.0.0. (16) THOMAS G. FISTEK 4.00 0.0.0.0. VICE PRESIDENT X 0.0.0.0. (17) COTY FRANKLIN 4.00 0.0.0.0. DIRECTOR X 0.0.0.0.	,	2.00								•	0
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(16) THOMAS G. FISTEK 4.00 X 0. 0. 0. VICE PRESIDENT X 0. 0. 0. 0. 0. (17) COTY FRANKLIN 4.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.		1.00								~	•
VICE PRESIDENTX0.0.0.(17) COTY FRANKLIN4.00X0.0.0.DIRECTORX0.0.0.0.		4 . 0.0	X						0.	0.	0.
(17) COTY FRANKLIN 4.00 X 0. <td></td> <td>4.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>~</td> <td>•</td>		4.00								~	•
DIRECTOR X 0. 0. 0.		4 00	X		<u> </u>				0.	0.	υ.
		4.00	.,,							~	0
			Х						0.	υ.	

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Form 990 (2022)
Dort VII	-

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st (, , ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c	heck		than		Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pe	erson	is bot or/trus	h an		compensation	amount of
	(list any	<u> </u>				1	<u> </u>	_ from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial tru		yee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	ы.	Key employee	lest co	ner			organizations
	line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former			
(18) GREGORY D. FRIEDMAN	1.00									
LIFE DIRECTOR		Х						0.	0.	0.
(19) LINDSAY M. GUZOWSKI	1.00									
DIRECTOR		Х						0.	0.	0.
(20) CAROL HALL	1.00									
LIFE DIRECTOR		X						0.	0.	0.
(21) LAWRENCE H. HATCH	1.00									
DIRECTOR		X						0.	Ο.	0.
(22) PAUL A. HECHKO, DVM	1.00									
DIRECTOR		x						0.	0.	0.
(23) JESSICA M. JUNG	1.00									
DIRECTOR		x						0.	0.	0.
(24) LORI J. KALBERER	1.00									
DIRECTOR		x						0.	0.	0.
(25) KAREN KAMINISKI	1.00									
DIRECTOR		x						0.	0.	0.
(26) BERNARD L. KARR	1.00									
DIRECTOR		x						0.	0.	0.
1b Subtotal								507,078.	0.	83,072.
c Total from continuation sheets to Part VI	I Section A						••	0.	0.	0.
d Total (add lines 1b and 1c)								507,078.	0.	83,072.
2 Total number of individuals (including but n								-	-	,
compensation from the organization		1000	note	, u u		0, 111	101			4
compensation non the organization										Yes No
3 Did the organization list any former officer,	director trust	ee k	kev e	emn	love	<u>e o</u>	r hia	nhest compensated emp	lovee on	
line 1a? If "Yes," complete Schedule J for s	-		•	•					•	3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150									and organization	4 X
5 Did any person listed on line 1a receive or a									dual for services	
rendered to the organization? If "Yes," com										5 X
Section B. Independent Contractors	p.010 00.1000		0. 00		0010					
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	cont	racto	ors	that received more than	\$100,000 of compens	ation from
the organization. Report compensation for										
(A)	, , , , , , , , , , , , , , , , , , ,							(B)		(C)
Name and business	address							Description of s	ervices C	Compensation
ARAMARK SPORTS & ENTERTA	INMENT									
3900 WILDLIFE WAY, CLEVE		H 4	441	L 0 9	9			EVENT CATERI	NG	451,741.
HKM PRINTING SERVICES, LI										
PO BOX 6172, HERMITAGE, 1		8–(092	22				PRINTING		196,253.
	_									
2 Total number of independent contractors (i	ncluding but n	not li	mito	d to	tho	امم ا	ster	l d above) who received m	ore than	
\$100,000 of compensation from the organi			e	J 10		2				
SEE PART VII, SECTIO	A CON	ידי		<u>\</u> TT	IUI	N S	ЗН	EETS		Form 990 (2022)
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	AND ZOOLO								34-081	6490
Part VII Section A. Officers, Directors	s, Trustees, Key Er	nplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)				C)			(D)	(E)	(F)	
Name and title	Average			Pos	ition	I .		Reportable	Reportable	Estimated
	hours	(cl	heck	all 1	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	se or	stee			n sate				and related
	organizations	Individual trustee or director	Institutional trustee		o yee	Highest compensated employee				organizations
	below	vidua	tutior	er	Key employee	lest c	ner			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) JOANNE M. KIRK	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(28) JOSEPH J. MAHOVLIC	1.00	x						0	0.	0
LIFE DIRECTOR	1.00	<u> </u>						0.	0.	0.
(29) SALLY MESSINGER DIRECTOR	1.00	x						0.	0.	0.
(30) ALLEN J. MISTYSYN	1.00					-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(31) A. MALACHI MIXON, IV	4.00									
VICE PRESIDENT		x						0.	0.	0.
(32) KEN MOUNTCASTLE	1.00									
DIRECTOR		x						0.	0.	0.
(33) PATRICK S. MULLIN	1.00									
LIFE DIRECTOR		X						0.	0.	0.
(34) GREGG G. MURESAN	4.00									
DIRECTOR		Х						0.	0.	0.
(35) CHRISTINE MYEROFF	4.00									
PRESIDENT		X						0.	0.	0.
(36) CHRISTOPHER NEHEZ	3.00	v						0	0	0
DIRECTOR	1.00	X						0.	0.	0.
(37) RUSSELL O'ROURKE DIRECTOR	1.00	x						0.	0.	0.
(38) JAMES M. PARISH	1.00	<u>^</u>				-	<u> </u>	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(39) KIMBERLY PINTER	1.00								••	0.
DIRECTOR		x						0.	0.	0.
(40) RONALD E. PLAZEK	1.00									
DIRECTOR		x						0.	0.	0.
(41) SUSAN L. RACEY	1.00									
DIRECTOR		х						0.	0.	0.
(42) ROBERT S. REITMAN	4.00									
CHAIRMAN EMERITUS		Х						0.	0.	0.
(43) ROBERT J. ROGERS	1.00									
LIFE DIRECTOR		X						0.	0.	0.
(44) MARY KAY SCHNEIDER	4.00									_
VICE PRESIDENT	1.00	X						0.	0.	0.
(45) LAUREN SPILMAN LIFE DIRECTOR	1.00	x						0.	0.	0.
(46) BECKY TRUELSON	4.00	<u>^</u>					<u> </u>		0.	0.
DIRECTOR		x						0.	0.	0.
			L	L	I	L	L	```	<u>.</u>	
Total to Part VII, Section A, line 1c										

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(47) IRIS J. VAIL LIFE DIRECTOR	stees, Key Er (B) Average hours per week (list any hours for related organizations below line) 1.00 4.00	Individual trustee or director		(C Posi) ition			Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)	ees (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
Name and title (47) IRIS J. VAIL LIFE DIRECTOR	Average hours per week (list any hours for related organizations below line) 1.00	Individual trustee or director	neck	Posi all t	ition that	app	ly)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
(47) IRIS J. VAIL LIFE DIRECTOR	week (list any hours for related organizations below line) 1.00		Institutional trustee	Officer	mployee	ıpensated employee		the organization	organizations	compensation
LIFE DIRECTOR		37		_	Key e	Highest com	Former			from the organization and related organizations
	4.00	Х						0.	0.	0.
(48) THEODORE A. WAGNER		x								
IREASURER (49) THOMAS A. WALTERMIRE	3.00	Λ						0.	0.	0.
DIRECTOR		х						Ο.	Ο.	0.
(50) SUSAN M. ZANETTI	1.00	x							0.	^
DIRECTOR		A						0.	0.	0.
-										
-										
-										
-										
-										
-										
-										
-										
_										
		ļ								
Fotal to Part VII, Section A, line 1c		<u> </u>			l					

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			Check if Schedule O cor	ntair	ns a resp	onse	or note to any lin	e in this Part VIII			
								(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
lts ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues				4,879,151.				
ĞĞ			Fundraising events				189,160.				
ar /			Related organizations				,				
o, C			Government grants (contribu				2,000,000.				
Sig			All other contributions, gifts, gra								
her		•	similar amounts not included ab				6,386,841.				
ĢĘ		~	Noncash contributions included in line			¢	481,634.				
n o'n		-						13,455,152.			
0.0		<u>n</u>	Total. Add lines 1a-1f				Business Code	15,455,152.			
	~	_					Business Code				
Program Service Revenue	2										
ue je		b									
с ч		c									
Be		d									
jõ		е									
"		f	All other program service rev								
_		g	Total. Add lines 2a-2f								
	3		Investment income (includin	•							
								383,359.			383,359.
	4		Income from investment of t								ļ
	5		Royalties	<u></u>							
					(i) Rea	al	(ii) Personal				
	6	а	Gross rents6	ia 🗌							
		b	Less: rental expenses 6	ib 🛛							
		с	Rental income or (loss) 6)c							
		d	Net rental income or (loss)								
	7		Gross amount from sales of		(i) Secur		(ii) Other				
			assets other than inventory 7	'a 🗌	3,900	590.					
		b	Less: cost or other basis								
ne			and sales expenses 7	'b	3,897	638.					
Other Revenue		с	Gain or (loss) 7	'c	2	952.					
Be			Net gain or (loss)					2,952.			2,952.
er	8		Gross income from fundraising								
ŧ			including \$ 18								
			contributions reported on lin								
			Part IV, line 18		'	8a	626,795.				
		h	Less: direct expenses				515,404.				
			Net income or (loss) from fur				,	111,391.			111,391.
			Gross income from gaming a		Ũ			,			,
	Ŭ	ŭ	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from ga								
			Gross sales of inventory, les								
	10	a	•			100					
		L.	and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from sa	ues c	invent	ory	Business Code				
sno		_					Business Code				
Miscellaneous Revenue	11										<u> </u>
ven		b									
Be		c									l
Ϊ			All other revenue								
			Total. Add lines 11a-11d					40.000			
	12		Total revenue. See instructions	;				13,952,854.	0.	0.	497,702.
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Form 990 (2022) Part VIII

CLEVELAND ZOOLOGICAL SOCIETY Statement of Revenue

Part IX Statement of Functional Expenses

CLEVELAND ZOOLOGICAL SOCIETY

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

	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX (B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	7,297,569.	7,297,569.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	040 400	040 400		
	individuals. See Part IV, lines 15 and 16	248,498.	248,498.		
	Benefits paid to or for members				
	Compensation of current officers, directors,	222 522			142 262
	trustees, and key employees	332,529.	117,657.	71,509.	143,363
	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	1,209,304.	436,051.	251,283.	521,970
	Pension plan accruals and contributions (include	_,		<u>, </u>	.
	section 401(k) and 403(b) employer contributions)	51,814.	12,116.	17,819.	21,879
9	Other employee benefits	25,835.	6,041.	8,885.	10,909
10	Payroll taxes	115,041.	42,080.	26,795.	46,166
	Fees for services (nonemployees):				
а	Management				
b	Legal	1,640.		1,638.	2
с	Accounting	51,393.		51,335.	58
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	35,036.		34,996.	40. 7,856.
12	Advertising and promotion	34,604.	26,748.		7,856
13	Office expenses	78,010.	37,087.	15,822.	25,101
	Information technology	171,329.	10,582.	135,296.	25,451
	Royalties				
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,557.	2,247.	1,014.	5,296
	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	54,952.		54,952.	
	Insurance	167,056.	55,950.	40,189.	70,917
	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.)				
	OTHER EXPENSE	213,130.	138,429.	20,682.	54,019
b	POSTAGE & SHIPPING	181,532.	167,633.	633.	13,266
с	DUES & SUBSCRIPTIONS	49,159.	21,148.	12,765.	15,246
d	PRINTING & PUBLICATIONS	14,995.	5,307.		9,688
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	10,341,983.	8,625,143.	745,613.	971,227
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	225 761	201 602		11 000
	Check here X if following SOP 98-2 (ASC 958-720)	335,761.	291,692.	0.	44,069

232010 12-13-22

09010921 755563 16150

13 2022.04020 CLEVELAND ZOOLOGICAL SOCIET 16150__1

Form **990** (2022)

09010921 755563 16150

CLEVELAND ZOOLOGICAL SOCIETY Part 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			2,835,131.	1	135,278.
	2	Savings and temporary cash investments		·····	6,607,269.	2	12,474,273.
	2	Pledges and grants receivable, net		F	3,576,968.	3	4,257,749.
	4	Accounts receivable, net			575767566	4	1/23///190
	5	Loans and other receivables from any current or				-	
	5	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit				<u> </u>	
	U	under section 4958(f)(1)), and persons described				6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			62,276.	9	45,537.
		Land, buildings, and equipment: cost or other	I		,	- U	
	iou	basis. Complete Part VI of Schedule D	10a	508,444.			
	b	Less: accumulated depreciation		386,258.	106,202.	10c	122,186.
	11	Investments - publicly traded securities			14,964,487.	11	12,397,661.
	12	Investments - other securities. See Part IV, line 1			, , -	12	, ,
	13	Investments - program-related. See Part IV, line -		F		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,034,514.	15	1,270,441.
	16	Total assets. Add lines 1 through 15 (must equa			29,186,847.	16	30,703,125.
	17	Accounts payable and accrued expenses			8,045,330.	17	8,514,771.
	18	Grants payable				18	
	19	Deferred revenue	10,000.	19	21,000.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
ŝ	22	Loans and other payables to any current or form					
litie		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, page	yables [.]	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			73,030.	25	426,769.
	26	Total liabilities. Add lines 17 through 25			8,128,360.	26	8,962,540.
s		Organizations that follow FASB ASC 958, che	ck her	e X			
JCe		and complete lines 27, 28, 32, and 33.			4.6 0.05 550		1 1 2 2 2 2 1 2
alar	27	Net assets without donor restrictions			16,825,773.	27	14,300,012.
dB	28	Net assets with donor restrictions			4,232,714.	28	7,440,573.
n		Organizations that do not follow FASB ASC 9	58, che	eck here			
г		and complete lines 29 through 33.					
ets (29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or eq			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F		31	
ž	32	Total net assets or fund balances		21,058,487.	32	21,740,585.	
	33	Total liabilities and net assets/fund balances			29,186,847.	33	30,703,125.
							Form 990 (2022)

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Form	990 (2022) CLEVELAND ZOOLOGICAL SOCIETY	34-	0816490	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,952	2,8	<u>54</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,341	1,9	83.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,61		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,058		
5	Net unrealized gains (losses) on investments	5	-2,849	9,7	90.
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	-78	3,9	83.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21,74),5	85.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	,			
	X Separate basis 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 th	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
þ	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				1
				990	(2022)

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047	
2022	

Open to Public Inspection

Employer identification number

CT. FVFT. AND	700LOGTCAL	COCTETV	

	CLEV	ELAND ZOOL	OGICAL SOCIE	TY			3	4-0816490		
Part I	Reason for Public	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The orga	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	A hospital or a cooperative				(b)(1)(A)(i	ii).				
4	A medical research organiz						(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)						
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the colleg	e or		
	university:									
10	An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from a	contributio	ons, membersl	nip fees, a	nd gross receipts from		
	activities related to its exer	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment		
	income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.		
	See section 509(a)(2). (Co	mplete Part III.)								
11	An organization organized	and operated exclus	ively to test for public sa	fety. See s	section 50)9(a)(4).				
12	An organization organized	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to ca	arry out the	e purposes of one or		
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2).	See section 5	6 09(a)(3). (Check the box on		
Г	lines 12a through 12d that	• •			-		-			
a L	Type I. A supporting orga		-	•						
	the supported organization		• • • •	a majority o	of the dire	ctors or truste	es of the s	supporting		
. г	organization. You must o	-								
b∟	Type II. A supporting org	-				•		-		
	control or management of			ame perso	ons that co	ontrol or mana	ge the sup	ported		
- F	organization(s). You mus	-								
c L	Type III functionally inte						ly integrat	ed with,		
a [its supported organizatio		· ·			-				
d∟	Type III non-functionally that is not functionally int		• • •				-			
	that is not functionally int			•		-	an alleni	iveness		
еĽ	requirement (see instruct Check this box if the orga	-								
eL	functionally integrated, o					а турет, туре	n, rype m			
f Fr	ter the number of supported				Lucion.					
	ovide the following information	•								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
								<u> </u>		
T . 4. 1										
<u>Total</u>										

Schedule A (Form 990) 2022

CLEVELAND ZOOLOGICAL SOCIETY

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			/				
-	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	(=)== 10	(=)=0.0	(-)		(-)		
-	membership fees received. (Do not							
	include any "unusual grants.")	7,888,407.	7,817,056.	8,763,488.	11,518,798.	13,455,152.	49,442,901.	
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	7,888,407.	7,817,056.	8,763,488.	11,518,798.	13,455,152.	49,442,901.	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						4,276,207.	
6	Public support. Subtract line 5 from line 4.						45,166,694.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	7,888,407.	7,817,056.	8,763,488.	11,518,798.	13,455,152.	49,442,901.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	343,090.	388,333.	303,326.	311,583.	383,359.	1,729,691.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	16,580.	48,192.		138,263.	111,391.	314,426.	
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						51,487,018.	
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, t	fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stop		-				L	
	ction C. Computation of Publ						07 70	
	Public support percentage for 2022 (14	87.72 %	
	Public support percentage from 2021					15	85.23 %	
16a	33 1/3% support test - 2022. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2021. If the c	-						
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes	-						
	and if the organization meets the fact				-	-		
	meets the facts-and-circumstances te							
b	10% -facts-and-circumstances tes	-					10% or	
	more, and if the organization meets th							
• -	organization meets the facts-and-circ		•					
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17t	o, check this box a			
	Schedule A (Form 990) 2022							

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CLEVELAND ZOOLOGICAL SOCIETY

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	ſ					
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	1					
4 Tax revenues levied for the organ-	ſ					
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities	ſ					
furnished by a governmental unit to	ſ					
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					_	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 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	ſ					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
check this box and stop here	<u></u>	<u></u>	<u></u>	·	- 	
Section C. Computation of Publ	lic Support Pe	rcentage				
15 Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Incom	e Percentage)			
17 Investment income percentage for 20	022 (line 10c, colur	nn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the					33 1/3%, and lin	e 17 is not
more than 33 1/3% , check this box a	and stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2021. If the	organization did r	ot check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	6, and
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organizatio	n
20 Private foundation. If the organization						
232023 12-09-22						e A (Form 990) 2022
			18			-

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b | Schedule A (Form 990) 2022

Ile A (Form 990) 2022 CLEVELAND ZOOLOGICAL SOCIETY	ıle A (Form 990) 2022	CLEVELAND	ZOOLOGICAL	SOCIETY
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1

2

Yes No

Yes No

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above?		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 110		
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.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

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

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	

Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction
--

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

20

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Sched

3b | | Schedule A (Form 990) 2022

2a

2b

За

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

instructions).

Schedule A (Form 990) 2022

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CLEVELAND ZOOLOGICAL SOCIETY

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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	Form 990) 2022	CLEVELAND				34-0816490 Pa
	Part IV, Section A, line line 1; Part IV, Section	es 1, 2, 3b, 3c, 4b, 4c, 5a	, 6, 9a, 9b, 9c, 11 Section E, lines	la, 11b, and 11c 1c, 2a, 2b, 3a, a	; Part IV, Section B, lir nd 3b; Part V, line 1; P	7a or 17b; Part III, line 12; ies 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V ditional information.
	(See instructions.)					
28 12-09-2	2					Schedule A (Form 990)

SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047				
(Form 990)	orm 990)			~-	2022				
	For Organizations Exempt From Income Tax Under section 501(c) and section 527				LULL				
Department of the Treasury	Department of the Treasury Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.								
Internal Revenue Service									
-		Form 990, Part IV, line 3, or Fo		ne 46 (Political Camp	baign Act	ivities), then			
	-	nplete Parts I-A and B. Do not co D1(c)(3)) organizations: Complete		Do not complete Pa	41 B				
			Faits I-A and C below	. Do not complete Pai	ι ŀD.				
•	• Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then								
		have filed Form 5768 (election ur							
	5	have NOT filed Form 5768 (electi	())	•	•				
	-	n Form 990, Part IV, line 5 (Prox							
Tax) (See separate inst	tructions), then								
), or (6) organiza	tions: Complete Part III.							
Name of organization						r identification number			
		ND ZOOLOGICAL SO			-	34-0816490			
Part I-A Compl	ete if the org	anization is exempt und	er section 501(c)	or is a section 5	27 orga	anization.			
				5					
		ation's direct and indirect politication			^				
		ures							
3 Volunteer hours for	political campai	gn activities			···· <u> </u>				
Part I-B Compl	ete if the ord	anization is exempt und	er section 501(c)	(3).					
		incurred by the organization und		. ,	\$				
		incurred by organization manage							
		n 4955 tax, did it file Form 4720 i				Yes No			
						Yes No			
b If "Yes," describe in	n Part IV.								
·		anization is exempt und		•					
		d by the filing organization for sec			\$				
		ization's funds contributed to oth	-						
					\$				
•	•	a. Add lines 1 and 2. Enter here a			¢				
		1120-POL for this year?				Yes No			
		nployer identification number (EI							
· · · · · · · · · · · · · · · · · · ·		tion listed, enter the amount paid							
	-	omptly and directly delivered to a				-			
political action com	nmittee (PAC). If	additional space is needed, prov	ide information in Part	IV.					
(a) Name	Э	(b) Address	(c) EIN	(d) Amount paid f	rom	(e) Amount of political			
				filing organization		ntributions received and			
				funds. If none, ente		promptly and directly delivered to a separate			
						political organization.			
						If none, enter -0			
			+	+					
				1					
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 9	90 or 990-EZ.		Sche	edule C (Form 990) 2022			

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Scł	(,	LAND ZOOLOGICAL SOCIETY		816490 Page 2				
Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
	section 501(h)).							
Α	Check if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliate	d group member's nam	e, address, EIN,				
	expenses, and share of exces	s lobbying expenditures).						
B	Check if the filing organization check	ed box A and "limited control" provisions apply.	1					
		oying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals				
1	a Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)						
	b Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	30,000.					
	c Total lobbying expenditures (add lines 1a an	d 1b)	30,000.					
			10,311,983.					
		s 1c and 1d)	10,341,983.					
	f Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	667,099.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over \$17,000,000	\$1,000,000.						
	g Grassroots nontaxable amount (enter 25% o	f line 1f)	166,775.					
	h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.					
	i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.					
	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?							

reporting section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.) abby . A V

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a Lobbying nontaxable amount	590,247.	637,594.	693,961.	667,099.	2,588,901.	
b Lobbying ceiling amount (150% of line 2a, column(e))					3,883,352.	
c Total lobbying expenditures	15,000.	15,000.	15,000.	30,000.	75,000.	
d Grassroots nontaxable amount	147,562.	159,399.	173,490.	166,775.	647,226.	
e Grassroots ceiling amount (150% of line 2d, column (e))					970,839.	
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the lobbying activity. Yes No Amount 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Image: Comparison of the public opinion on a legislative matter a Volunteers? Image: Comparison of the public opinion on a legislative matter Image: Comparison of the public opinion on a legislative matter b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Image: Comparison of the public? Image: Comparison of the public? c Media advertisements? Image: Comparison of the public? Image: Comparison of the public? e Publications, or published or broadcast statements? Image: Comparison of the public? Image: Comparison of the public? g Direct contact with legislators, their staffs, government officials, or a legislative body? Image: Comparison of the public? Image: Comparison of the public?	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(a)		(b)	
local legislation, including any attempt to influence public opinion on a legislative matter Image: Constraint of the set of the s			Yes	Νο	Amo	ount	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
d Mailings to members, legislators, or the public?	b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots					
Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?							
f Grants to other organizations for lobbying purposes?							
9							
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?							
i Other activities?							
j Total. Add lines 1c through 1i							
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?							
b If "Yes," enter the amount of any tax incurred under section 4912							
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912							
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section		t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection		
501(c)(6).		501(c)(6).					
Yes No					Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?	1						
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2						
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3				-			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is	Par					o 2 io	
answered "Yes."			NU UN		· ····A, ····	e 3, 15	
1 Dues, assessments and similar amounts from members	1			1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	2		cal				
expenses for which the section 527(f) tax was paid).							
a Current year 2a							
b Carryover from last year	b	Carryover from last year					
c Total	С						
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	4						
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political							
expenditures next year?	_						
5 Taxable amount of lobbying and political expenditures. See instructions 5 Part IV Supplemental Information 5	-			5			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See			lict): Dort II	A lines 1	and 2 (See		
instructions); and Part II-B, line 1. Also, complete this part for any additional information.			1151), Fart II-	A, intes T			
PART II-A, LINE 1, LOBBYING ACTIVITIES:							
IN 2022, THE CLEVELAND ZOOLOGICAL SOCIETY PARTICIPATED IN LOBBYING	IN	2022, THE CLEVELAND ZOOLOGICAL SOCIETY PARTICIPATE	D IN L	OBBYI	NG		
ACTIVITIES BY CONTRIBUTING TO THE COMMITTEE FOR OUR METROPARKS, AN	AC	TIVITIES BY CONTRIBUTING TO THE COMMITTEE FOR OUR M	ETROPA	RKS,	AN		
INDEPENDENT GROUP OF CITIZENS RESPONSIBLE FOR ALL ASPECTS OF MANAGING THE	INI	DEPENDENT GROUP OF CITIZENS RESPONSIBLE FOR ALL ASP	ECTS O	F MAN	AGING	THE	
CLEVELAND METROPARKS 10-YEAR LEVY CAMPAIGN CYCLE.	CLI	EVELAND METROPARKS 10-YEAR LEVY CAMPAIGN CYCLE.					

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

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



Employer identification number

34 - 0816490

Department of the Treasury Internal Revenue Service Name of the organization

CLEVELAND ZOOLOGICAL SOCIETY

Par			or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Eu	nds and other accounts
		(a) Donor advised funds	(D) Fu	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
•	are the organization's property, subject to the organization's			Yes II No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of		•	
Par		reprinting angulared "Vac" on Form 000 1		Yes No
		•	Part IV, line	1.
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	a kistovia all	
	Preservation of land for public use (for example, recrea			y important land area historic structure
	Protection of natural habitat		a certineu r	listone structure
0	Preservation of open space	ified encourations exclude there in the form		
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.	med conservation contribution in the form	of a conser	Held at the End of the Tax Year
-			20	
	Total number of conservation easements			
		rupture included in (a)		
C d	Number of conservation easements on a certified historic stu		20	
d	Number of conservation easements included in (c) acquired		2d	
3	historic structure listed in the National Register Number of conservation easements modified, transferred, re			I during the tax
3	year	eleased, extinguished, or terminated by the	e organizatio	in during the tax
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe			
Ŭ	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
		,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easeme	ents during the vear
				0 ,
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, describe how the organization reports conservat			and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that de	escribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of		ther Simi	ilar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 98	, 1		
	of art, historical treasures, or other similar assets held for pu			of public
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 99	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of p	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical tre		il gain, provi	de
	the following amounts required to be reported under FASB A	-		•
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			₿ Cabadula D (Fame 000) 0000
	For Paperwork Reduction Act Notice, see the Instruction	15 IOF FORM 990.		Schedule D (Form 990) 2022
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Sche		ND ZOOLOGI						1649		age 2		
Pa	t III Organizations Maintaining C	collections of Ar	t, Historical	Freasures, o	or Other	r Similar	Asse	ts (contir	nued)			
3	Using the organization's acquisition, accessi	on, and other record	s, check any of t	ne following tha	ıt make siç	gnificant us	se of its					
	collection items (check all that apply):		<u> </u>									
a	Public exhibition	d		xchange progra								
b	Scholarly research	e	Other									
С	Preservation for future generations											
4	Provide a description of the organization's co						e in Part	XIII.				
5	During the year, did the organization solicit o							1		1		
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or											
Pai			ete if the organiza	tion answered '	"Yes" on F	Form 990, I	Part IV,	ine 9, or				
	reported an amount on Form 990, Pa											
та	Is the organization an agent, trustee, custod							1		1		
	on Form 990, Part X?						L	Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					Amount	•			
								Amount				
	Beginning balance											
	Additions during the year											
-	Distributions during the year											
f	0											
	Did the organization include an amount on F						L	Yes		No ∣		
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i					<u></u>]		
Fai	Lindowinent i unds. Complete i	(a) Current year	(b) Prior year	(c) Two year		J. d) Three yea	rs hack	(e) Four	Veare	hack		
4.	De sinsis e oferen holes of	8,978,405.	-	., ,	4,368.		2,438.	. /	,922,			
-	Beginning of year balance	44,105.	7,796,12	0. 0,904	±,300.	,	<i>'</i>	5	, ,			
b	Contributions	-	1 200 70	E 1 1 2 (0 550		5,176. 4 412		144,			
	Net investment earnings, gains, and losses	-1,606,834.	1,390,78	,	0,553.		4,412.		-363,			
	Grants or scholarships		208,50	0. 230	8,801.	8	7,658.		170,	513.		
е	Other expenditures for facilities											
	and programs											
	Administrative expenses											
g	End of year balance	7,415,676.			6,120.	6,904	4,368.	5	,532,	438.		
2	Provide the estimated percentage of the cur			ı (a)) held as:								
а	Board designated or quasi-endowment	89.1600	_%									
b	Permanent endowment 4.8400	%										
С	Term endowment 6.0000											
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	l and administe	ered for the	е		г	V			
	organization by:								Yes	No		
	(i) Unrelated organizations							3a(i)		X		
	(ii) Related organizations							3a(ii)		X		
	If "Yes" on line 3a(ii), are the related organiza			3?				3b				
4	Describe in Part XIII the intended uses of the		wment funds.									
Pa	t VI Land, Buildings, and Equipm					in a 10						
	Complete if the organization answere		· · ·					())				
	Description of property	(a) Cost or of		ost or other	• •	cumulated		(d) Bool	k value	Э		
		basis (investr	Das	is (other)	depr	reciation						
	Land											
	Buildings											
	Leasehold improvements			00 111	2	06 75		10	<u>) 1</u>	06		
	Equipment			08,444.	5	86,25	••	12.	2,1	.00		
	Other							10	<u>) 1</u>	<u> </u>		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part.	x, column (B), line	e 10c.)					2,1			
						Sc	chedule	D (Forn	1 990)	2022		

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|--|

Part VII Investments - Other Securities.		11h Cas Farm 000 Dart V line 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	on Form 000 Port IV line	110 Soo Form 000 Dart V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of yoar market value
		(c) Method of Valdation. Cost of end-	
<u>(1)</u>			
(2)			
<u>(3)</u> (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	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tetel (Column (b) must actual Form 000, Part V, act (D) lin	o 15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(0) 20010 1000
(1) ANNUITY OBLIGATIONS			88,945.
(3) DEFERRED COMPENSATION			337,824.
(4)			<u>-</u>
(5)			
(6)			
(7)			
(8)			
(9)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		426,769.

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) 2022

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Sche	dule D (Form 990) 2022 CLEVELAND ZOOLOGICAL SOC	IETY		34-	0816490 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements Wi			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,209,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,849,790.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		-1,429.		
е	Add lines 2a through 2d			2e	-2,851,219.
3	Subtract line 2e from line 1			3	11,060,862.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,891,992.		
С	Add lines 4a and 4b			4c	2,891,992.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	13,952,854.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	7,519,261.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments	2 b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)		77,554.		
е	Add lines 2a through 2d			2e	77,554.
3	Subtract line 2e from line 1			3	7,441,707.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	2,900,276.		
с	Add lines 4a and 4b			4c	2,900,276.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,341,983.
Pa	rt XIII Supplemental Information.				

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

PART V, LINE 4:

THE ZOOFUTURES FUND ASSETS AVAILABLE FOR DISTRIBUTION ARE TO BE USED FOR

CONSERVATION/SCIENCE PROGRAMS AND CLEVELAND ZOOLOGICAL SOCIETY PROJECTS.

THERE ARE NO SET RESTRICTIONS ON HOW THE FUNDS MAY BE USED, BUT GENERALLY

THIS INCLUDES ITEMS "ABOVE AND BEYOND" ROUTINE PROGRAM AND OPERATIONS.

PART X, LINE 2:

THE ZOO SOCIETY IS TAX-EXEMPT, UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE (IRC) OF 1986. NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN

REPORTED IN ITS FINANCIAL STATEMENTS. IN ADDITION, THE ZOO SOCIETY HAS

BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A "PRIVATE FOUNDATION"

WITHIN THE MEANING OF SECTION 509(A) OF THE IRC.

Schedule D (Form 990) 2022

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IN ACCORDANCE WITH THE "INCOME TAXES" TOPIC OF THE FASB ASC, UNCERTAIN INCOME TAX POSITIONS ARE EVALUATED AT LEAST ANNUALLY BY MANAGEMENT. AS OF DECEMBER 31, 2022 AND 2021, THE ZOO SOCIETY HAS IDENTIFIED NO UNCERTAIN INCOME TAX POSITIONS AND HAS INCURRED NO AMOUNTS FOR INCOME TAX PENALTIES AND INTEREST FOR THE YEARS THEN ENDED. THE ZOO SOCIETY FILES INFORMATION RETURNS IN THE UNITED STATES AND LOCAL JURISDICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -78,983.

SPECIAL EVENTS EXPENSE

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ASC 606 EFFECTS - SEE NOTE BELOW

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ASC 606 EFFECTS - SEE NOTE BELOW

2,900,276.

77,554.

-1,429.

2,891,992.

77,554.

PART XI, LINE 4B & PART XII, LINE 4B:

IN 2019, THE CLEVELAND ZOOLOGICAL SOCIETY ADOPTED, ON A RETROSPECTIVE

BASIS, ASU 2014-09 FOR ITS AUDIT PRESENTATION WITH REGARD TO NETTING

OPERATING AGREEMENT EXPENSES AGAINST MEMBERSHIP REVENUE. THE IRS 990

INSTRUCTIONS STATE THAT "UNLESS INSTRUCTED OTHERWISE, THE ORGANIZATION

GENERALLY SHOULD USE THE SAME ACCOUNTING METHOD ON THE RETURN (INCLUDING

Schedule D (Form 990) 2022

09010921 755563 16150

Schedule D (Form 990) 2022	CLEVELAND Z	COOLOGICAL SOCIETY	34-0816490 Page 5						
Part XIII Supplemental Inform	Part XIII Supplemental Information (continued)								
THE FORM 990 AND ALI	SCHEDULES)	TO REPORT REVENUE AN	ND EXPENSES THAT IT						
REGULARLY USES TO KE	EP ITS BOOK	S AND RECORDS. TO BE	ACCEPTABLE FOR FORM						
990 REPORTING PURPOS	SES, HOWEVER	R, THE METHOD OF ACCOU	INTING MUST CLEARLY						
REFLECT INCOME." AS	S THE ZOO SO	OCIETY CONSIDERS THE (PERATING AGREEMENT						
EXPENSES A MAJOR COM	IPONENT OF I	TS PROGRAMMATIC SUPPO	ORT TO CLEVELAND						
METROPARKS ZOO, IT H	RECORDS THE	FULL AMOUNT OF MEMBER	SHIP REVENUE AND						
OPERATING AGREEMENT	EXPENSE ON	ITS INTERNAL STATEMEN	ITS RATHER THAN A NET						
REVENUE FIGURE. THE	ZOO SOCIETY	'S 2022 AUDITED FINAM	ICIAL STATEMENTS ARE						
ACCOMPANIED BY A SUP	PLEMENTAL S	CHEDULE TO RECONCILE	THE DIFFERENCES						
BETWEEN THE METHODS	OF PRESENTA	ATION.							

232055 09-01-22

Name of the organization					Employer identi	fication number
CLEVELAND ZOOLO	GICAL SO	CIETY			34-08164	90
			tside the United States. Compl	ete if the orgar		
Form 990, Part IV						
			ds to substantiate the amount of its gr			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	istance? X	Yes No
2 For grantmakers Dage	wiha in Davit \/ tha	organization's	propedures for monitoring the use of it	a granta and a	ther encietance or	taida tha
 For grantmakers. Desc United States. 	ribe in Part v the	e organization s	procedures for monitoring the use of it	s grants and o	ther assistance ou	Iside the
	he following Parl	t I. line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the region	investments
		in the region		OI SEIVICE		in the region
EAST ASIA & THE				CONSERVATIO	רזא אר	
PACIFIC			GRANTMAKING	RESEARCH.		102,000
				CONSERVATIO	ON AND	
SOUTH AMERICA			GRANTMAKING	RESEARCH.		128,998
				CONSERVATIO	רזא אר	
EUROPE			GRANTMAKING	RESEARCH.		94,500
3 a Subtotal	0	(325,498
b Total from continuation						
sheets to Part I	0	(0
c Totals (add lines 3a						325,498
and 3b)	I 0	ין ^ע				525,490

Statement of Activities Outside the United States

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

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

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

r

Open to Public

Inspection

232071 10-17-22

SCHEDULE F

Department of the Treasury Internal Revenue Service

(Form 990)

CLEVELAND ZOOLOGICAL SOCIETY

34-0816490

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE PACIFIC	FIELD PARTNER SUPPORT.	10,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND &	FIELD PARTNER					
			SUPPORT.	30,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	FIELD PARTNER					
		PACIFIC	SUPPORT.	20,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	FIELD PARTNER SUPPORT.	10,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND &	FIELD PARTNER					
		GREENLAND)	SUPPORT.	60,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	FIELD PARTNER					
		PACIFIC	SUPPORT.	62,000.	WIRE TRANSFER	0.		
			I recognized as charities by the or counsel has provided a se					-1
3 Enter total number of								

34-0816490

Page 3

Schedule F (Form 990) 2022	CLEVELAND ZOO	LOGICAL	SOCIETY	3	4-0816490		Page 3
Part III Grants and Other Assistan	ce to Individuals Outsid	e the United St	ates. Complete	if the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if a	additional space is neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CONSERVATION PARTNER SUPPORT.	SOUTH AMERICA	1	51,998.	WIRE TRANSFER	0.		
CONSERVATION PARTNER SUPPORT.	EUROPE (INCLUDING ICELAND & GREENLAND)	1	4,500.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 CLEVELAND ZOOLOGICAL SOCIETY Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ALL GRANTS ARE AWARDED BASED ON THE YEARLY CONSERVATION BUDGET. PROJECTS ARE FUNDED VIA PROPOSALS SUBMITTED TO THE CURATOR OF CONSERVATION AND EVALUATED THROUGH A VARIETY OF MEANS DEPENDING ON THE PROGRAM. ALL AWARDS ARE APPROVED BY THE ZOO EXECUTIVE DIRECTOR. ALL PROGRAMS HAVE EXISTING GUIDELINES DEFINING PROGRAM GOALS/FOCUS, FUNDING/AWARD AMOUNTS AVAILABLE, CRITERIA FOR FUNDING, PROCESS FOR APPLICATION AND REVIEW AND EXPECTATIONS OF GRANT RECIPIENTS. PROCEDURES AND GUIDELINES EXIST FOR GRANTEE ELIGIBILITY, SELECTION AND FUNDING CRITERIA. RECORDS ARE KEPT ON ALL PROJECTS WHICH ARE AWARDED FUNDING, FROM THE INITIAL APPLICATION THROUGH COMPLETION OF GRANT AGREEMENT/COMMITMENT. ALL INTERNATIONAL PROPOSALS ARE PUT THROUGH A REVIEW PROCESS, WHICH INCLUDES AN EVALUATION OF THE PRINCIPAL INVESTIGATOR OR ORGANIZATION REQUESTING FUNDS, ANY COLLABORATORS AND LETTERS OF COMMITMENT/SUPPORT (REQUIRED FOR ALL COLLABORATORS, GOVERNING BODIES, PROTECTED AREA, ORGANIZATION/GROUP OR INSTITUTION WHOSE COOPERATION IS NECESSARY FOR PROJECT COMPLETION), AND/OR LETTERS OF RECOMMENDATION. UPON SELECTION, AWARDEES ARE REQUIRED TO PROVIDE WRITTEN ACCEPTANCE OF AWARD, INCLUDING A SIGNED GRANT AGREEMENT BEFORE FUNDS ARE RELEASED. VERIFICATION MUST ALSO BE SENT ONCE FUNDS ARE RECEIVED. GRANTEES MUST MAINTAIN CONTACT WITH AND PROVIDE PERIODIC UPDATES AND SUBMIT A FINAL REPORT, INCLUDING ACCOUNTING OF FUNDS WITHIN ONE YEAR OF RECEIPT OF THE GRANT.

PART I, LINE 3:

ALL FUNDS LISTED WERE GRANT DISTRIBUTIONS COVERED BY THE TERMS AND

CONDITIONS DESCRIBED ABOVE.

232075 10-17-22

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART III, COL (C):

THE ORGANIZATION ACCOUNTS FOR EACH GRANT AWARDED AND THE NUMBER OF

RECIPIENTS IS AN EXACT NUMBER.

PART II, LINE 1:

THE FINANCIAL STATEMENTS AND GRANT AWARDS ARE PREPARED USING THE

ACCRUAL METHOD OF ACCOUNTING.

PART III:

THE FINANCIAL STATEMENTS AND GRANT AWARDS ARE PREPARED USING THE

ACCRUAL METHOD OF ACCOUNTING.

232075 10-17-22

Schedule F (Form 990) 2022 42 2022.04020 CLEVELAND ZOOLOGICAL SOCIET 16150__1

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming A	Activ	vities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1	or if the	2022				
Department of the Treasury		Attach to Form 990						Open to Public Inspection
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ctions	and t	he latest information	n.	Employer i	dentification number
Hame of the organization		ND ZOOLOGICAL SOCI	ETY				34-081	
	complete this par	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, li	ine 1	7. Form 990	-EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations vlicitations on have a written o red in Form 990, P) highest paid indiv	f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue	non-g gover aising o ding o ional f	overnment grants nment grants events fficers, directors, trus iundraising services?	stees	Ý 🗌 Y	'es No o be
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained b fundraiser red in col. (i)	y) to (or retained by)
			Yes	No				
Total 3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrik	outions	s or has been notified	l it is	exempt fror	n registration

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

Schedule G (Form 990) 2022

232081 10-27-22

CLEVELAND ZOOLOGICAL SOCIETY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

10			(a) Event #1 TWILIGHT AT THE ZOO (event type)	(b) Event #2 SUNSET SAFARIS (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
	1	Gross receipts	674,900.	122,300.	18,755.	815,955
-	2	Less: Contributions	75,260.	113,900.		189,160
	3	Gross income (line 1 minus line 2)	599,640.	8,400.	18,755.	626,795
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	48,200.		4,670.	52,870
	7	Food and beverages	400,059.	25,346.	6,398.	431,803
5	8 9	Entertainment Other direct expenses	2,500.			2,500 28,231
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)	•		515,404
_	11 rt I			n 990, Part IV, line 19, or i		111,391
a		II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.				(d) Total gaming (add
	rt I	Gross revenue	answered "Yes" on Forn	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	1 2	Gross revenue	answered "Yes" on Forn	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	111,391 (d) Total gaming (add col. (a) through col. (c
	1 2 3	Gross revenue	answered "Yes" on Form	n 990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add
a	1 2 3 4 5	Gross revenue	answered "Yes" on Forn	n 990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo	reported more than	(d) Total gaming (add
	1 2 3 4 5	Gross revenue	answered "Yes" on Form	n 990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	(d) Total gaming (add
	1 2 3 4 5 6	Gross revenue	(a) Bingo (a) Bingo (b) Bingo (b) Bingo (c) Bi	n 990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

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Sch	edule G (Form 990) 2022	CLEVELAND	ZOOLOGICAL	SOCIETY	34-0	816490) Page 3
11	Does the organization conduct ga	aming activities with r	onmembers?			Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of a	a trust, or a member o	f a partnership or other entity forme	d		
	to administer charitable gaming?					Yes	No
13	Indicate the percentage of gamin						
						13a	%
						13b	%
14	Enter the name and address of th	ne person who prepar	es the organization's	gaming/special events books and re	ecords:		
	Name						
	Address						
	Address						
15a	Does the organization have a con	tract with a third part	y from whom the orga	anization receives gaming revenue?		🗌 Yes	No No
ŀ	If "Yes," enter the amount of gam	ing revenue received	by the organization	\$ and the	amount		
L	of gaming revenue retained by th		by the organization		amount		
	If "Yes," enter name and address						
	Name						
	Address						
16	Gaming manager information:						
	Nama						
	Name						
	Gaming manager compensation	\$					
		·					
	Description of services provided						
	Director/officer	Employee		dent contractor			
17	Mandatory distributions:						
	Is the organization required unde	r state law to make cl	naritable distributions	from the gaming proceeds to			
						🗌 Yes	🗌 No
k	Enter the amount of distributions	required under state	law to be distributed	to other exempt organizations or sp	ent in the		
_	organization's own exempt activit						
Pa				ed by Part I, line 2b, columns (iii) and	l (v); and Pa	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also pro	vide any additional inf	ormation. See instructions.			
2200	83 10-27-22				Schod	ule G (Form	990/ 2022
2020	00 10-21-22		4	.5	Geneu		5501 2022

Part IV Supplemental Informatio)n (continued)
	Schedule G (Form
32084 04-01-22	46
10921 755563 16150	2022.04020 CLEVELAND ZOOLOGICAL SOCIET 16150_

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭn i ' on Form 990, Pa	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Forn a.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization CLEVELA	ND ZOOLOGIC						Employer identification number $34 - 0816490$
Part I General Information on Gran							
 Does the organization maintain reco criteria used to award the grants or a Describe in Part IV the organization's 	assistance?s procedures for monit	oring the use of grant	funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance recipient that received more th					anization answered "	res" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CLEVELAND METROPOLITAN PARK DISTRICT - 4101 FULTON ROAD - CLEVELAND, OH 44111	34-6000704		165,542.	0.			ANIMAL CARE AND RESEARCH
CLEVELAND METROPOLITAN PARK DISTRICT - 4101 FULTON ROAD - CLEVELAND, OH 44111	34-6000704		169,905.	0.			EDUCATION
CLEVELAND METROPOLITAN PARK DISTRICT - 4101 FULTON ROAD - CLEVELAND, OH 44111	34-6000704		3,232,000.	0.			CAPITAL PROJECTS
CLEVELAND METROPOLITAN PARK DISTRICT - 4101 FULTON ROAD - CLEVELAND, OH 44111	34-6000704		829,846.	0.			FIELD CONSERVATION
CLEVELAND METROPOLITAN PARK DISTRICT - 4101 FULTON ROAD - CLEVELAND, OH 44111	34-6000704		2,900,276.	0.			GENERAL OPERATING SUPPORT
2 Enter total number of section 501(c)	(3) and government or	nanizations listed in th	line 1 table				1.

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

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

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Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Dout IV Complemental Information Duryide the information up	wined in Deut Llin			alalitie and information	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANTS ARE AWARDED BASED ON THE YEARLY CONSERVATION BUDGET. PROJECTS

ARE FUNDED VIA PROPOSALS SUBMITTED TO THE CURATOR OF CONSERVATION AND

EVALUATED THROUGH A VARIETY OF MEANS DEPENDING ON THE PROGRAM. ALL AWARDS

ARE APPROVED BY THE ZOO EXECUTIVE DIRECTOR. ALL PROGRAMS HAVE EXISTING

GUIDELINES DEFINING PROGRAM GOALS/FOCUS, FUNDING/AWARD AMOUNTS AVAILABLE,

CRITERIA FOR FUNDING, PROCESS FOR APPLICATION AND REVIEW AND EXPECTATIONS

OF GRANT RECIPIENTS. PROCEDURES AND GUIDELINES EXIST FOR GRANTEE

ELIGIBILITY, SELECTION AND FUNDING CRITERIA. RECORDS ARE KEPT ON ALL

Part IV | Supplemental Information

PROJECTS WHICH ARE AWARDED FUNDING, FROM THE INITIAL APPLICATION THROUGH COMPLETION OF GRANT AGREEMENT/COMMITMENT. ALL INTERNATIONAL PROPOSALS ARE PUT THROUGH A REVIEW PROCESS, WHICH INCLUDES AN EVALUATION OF THE PRINCIPAL INVESTIGATOR OR ORGANIZATION REQUESTING FUNDS, ANY COLLABORATORS AND LETTERS OF COMMITMENT/SUPPORT (REQUIRED FOR ALL COLLABORATORS, GOVERNING BODIES, PROTECTED AREA, ORGANIZATION/GROUP OR INSTITUTION WHOSE COOPERATION IS NECESSARY FOR PROJECT COMPLETION), AND/OR LETTERS OF RECOMMENDATION. UPON SELECTION, AWARDEES ARE REQUIRED TO PROVIDE WRITTEN ACCEPTANCE OF AWARD, INCLUDING A SIGNED GRANT AGREEMENT BEFORE FUNDS ARE RELEASED. VERIFICATION MUST ALSO BE SENT ONCE FUNDS ARE RECEIVED. GRANTEES MUST MAINTAIN CONTACT WITH AND PROVIDE PERIODIC UPDATES AND SUBMIT A FINAL REPORT, INCLUDING ACCOUNTING OF FUNDS WITHIN ONE YEAR OF RECEIPT OF THE GRANT.

Schedule I (Form 990)

232291 04-01-22

sc	HEDULE J	Compensation Information	I	OMB No. 1	545-00	47
(Fo	rm 990)	90) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
-	-	Compensated Employees		Ľυ		•
Dono	rtmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organization	1	Employer id			mber
		CLEVELAND ZOOLOGICAL SOCIETY	34-0	81649	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	onal use			
	Travel for com	panions	esidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	S			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant I Compensation survey or study				
	X Form 990 of o		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 re					
а	0	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?				X
		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	-	~ 		6a		X
		ation?				X
		r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
		ies 5 and 6? If "Yes," describe in Part III		7		Х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
-		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х
9		id the organization also follow the rebuttable presumption procedure described in				
-		1 53.4958-6(c)?				
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990) 2022

Schedule J (Form 990) 2022

34-0816490

Page 2

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARAH CRUPI (i	173,097.	0.	0.	11,257.	25,617.	209,971.	0.
CEO (ii		0.	0.	0.	0.		0.
(i							
(ii							
(i							
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(i (ii							
(i (ii							
(ii							
(ii							
(ii							
(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 J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

)22

r

Employer identification number

34 - 0816490

ΖU

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

CLEVELAND ZOOLOGICAL SOCIETY

Pa	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	
		applicable		Form 990, Part VIII, line 1g	HOHCASH CONTINUU	tion a	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	481,634.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, D	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rep	ported in Part I, lines 1 throug	gh 28, that it			
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?	•				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	tions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II							

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

Schedule M (Form 990) 2022

232141 09-09-22

09010921 755563 16150

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) 2022

232142 09-09-22

09010921 755563 16150

SCHEDULE O (Form 990)

Name of the organization

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

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



Employer identification number 34 - 0816490

CLEVELAND ZOOLOGICAL SOCIETY

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

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE, AS WELL AS THE EXECUTIVE

DIRECTOR, PRIOR TO BEING FILED WITH THE IRS AND THE BOARD IS NOTIFIED AND

PROVIDED WITH AN ELECTRONIC COPY OF THE REPORT PRIOR TO FILING.

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

EACH DIRECTOR IS REQUIRED TO SIGN THE ORGANIZATION'S CONFLICT OF INTEREST STATEMENT ANNUALLY. IF AND WHEN POTENTIAL CONFLICT ARISES, THE DIRECTOR IS EXPECTED TO EXCUSE HIM OR HERSELF FROM ANY DISCUSSIONS, DECISIONS OR VOTES. THERE IS NO HISTORY OF REQUIRED ENFORCEMENT OF THE POLICY.

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

THE HUMAN RESOURCES COMMITTEE, A STANDING BOARD COMMITTEE, REVIEWS AND APPROVES THE SALARY AND INCENTIVE AWARDS FOR THE EXECUTIVE DIRECTOR AND MEMBERS OF THE MANAGEMENT TEAM TO ENSURE REASONABLE COMPENSATION AND TO IN COMPLIANCE WITH IRS INTERMEDIATE SANCTIONS GUIDELINES. OPERATE THE HUMAN RESOURCES COMMITTEE USES NONPROFIT INDUSTRY SURVEYS FOR COMPARABILITY DATA, INCLUDING THE ASSOCIATION OF FUNDRAISING PROFESSIONALS, OHIO ASSOCIATION OF NONPROFIT ORGANIZATIONS, AND THE ASSOCIATION OF ZOOS AND AQUARIUMS; AND SURVEYS THE FULL BOARD OF DIRECTORS FOR THE PURPOSE OF EVALUATING THE EXECUTIVE DIRECTOR'S PERFORMANCE. THE HUMAN RESOURCES COMMITTEE ADDITIONALLY SERVES AS A RESOURCE FOR THE EXECUTIVE DIRECTOR IN PAYROLL PLANNING FOR THE ENTIRE STAFF, PER A TIERED SYSTEM ESTABLISHED TO ASSIST INATTRACTING AND RETAINING HIGH-QUALITY EMPLOYEES. THE CLEVELAND ZOOLOGICAL SOCIETY BUDGET IS RECOMMENDED FOR APPROVAL BY THE FINANCE COMMITTEE TO THE EXECUTIVE COMMITTEE OR TO THE FULL BOARD.

55

Name of the organization

CLEVELAND ZOOLOGICAL SOCIETY

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS

-78,983.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE MEETS WITH THE INDEPENDENT AUDIT FIRM AND ZOO SOCIETY MANAGEMENT IN THE FALL OF EACH YEAR TO REVIEW ANY MAJOR NEW ACCOUNTING PRONOUNCEMENTS AND REGULATORY CHANGES AND TO PLANS FOR THE UPCOMING AUDIT. FIELDWORK IS SCHEDULED AT THAT TIME. ONCE FIELDWORK IS COMPLETE, A DRAFT REPORT IS CIRCULATED TO THE AUDIT COMMITTEE PRIOR TO THE AUDIT COMMITTEE MEETING. AT SAID MEETING, THE AUDIT FIRM REVIEWS THE REPORT, THE AUDIT COMMITTEE VOTES TO ACCEPT THE REPORT, THEN STAFF IS EXCUSED, FOLLOWED BY THE AUDIT FIRM. AFTER THE FINAL AUDIT REPORT IS ISSUED, IT IS CIRCULATED TO THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE REPORTS ON THE AUDIT PROCESS AND OUTCOMES AT THE NEXT REGULARLY SCHEDULED EXECUTIVE COMITTEE OR FULL BOARD MEETING, INCLUDING VOTING TO ACCEPT THE AUDIT REPORT AND REQUIRED COMMUNICATIONS AND TO ACCEPT THE REPORT OF THE AUDIT COMMITTEE INTO THE RECORDS OF THE CORPORATION. IN ADDITION TO REVIEW OF THE PRIOR YEAR IRS 990 PRIOR TO FILING, THE AUDIT COMMITTEE DECIDES WHETHER OR NOT TO RETAIN THE FIRM FOR THE NEXT CYCLE AT THE SECOND ANNUAL AUDIT COMMITTEE MEETING.

	SCHEDULE	F,	PART I,	LIN	ΈЗ,	COL (F):					
	INCLUDED	IN	SCHEDULE	F	IS A	PASS-THROU	GH AMOUNT	OF \$77,000.			
	232212 10-28-22						56		Schedule O	(Form 990)	2022
09	010921 75	556	3 16150			2022.04020		ZOOLOGICAL	SOCIET	16150_	_1

hedule O (Form 990) 2022 me of the organization			E	mployer identification nur
CLEVELANI	ZOOLOGICAL SO	CIETY		Employer identification num $34-0816490$
2 10.28.22				Schedule O (Form 990)
2 10-28-22		57		Schedule O (Form 990)
921 755563 16150	2022.04020	CLEVELAND	ZOOLOGICAL	SOCIET 16150_