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Form	330

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 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.



AF	or th	e 2022 calendar year, or tax year beginning and	ending	-	
B c	Check if pplicab	POINT DEFIANCE ZOOLOGICAL SOCIETI		D Employer identifie	cation number
	Name			 **_****	* *
	_chang		D ())		
	_returr Final	······································	Room/suite	E Telephone number	
	returr termi			253-404-	12,824,395.
	ated]Amer	^{ded} City or town, state or province, country, and ZIP or foreign postal code TACOMA , WA 98407		G Gross receipts \$	
	_lreturr ∏Appli			H(a) Is this a group re	
	tion pendi	^{ng} 5400 NORTH PEARL, TACOMA, WA 98407		for subordinates H(b) Are all subordinates in	Icluded? Yes No
-		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🛄 527	-	list. See instructions
-	Vebsi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1949	State of legal domicile: WA
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: FOST	ERS TH	E RELATIONS.	HIP BETWEEN
Governance		POINT DEFIANCE ZOO & AQUARIUM AND OUR CO			
/err	2	Check this box if the organization discontinued its operations or dispo		1.1	sets. 15
ğ	3				15
	4	Number of independent voting members of the governing body (Part VI, line 1b)			= -
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5
Activities &	6	Total number of volunteers (estimate if necessary)			55
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	 I	7b Prior Year	0 . Current Year
				807,068.	12,047,515.
an	8	Contributions and grants (Part VIII, line 1h)		811,224.	512,047,515.
Revenue	9	Program service revenue (Part VIII, line 2g)			
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,648.	177,079.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-27,051.	-21,725.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,628,889. 792,290.	12,714,916.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	-	900,949.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	369,869. 0.	366,790.
ens		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 134, 7		0.	0.
Ä				401,733.	470,894.
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,563,892.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,738,633.
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12		64,997.	10,976,283.
ts o		•	Ве	ginning of Current Year	End of Year
Ssei Bala	20	Total assets (Part X, line 16)	······	10,948,670.	20,612,143.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		83,206.	324,402.
Z ^D	22	Net assets or fund balances. Subtract line 21 from line 20		10,865,464.	20,287,741.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Signature of officer			Date					
Sign	•			Dale					
Here	RUTHANN HOWELL, EXECUTIVE	DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	ED E. RAMOS, CPA			self-employed P00601133					
Preparer	Firm's name DWYER PEMBERTON &	COULSON, P.C.		Firm's EIN **-******					
Use Only	Firm's address P.O. BOX 1614								
	TACOMA, WA 98401-		Phone no. 253 • 572 • 9922						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Torm	POINT DEFIANCE ZOOLOGICAL SOCIETY DBA THE ZOO SOCIETY **-****	* Page
	rt III Statement of Program Service Accomplishments	Page
	Check if Schedule O contains a response or note to any line in this Part III	Σ
1	Briefly describe the organization's mission:	L=
•	THE POINT DEFIANCE ZOO SOCIETY (THE ZOO SOCIETY) FOSTERS THE	
	RELATIONSHIP BETWEEN POINT DEFIANCE ZOO & AQUARIUM (PDZA) AND OUR	
	COMMUNITY BY RAISING FUNDS AND GENERATING COMMUNITY SUPPORT. THE	Z00
	SOCIETY SUPPORTS THE MISSION OF PDZA BY PROVIDING FINANCIAL AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	∕es 🚺 N
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∕es X N
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exper	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	es, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,472,636. including grants of \$ 900,949.) (Revenue \$	
	DONATIONS AND GRANTS SOLICITED BY THE ZOO SOCIETY PROVIDED SUPPOR	
	VARIOUS POINT DEFIANCE ZOO & AQUARIUM EDUCATION PROGRAMS, EXHIBIT	
	OPERATIONS, NEW EXHIBIT CONSTRUCTION, PUBLICATIONS, EMERGENCY FUN	DING
	AND OTHER PROJECTS IDENTIFIED BY THE ZOO DIRECTOR. IN ADDITION,	
		IN THE
	POINT DEFIANCE ZOO & AQUARIUM COLLECTION ARE FUNDED BY DONATIONS PORTION OF EVERY MEMBERSHIP FEE. LOCAL PROJECTS IMPROVE ANIMAL HE	
	AND HUSBANDRY, EXHIBIT ENVIROMENT, ANIMAL MANAGEMENT CONCEPTS AND	АГЛИ
	AND HUSBANDRI, EXHIBIT ENVIROMENT, ANIMAL MANAGEMENT CONCEFTS AND ANIMAL PROPAGATION. IN-SITE FUNDING SUPPORTS EDUCATION INITIATIVE	מ הנואה
	PROMOTE ANIMAL CONSERVATION AND HABITAT PRESERVATION.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
-10		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses1,472,636.	000
	For	m 990 (202
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71	3 100 749456 21545 2022 05000 DOTME DEETANCE ZOOLOGICAL C 21	
1 Τ	109 748456 21545 2022.05000 POINT DEFIANCE ZOOLOGICAL S 21	.345

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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	–		<u> </u>
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		<u> </u>
0	• • • • • • • • • • • • • • • • • • •	8		x
9	Schedule D, Part III	0		
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?			x
10	If "Yes," complete Schedule D, Part IV	9		<u>~</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	1
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	~	├───
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	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			v
	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	37
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Form 990 (2022)

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DBA THE ZOO SOCIETY

Part IV Checklist of Required Schedules (continued)

Form 990 (2022)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
	Schedule K. If "No," go to line 25a	24a 24b		- 23
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20				
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••		34		x
35 2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 354		<u></u>
U U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		00		x
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
<i>a</i> -	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?	1		
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	2		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the dot the calendar year anding with or within the year covered by this return 2 X 3 Did the organization have unrelated business gross norme of 51,000 or more during the year? 3a X 4 At any time during the calendar year, did the organization have an interest n, or a signature or other authority over, a transmit all count is form (source) (such as a fank account, account, or other financial account)? 4a X 5 W Tass, "instel fide a Form 3001 or the isary if N* 10 have 3, provide n archivation of the regularization have an interest n, or a signature or other authority over, a transmit all count (such as a fank account, account, or other financial account)? 5a X 5 W Tass, "instel the name of the foreign countly. 5a X X 6 Did any taxability and gross accids that an enormaly properties that she the transaction? 5a X 6 Does the organization hat the unst old double an enormaly properties that show the transaction social account is a signature or a parky to a prohibitity as abheter transaction? 5a X 7 Organization hat arm yraceive deductible contributions and services provided? 5a X 7 Organization have not the doductible contributions andre section 170(c). 5a	Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)					<u> </u>
International expension of the second dynamic and dyna				1		Yes	No
b If a least one is reported on line 2a, did the organization file al required reform employment tax returns? 2b. X b If "Yes," has it filed a form 990 Tor this year? If "No" to line 3b, provide an explanation on Schedule 0 3b. X b If "Yes," has it filed a form 990 Tor this year? If "No" to line 3b, provide an explanation on Schedule 0 3b. X b If "Yes," has it filed a form 990 Tor this year? If "No" to line 3b, provide an explanation on Schedule 0 3b. X b If "Yes," has it filed a form 990 Tor this year? If "No" to line 3b, provide an explanation on Schedule 0 3b. X b If "Yes," only the the name of the foreign country user as a share account, second to order financial Accounts (FBAP). 5a. X 5a b Did any taxability and provide tax shele transaction at any time during the tax year? 5a. X 5a b Did any taxability and provide tax shele transaction at any time during the tax year? 5a. X 5a b If "Yes" to line 5a or 5b, did the organization that was or is a party to a prohibite tax sheler transaction? 5b. X 6a Dif any taxability and provide as a shartable contributionar? 5a. X 6b Dif any taxability the advance the paced on services provided and services provided to the party? 7a. X 7 Organization secolar approversite as advance t	2a			-			
a Ddt he organization have unvalued business gross noome of \$1,000 or more during the year? a. b. X b If Yes, 'has it field a Form 980-T for this year? If 'No' to line 30, provide an explanation on Other autionity over, a franceial account in a foreign country. b. d. X b If Yes, 'relate the name of the forgin country. See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for ling requirements for BMBE 77 Ge Geo bet the organization in a provide that was or in a party to a prohibited tax shelfer transaction? Ge Ge Ge Does the organization in heur anxel gross receipts that are normally greater than \$100,000, and difte organization solit any contributions that were normable drass abards to any contributions that were solicitation an express statement that such contributions or grists were normable drass abards to any contributions that were normable drass abards to any contribution of adards and the organization network at contribution of adards any contribution of adards any to note of the space and provide drass abards to any contrabite drass the adards the adards any contrabited at adards any con			-		-	v	
b H*set, "base it field a form 690-17 for this year? If M*r to firm 830, provide an explanation on Schedule 0 30 4a At any time during the calendary year, dit the organization have an interest 1n, or a signature or other automaty over, a firm cale account, year, at the organization have an interest 1n, or a signature or other automaty over, a firm cale account, year, at the organization target on the firm cale account, or other financial accounts (FBAR). 5a Was the organization apply to a prohibite tax she at account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization have annual gross receipts that an onrmally greater than \$100,000, and did the organization solitation an operase statement that such contributions or gifts were not tax deductible? 5b X 6 Did any taxotions that may receive deductible contributions are escalar 107(c). 7a X 6 Diff Viss, " of the organization have and were solitation an operase statement that such contributions or gifts were not tax deductible? 7b 7a X 7 Organization sett may receive deductible contributions under section 170(c). 7a X X 8 H * Yss, " indicate the number of Forms 8282 filed during the year 7d 7a X 9 H * Yss, " indicate the number of Forms 8282 filed during the year 7d 7d X 11 T							v
4a At my time during the calendar year, do the organization have an interest in, or a signature or other authority over, a financial account) 4a X b If "Yes," enter the name of the foreign country 5a X 5a Was the organization a party to a prohotized tax shelts transaction at any time during the tax year? 5a X 5a Was the organization to form 8889 in the organization the foreign country 5a X 5a Visit the organization to form 8889 in the state shell transaction? 5a X 5b If Yes," total the organization form 8889 in the state shell transaction? 5a X 6b Did the organization include with every solicitation an express statement that such combibitors or gifts were ont tax deductible as chartable contributions? 7a X 7b Visit Thes," did the organization include with every solicitation an express statement that such combibitors or gifts were ont tax deductible as chartable contributions? 7a X 7b Visit Thes," did the organization include with every solicitation an express statement that such combibitors or gifts were ont tax deductible as chartable contributions? 7a X 7b Visit Thes," did the organization include with every solicitation an express statement that such combibitors or gifts were ont tax deductible as chartable contributions orgifts were onttax shells the solicitation e							_ <u> </u>
In Marcela account, a foreign country (such as a bank account, securities account, or other financial account)? 4a X Be instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X Sa Was the organization has party to a prohibited tax shefter transaction at any time during the tax year? 5a X C If Yes' to line 5a or 5b, did the organization the form BBR617? 5c X B Does the organization has manal gross needpits that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and cid the organization solicit the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 7a X D If Yes, 'id di the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 7a X D Id the organization neicke with very solicitation and puth for gods and services provided to the payor? 7a X D Id the organization neicke with every solicitation are present provided? 7a X D Id the organization neicke with every solicitation are present provided? 7a X D Id the organization neicke with every solicitation are present provided? 7a X D Id the organization neicke with every solicitation are present providin for the walke every? 7a X					30		
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a X b Was the organization approximation that it was or is a party to a prohibited tax shafter transaction at any time during the tax year? 5a X cl If "Yes" to the Ga or 5b, did the organization the form 8886 ? 5a X cl Toss: for Gamma tax deductible contributions and party to a prohibited tax shefter transaction? 6a X cl Toss: for Gamma tax deductible contributions and party for goods and services provided to the payor? 7a X b If "Yes," idit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7a X b If "Yes," idit the organization needs a space of the value of the goods or services provided? 7c X d If "Yes," idit the organization needs a space of the value of the goods or services provided? 7c X d If "Yes," idit the organization needs a space of the value of the goods or services provided? 7c X d If "Yes," idit the organization needs a space of the value of the goods or services provided? 7c X d If "Yes," idit the orga	4a						v
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If "Yes," complete Form 6069.	17				17	1	1
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Form 990 (2022)

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

Form 990 (2022)

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> .	<u></u>	<u></u> .		<u></u> .	Σ
Sec	tion A. Governing Body and Management						
						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	anv other				
	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?		-		3		
4	Did the organization make any significant changes to its governing documents since the prior Form				4		
5	Did the organization become aware during the year of a significant diversion of the organization's as			r	5		
6	Did the organization have members or stockholders?				6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
-	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye						
	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-						
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
Sec	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 of						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo				11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	5				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						
	on Schedule O how this was done				12c	x	
13	Did the organization have a written whistleblower policy?				13		
4	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approv						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•					
а	The organization's CEO, Executive Director, or top management official				15a	X	
	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?				16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		•				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure				100		-
7	List the states with which a copy of this Form 990 is required to be filed WA						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	0-T (section 50	1(c)(3)	s only	/) avail	ar
18	for public inspection. Indicate how you made these available. Check all that apply.			(0)(0)	o orny) avan	
18	Own website X Another's website X Upon request Other <i>(explain</i>	n on Sc	chedule (O)				
18			,	icv and	d fina	ncial	
18		onflict	OF INTEREST NOT				
18	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	or interest poi	ey, an			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year.			ey, an			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo			oy, and			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's borner THE ZOO SOCIETY - $253-404-3642$						
19 20	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's beam of the person SOCIETY - $253 - 404 - 3642$ THE ZOO SOCIETY - $253 - 404 - 3642$ 5400 NORTH PEARL, TACOMA, WA 98407						(2)
19 20	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's borner THE ZOO SOCIETY - $253 - 404 - 3642$					n 990	(2

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Form 990 (
Part VII	Comp

Part VII	Compensation of	Officers, Dire	ctors, Trustees	s, Key Employees,	Highest	Compensated
	Employees, and li	ndependent C	ontractors			

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

DBA THE ZOO SOCIETY

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

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

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					l aus	lee)	from	from related	other
	(list any hours for	Individual trustee or director				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	ompe		1099-NEC)	,	and related
	below	vidual	In stitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) RUTHANN HOWELL	40.00									
EXECUTIVE DIRECTOR				Х				125,000.	0.	0.
(2) DAVE SMITH	6.00									
PRESIDENT		х		Х				0.	0.	0.
(3) MATT SCHEMP	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) MARK TERRY	2.00									
SECRETARY		х		Х	•			0.	0.	0.
(5) MELISSA POWELL	2.00									
TREASURER, 1/1 TO 11/30		X		Х				0.	0.	0.
(6) JACQUELYN HOFLICH	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(7) CHRIS RYE	2.00									0
DIRECTOR	0.00	X						0.	0.	0.
(8) KIM BURKES	2.00									0
DIRECTOR	0.00	X						0.	0.	0.
(9) HEATHER PARKINSON-FIRESTINE	2.00	37								0
DIRECTOR	2 00	X						0.	0.	0.
(10) JOHN GUADNOLA	2.00	v						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(11) JAY BECK	2.00	x						0.	0.	0.
DIRECTOR (12) NICK ILLARIO	2.00	~						0.	0.	0.
TREASURER	2.00	x		x				0.	0.	0.
(13) MARK HANSEN	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(14) SUE MAUERMANN	2.00								••	0.
DIRECTOR	2.00	x						0.	0.	0.
(15) LARRY DAHL	2.00									
DIRECTOR		x						0.	0.	0.
(16) PAUL RUDNICK	2.00									
DIRECTOR		x						0.	0.	0.
(17) QUINN TAYLOR	2.00		-							
DIRECTOR		х						0.	0.	0.
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(A) (B) (C) (D) (E) (F) Average hours per week Average hours per week Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) (E) Reportable compensation from related organizations Estimated amount of other (18) CAMERON MOOREHEAD 2.00 2.00 1 </th <th>Form 990 (2022) DBA THE 2</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>~~_~~~</th> <th></th> <th>•</th> <th>age o</th>	Form 990 (2022) DBA THE 2									~~_~~~		•	age o
Name and title Average (interard a received more than structure) Periodicion (interard a received more than structure) Reportable (interard a received more than structure) Reportable (interard a received more than structure) Estimated interard a received more than structure) Estimated interareceived more than structure) Estimated intera			ploy	ees,			ghe	st C		es (continued)			
House of a line		Average hours per	box	not ch , unles	Posit leck m	ion nore son i	than o s botl	h an	Reportable compensation	Reportable compensation		Estimate amount	
DIRECTOR X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	(ompensa from th organizat and relat	e ion :ed
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000	(18) CAMERON MOOREHEAD DIRECTOR	2.00	x						0.	0	•		0.
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000													
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000													
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000													
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000													
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000													
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000													
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000													
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000													
c Total from continuation sheets to Part VII, Section A 0.<	1b Subtotal	•											
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 (A) (B) (C) Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Compensation (A) (B) (C) Compensation Compensation Compensation 9 NONE Description of services Compensation Compensation 9 Vame and business address NONE Description of services Compensation <td< td=""><td>c Total from continuation sheets to Part V</td><td>I, Section A</td><td>.</td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></td<>	c Total from continuation sheets to Part V	I, Section A	 .						-				
compensation from the organization 1 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. 6 CC) I Complete Schedule J for Such Person Image: CO Compensation Complete Schedule J for Such Person I Complete Schedule J for Such Person Image: CO Compensation Image: CO Compensation Image: CO Compensation I Complet			/ /						-		•		0.
3 Did the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,'' complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,'' complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 4 X 5 Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services CO 1 Complete this table for your five highest address NONE Description of services Compensation 1 Complete address address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		ot limited to th	iose	liste	d ab	ove	e) wr	io r	eceived more than \$100	,000 of reportable			1
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person C C (A) NONE Description of services C Organization? If "Nes," complete Schedule to those listed above) who received more than \$100,000 of compensation from the organization. (A) Name and business address NONE Description of services Complete Schedule J for such address 1 Constant Complete Schedule J for such address C C C 1 Complete Schedule J for such address NONE Description of services </td <td>compensation from the organization</td> <td></td> <td>-</td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Yes</td> <td></td>	compensation from the organization		-		_							Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the calendar year ending with or within the organization's tax year. (B) (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation CO 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation CO 1 Complete this table for your five highest compensate on for the calendar year ending with or within the organization's tax year. CO 1 NONE Description of services Complete 2 None Interpretered to the cal	c j					,			, , , ,				
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Image: Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Image: Compensation												, 	
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) Name and business address NONE Description of services Compensation Image: Complete the stable of provide the calendar year ending with or within the organization's tax year. Image: Compensation of services Compensation Image: Complete the stable of provide the calendar year ending with or within the organization of services Image: Compensation Compensation Image: Complete the stable of provide the calendar year ending with or within the organization of services Image: Compensation Compensation Image: Complete the stable of provide the calendar year ending with or within the organization of services Image: Compensation Compensation Image: Complete the calendar year ending with or within the organization Image: Complete the calendar year Complete the calendar year Complete the calendar year Image: Complete the calendar year Image: Complete the calendar year Image: Complete the calendar year Image: Complete the calendar year Image: Complete the calendar year Image: Com	and related organizations greater than \$15	0,000? If "Yes,	" со	mple	te So	che	dule	e J f	for such individual	-	4	1	Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation of services (A) (B) (C) Compensation Name and business address NONE Description of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation of the organization Image: Compensation of the organization <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>						-			-				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 0 (B) (C) Compensation Compensation 0 0 0 0 Compensation		plete Schedul	e J f	or su	ch p	ers	on .				5	5	X
(A) Name and business address NONE (B) Description of services (C) Compensation Image: Comparison of the service of the s	1 Complete this table for your five highest co										nsatio	on from	
Name and business address NONE Description of services Compensation Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex addres Image: Complex addres		the calendar y	ear e	enair	ng wi	ith (or w	Itnir		/ear.		(C)	
\$100,000 of compensation from the organization 0		address	NC	ONE						ervices	Com		n
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0								_					
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0													
	2 Total number of independent contractors (i	ncluding but n	ot lii	nitec	d to t	hos	se lis	stec	above) who received m	ore than			
	\$100,000 of compensation from the organi	zation				()				For	rm 990 (2022)

232008 12-13-22

Pa	rt V	/						
			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII	(5)	(2)	
					(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
its its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
s, G			Fundraising events 1c	49,213.				
Gift lar			Related organizations 1d					
imi imi		е	Government grants (contributions) 1e					
rior S		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	11,998,302.				
ndr od C		g	Noncash contributions included in lines 1a-1f	2,363.				
a Č		h	Total. Add lines 1a-1f		12,047,515.			
				Business Code				
ice	2	а	CONTRACTUAL REVENUE	713110	512,047.	512,047.		
Program Service Revenue		b						
n S /en		С						
graı Rev		d						
² roi		e	<u></u>					
-			All other program service revenue		512,047.			
	3		Total. Add lines 2a-2f		512,047.			
	3		other similar amounts)		177,079.	, i i i i i i i i i i i i i i i i i i i		177,079.
	4		Income from investment of tax-exempt bond					
	5		Royalties	F				
	-		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
Revenue			and sales expenses 7b					
eve			Gain or (loss) 7c					
			Net gain or (loss)					
Other	8		Gross income from fundraising events (not including \$ 49,213. of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses8	- · ·				
			Net income or (loss) from fundraising events		-21,725.			-21,725.
	9	а	Gross income from gaming activities. See					
		L.	Part IV, line 19 9. Less: direct expenses 9					
			Less: direct expenses 9 Net income or (loss) from gaming activities	-				
			Gross sales of inventory, less returns					
	10	a	and allowances					
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
<i>"</i>		-		Business Code				
Miscellaneous Revenue	11	а						
ane		b						
cell eve		с						
Mis(d	All other revenue					
_		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		12,714,916.	512,047.	0.	/
23200	9 12-	13-	-92					Form 990 (2022)

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Form 990 (2022)

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2022.05000 POINT DEFIANCE ZOOLOGICAL S 21545__1

_*** Page 10

Form 990 (2022) Part IX Statement of Functional Expenses

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

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	900,949.	900,949.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
- 5	Compensation of current officers, directors,				
Ū	trustees, and key employees	125,000.	73,957.	17,140.	33,903
6	Compensation not included above to disqualified	-			-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	196,085.	116,015.	26,887.	53,183
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	12 407	0.016	1 0 ()	
9	Other employee benefits	13,487. 32,218.	8,016. 19,149.	1,963. 4,689.	3,508 8,380
10	Payroll taxes	52,210.	19,149.	4,009.	0,300
11	Fees for services (nonemployees):				
a b	F				
	Legal Accounting	89,860.	34,151.	43,727.	11,982
d					
e	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.)				
12	Advertising and promotion				
13	Office expenses	3,362.	1,305.	1,497.	560
14	Information technology	34,482.	20,689.	8,897.	4,896
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	423.		423.	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а		253,126.	253,126.		
b	MISC/ADDITIONAL RELATED	36,609.	29,553.	5,430.	1,626
с	OPERATING EXPENSES	24,340.	6,859.	10,743.	6,738
d	SUPPLIES	22,351.	5,501.	7,179.	9,671
	All other expenses	6,341.	3,366.	2,722. 131,297.	253
25	Total functional expenses. Add lines 1 through 24e	1,738,633.	1,472,636.	131,297.	134,700
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	In following 501 -36-2 (A60 -306-720)				Form 990 (2022

11 2022.05000 POINT DEFIANCE ZOOLOGICAL S 21545_1 Form 990 (2022)

POINT DEFIANCE ZOOLOGICAL SOCIETY DBA THE ZOO SOCIETY

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			760,692.	1	1,263,079.
	2	Savings and temporary cash investments			509,241.	2	670,839.
	3	Pledges and grants receivable, net			129,971.	3	60,669.
	4	Accounts receivable, net			288,120.	4	57,824.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,326.	8	2,430.
<	9	Prepaid expenses and deferred charges			0.	9	2,750.
	10a	Land, buildings, and equipment: cost or other		10 000			
		basis. Complete Part VI of Schedule D			(24		01.0
	b	Less: accumulated depreciation			634.	10c	212.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	9,257,686.	14	18,554,340.		
	15	Other assets. See Part IV, line 11			10,948,670.	15 16	20,612,143.
	16 17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses			83,206.	10	324,402.
	18	Grants payable	0072000	18	521/1021		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or forr					
Liabilities		trustee, key employee, creator or founder, subs					
abi		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrel	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24). Complete Part X			
		of Schedule D				25	204 400
	26	Total liabilities. Add lines 17 through 25		37	83,206.	26	324,402.
ŝ		Organizations that follow FASB ASC 958, che	eck hei	re X			
uce.		and complete lines 27, 28, 32, and 33.			1 706 003		12 262 241
ala	27	Net assets without donor restrictions			1,706,883. 9,158,581.	27	13,363,341. 6,924,400.
В	28	Net assets with donor restrictions	9,130,301.	28	0,924,400.		
Fur		Organizations that do not follow FASB ASC 9	958, cn				
r	20	and complete lines 29 through 33.				29	
iets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ea				29 30	<u> </u>
Ass	31	Retained earnings, endowment, accumulated in				31	<u> </u>
Net Assets or Fund Balances	32	Total net assets or fund balances			10,865,464.	32	20,287,741.
2	33	Total liabilities and net assets/fund balances			10,948,670.	33	20,612,143.

Form **990** (2022)

232011 12-13-22

POINT	DEFIAN	ICE	ZOOLOGICAL	SOCIETY
DBA TH	IE 7.00	SOC	TETY	

Form	DBA THE ZOO SOCIETY	**_*	* * * *	* *	Pag	ge 12
Ра	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	12,	714	L,9	16.
2	Total expenses (must equal Part IX, column (A), line 25)	2				33.
3	Revenue less expenses. Subtract line 2 from line 1	3				83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,	865		
5	Net unrealized gains (losses) on investments	5		60),9	00.
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	-1,	614	1,9	06.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	20,	287	7 <u>,7</u>	41.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_	`	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					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	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 the					
	review, or compilation of its financial statements and selection of an independent accountant?		·····	2c	Х	<u> </u>
-	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		····· -	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	200	
			ľ	onn	550 ((2022)

232012 12-13-22

SC	HEC	DULE A								OMB No. 1545-0047
(Form 990)					rity Status an					つりつつ
(-,	Co		ization is a section 501			or a section		Ζυζζ
Depart	ment c	of the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public
		nue Service		Go to www.irs.gov/		Inspection				
Nam	e of t	the organizati	on POIN	T DEFIANCE	ZOOLOGICAL	SOCIE	TY		Employer	identification number
			DBA	THE ZOO SO	CIETY				*	*_***
Par	τI	Reason	for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	ıs.	
The c	organ	ization is not a	private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1 [A church, cor	nvention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)([·]	1)(A)(i).		
2					Attach Schedule E (Forn		· A			
3					anization described in se		(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	e:							
5 [An organizati	on operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	ed in
		section 170	(b)(1)(A)(iv).	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	Х	An organizati	on that norma	ally receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	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 Par	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university o	or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or
r		university:								
10		An organizati	on that norma	ally receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from
		activities relation	ted to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
					(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
[mplete Part III.)						
11					ively to test for public sa					
12		-	-		ively for the benefit of, to				-	
					ed in section 509(a)(1) o					check the box on
_		7			of supporting organizatio					ali da a
а		••		•	upervised, or controlled	•				
		• •	0	., .	gularly appoint or elect a	a majority o	or the dire		ees or the s	upporting
b				complete Part IV, Se	or controlled in connect	tion with it	e cupport	od organizativ	on(c) by ba	vina
D.					anization vested in the s			0		•
			-	t complete Part IV,		ame perso			age the sup	ported
с		¬ ۲	. ,		g organization operated	in connec	tion with	and functiona	Illy integrate	ed with
Ŭ		••	-	-	b). You must complete I				iny integration	sa witi,
d		- ··	•		orting organization oper				rted organi	zation(s)
		••			zation generally must sat				•	
				0	nplete Part IV, Sections					
е		- ·	-		written determination fro				II, Type III	
		functionally	integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number	of supported of	organizations						
				n about the supporte						
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
	1									
Total										

-**** Page 2

Schedule A	(Form 990	J) 2022

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.)

See	ction A. Public Support						
Cale	ndar 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.")	2,360,756.	601,821.	737,647.	866,463.	830,579.	5,397,266.
2	Tax revenues levied for the organ-	I					
	ization's benefit and either paid to	ſ					
	or expended on its behalf						
3	The value of services or facilities	ſ					
	furnished by a governmental unit to	ſ					
	the organization without charge \dots						
4	Total. Add lines 1 through 3	2,360,756.	601,821.	737,647.	866,463.	830,579.	5,397,266.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						674,460.
	Public support. Subtract line 5 from line 4.						4,722,806.
-	ction B. Total Support	.					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	Amounts from line 4	2,360,756.	601,821.	737,647.	866,463.	830,579.	5,397,266.
8	Gross income from interest,	ſ					
	dividends, payments received on	ſ					
	securities loans, rents, royalties,	10 004	10 125	20,000	27 640	177 070	250 152
	and income from similar sources \dots	10,294.	12,135.	20,996.	37,648.	177,079.	258,152.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						5,655,418. ,974,732.
	Gross receipts from related activities,						,914,132.
13	First 5 years. If the Form 990 is for th		rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)	
800	organization, check this box and stor ction C. Computation of Publ		roontago				L
-							83.51 %
	Public support percentage for 2022 (•			14	83.51 %
	Public support percentage from 2021						
108	33 1/3% support test - 2022. If the c						
h	stop here. The organization qualifies 33 1/3% support test - 2021. If the o						
L.							
170	and stop here. The organization qual						
178	10% -facts-and-circumstances tes and if the organization meets the fact						
	-			-		-	
Ь	meets the facts-and-circumstances te 10% -facts-and-circumstances tes	-			-	17a and line 15 is	
N.	more, and if the organization meets the	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						s
		ala not oncon a	257 617 110 10, 10	., 100, 114, 01 17k			(Form 990) 2022

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Schedule A (Form 990) 2022

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

DBA THE ZOO SOCIETY

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	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.)						
Sec	ction B. Total Support						
Cale	ndar 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						
	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.)						
	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 s	501(c)(3) organi	zation,
	check this box and stop here	0		, 	•		
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
15	Public support percentage for 2022 (line 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	022 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						ne 17 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2021. If the						%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
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				16			· · · · · · - ·

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Schedule A (Form 990) 2022 DBA 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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Sche	edule A	(Form 990) 2022	DBA	THE	ZOO	S	OCIETY			**_**	* * * *	* Pa	age 5
_	rt IV	Supporting Organiz											.ge e
				COntin								Yes	No
11	Has t	he organization accepted a	aift or co	ntributio	on from	an	v of the follow	ing persons?					
		son who directly or indirect	-			-	-	• ·	ines 11b and				
		elow, the governing body o	•	•			•				11a		
b		ily member of a person des			•						11b		
		6 controlled entity of a pers					11b above?/	f "Yes" to line 11a, 11b	b, or 11c, provide				
		in Part VI.						,	, ,,		11c		
Sec		B. Type I Supporting	Organi	zation	IS								
		<u> </u>	-									Yes	No
1	more direct effect organ	he governing body, member supported organizations ha cors, or trustees at all times <i>ively operated, supervised,</i> <i>ization, describe how the ported organizations and wha</i>	ave the po during th or contro owers to a	ower to e tax ye lled the appoint	regularly ar? If "N organiza and/or i	ly ap No,' zatio rem	ppoint or elec " describe in F on 's activities. nove officers,	t at least a majority of Part VI how the support If the organization had directors, or trustees w	the organization's of rted organization(s) I more than one sup vere allocated amor	officers, oported	1		
2	Did th	ne organization operate for t	the benef	it of any	v suppor	rtec	d organization	other than the suppo	rted				
	•	ization(s) that operated, su	•										
	Part \	I how providing such bene	fit carrieo	out the	e purpos	ses	of the suppor	ted organization(s) tha	at operated,				
		vised, or controlled the sup									2		
Sec	tion (C. Type II Supporting	l Organ	izatio	ns								
												Yes	No
1	Were	a majority of the organization	on's direc	tors or t	trustees	s du	uring the tax y	ear also a majority of t	he directors				
	or tru	stees of each of the organiz	zation's si	upporte	d organi	nizat	tion(s)? If "No	," describe in Part VI h	now control				
	or ma	nagement of the supporting	g organiza	tion wa	s vested	d in	the same per	sons that controlled o	r managed				
		pported organization(s).									1		
Sec	tion I	D. All Type III Suppor	ting Or	ganiza	ations	5							
												Yes	No
1	Did th	ne organization provide to e	ach of its	suppor	ted orga	aniz	zations, by the	e last day of the fifth m	nonth of the				
	organ	ization's tax year, (i) a writte	en notice	describ	ing the t	typ	e and amoun	t of support provided o	during the prior tax				
	year,	(ii) a copy of the Form 990 t	that was r	nost red	cently fil	led	as of the date	e of notification, and (ii	i) copies of the				
	organ	ization's governing docume	ents in eff	ect on t	he date	e of	notification, to	o the extent not previo	ously provided?		1		
2	Were	any of the organization's of	fficers, dir	ectors,	or truste	ees	s either (i) app	ointed or elected by th	ne supported				
	organ	ization(s) or (ii) serving on th	he goverr	ing bod	dy of a s	supp	ported organi	zation? If "No," explain	n in Part VI how				
	the or	ganization maintained a clo	se and co	ontinuou	ıs workir	ing I	relationship w	ith the supported orga	anization(s).		2		
3	By rea	ason of the relationship des	scribed or	n line 2,	above, o	did	the organizat	ion's supported organ	izations have a				
	signifi	icant voice in the organizati	on's inve	stment p	policies	and	d in directing	the use of the organiza	ation's				
	incom	ne or assets at all times duri	ing the ta	x year?	If "Yes,"	" de	escribe in Par	t VI the role the organi	ization's				
	suppo	orted organizations played ir	n this rega	ard.							3		
Sec	tion I	E. Type III Functional	ly Integ	grated	Supp	or	ting Orgar	nizations					
1	Chec	k the box next to the metho	d that the	e organiz	zation us	isea	d to satisfy the	Integral Part Test dur	ing the yea (see ins	tructions)			
а		The organization satisfied t	the Activit	ties Tes	t. Comp	olete	e line 2 below	<i>.</i>					
b		The organization is the par	ent of eac	ch of its	support	rted	lorganization	s. Complete line 3 belo	ow.				
с		The organization supported	d a gover	nmental	l entity. I	Des	scribe in Part	VI how you supported	l a governmental en	tity (see in	structio	ns).	
2	Activi	ties Test. Answer lines 2a	and 2b b	elow.								Yes	No
а	Did sı	ubstantially all of the organiz	zation's a	ctivities	during	the	e tax year dire	ctly further the exemp	t purposes of				
	the su	upported organization(s) to	which the	e organi:	zation w	vas	responsive?	lf "Yes," then in Part V	l identify				
	those	e supported organizations	and expl	ain hou	v these a	acti	ivities directly	furthered their exemp	t purposes,				
	how t	he organization was respon	sive to th	ose sup	ported o	orga	anizations, an	d how the organizatior	n determined				
	that tl	hese activities constituted s	ubstantia	lly all of	its activ	vitie	s.				2a		
b	Did th	ne activities described on lin	ne 2a, abo	ove, con	nstitute a	acti	ivities that, bu	It for the organization's	s involvement,				
		r more of the organization's											
		I the reasons for the organ				• •			•				
		activities but for the organiz					-		-		2b		
3		it of Supported Organization				d 3b	below.						
а		ne organization have the por						y of the officers, direct	tors, or				
		es of each of the supported			• •		-				3a		
b	Did th	ne organization exercise a si	ubstantia	l degree	e of dired	ectio	on over the po	licies, programs, and a	activities of each				
		supported organizations? //		Ũ			•				3b		

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Schedule A (Form 990) 2022

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e 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 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6 7 \perp Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 DBA THE ZOO S				*_****** Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
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				
	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	r	A	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution 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: \$				
	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount	-			
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2018				
	Excess from 2019				
-	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

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Part VI	Part IV, Section A, lines	5 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; P	4c, 5a, 6, 9a, 9b, 90 art IV, Section E, lii	c, 11a, 11b, and 1 nes 1c, 2a, 2b, 3a,	1c; Part IV, Section E and 3b; Part V, line	e 17a or 17b; Part III, line 12; 8, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, v additional information.
SCHEDU	LE A, LIST O	F UNUSUAL	GRANTS R	ECEIVED:		
DESCRI	PTION: ESTAT	E GIFT				
DATE:	06/13/23	AMOUNT :	1130469	0.		
				5		
		\mathbf{A}				
232028 12-09-2	22			21		Schedule A (Form 990)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

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2022

	** Do Not File **	
***	Not Open to Public Inspection	***

Contributor's Name	Total Contributions	Excess Contributions
BEN B. CHENEY FOUNDATION	200,000.	86,892
JON DAISEY	140,000.	26,892
DION RURIK	300,000.	186,892
MARY BRIDGE CHILDREN'S HOSPITAL	200,000.	86,892
MJ MURDOCK CHARITABLE TRUST	400,000.	286,892
Fotal Excess Contributions to Schedule A, Part II, Line 5		674,460

Schedule A

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Identification of Unusual Grants

2022

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** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Description of Grant	Date of Grant	Amount
CLAIRE R. JACOBSON ESTATE, C/O LEACH & WALKER	ESTATE GIFT	06/13/23	11,304,690
otal Unusual Grante			11,304,690

Schedule B

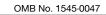
(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

ZOOLOGICAL SOCIETY



Employer identification number

Name of the organizatio	on	
	POINT	DEFIANCE

DBA THE ZOO SOCIETY

*	*	_	*	*	*	*	*	*	*

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B	(Form	990)	(2022)
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Name of organization POINT DEFIANCE ZOOLOGICAL SOCIETY DBA THE ZOO SOCIETY Page 2

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	CLAIRE R. JACOBSON ESTATE, C/O LEACH & WALKER 24591 SILVER CLOUD CT, #250 MONTERY, CA 93940	\$ 11,304,690.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	5-22 23		Schedule B (Form 990) (2022)

2022.05000 POINT DEFIANCE ZOOLOGICAL S 21545_1

09171109 748456 21545

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15	-22 24		Schedule B (Form 990) (202

Name of organization POINT DEFIANCE ZOOLOGICAL SOCIETY DBA THE ZOO SOCIETY

Employer identification number

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2022.05000 POINT DEFIANCE ZOOLOGICAL S 21545_1

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)			Page 4			
	organization			Employer identification number			
	DEFIANCE ZOOLOGICAL SO	DCIETY					
	HE ZOO SOCIETY			**_*****			
Part III	Exclusively religious, charitable, etc., contribu from any one contributor. Complete columns (a) through (e) and the following line entr	v. For organizations				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	for the year. (Enter this info.	once.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Farti							
		(e) Transfer of gift					
			A				
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-							
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee			
			•				
(a) No.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
		(e) Transfer of gift	:				
	Transferee's name, address, a	ana ZIP + 4	Relationship of tra	ansferor to transferee			
	·						
223454 11-1	5-22	25		Schedule B (Form 990) (2022)			
		4 0					

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SC	HEDULE D		al Financial Statements	;	OMB No. 1545-0047
(Forr	n 990)	Complete if the orga Part IV line 6 7 8 9 10	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	,	Ζυζζ
Depart	ment of the Treasury	Α	ttach to Form 990.		Open to Public
-	Revenue Service		0 for instructions and the latest informat		Inspection
Nam	e of the organizati	DBA THE ZOO SOCIET			identification number
Pa	t I Organiza		¹ ed Funds or Other Similar Funds		
Fai		n answered "Yes" on Form 990, Part IV, lin		of Accounts.	
		,,	(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advise	ed funds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be u		
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose o	conferring	
	impermissible priva				Yes No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	ion (check all that apply).		
	Preservation	n of land for public use (for example, recrea	ation or education)	a historically impor	tant land area
	Protection o	f natural habitat	Preservation of a	a certified historic s	structure
	Preservation	n of open space			
2			fied conservation contribution in the form o		
	day of the tax year				at the End of the Tax Year
а					
b					
С			ucture included in (a)	2c	
d		vation easements included in (c) acquired			
-					
3		vation easements modified, transferred, re	leased, extinguished, or terminated by the	organization durin	g the tax
4	year	where preparty subject to concernation an	comentia legated		
4 5		where property subject to conservation ea tion have a written policy regarding the pe			
5			t holds?		Yes No
6			handling of violations, and enforcing cons		
Ŭ			nanding of violations, and officially cons		o daning the year
7	Amount of expens	 es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements dur	ring the year
-	,ea e. e.pee				ing the year
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(I	h)(4)(B)(i)	
					Yes No
9			ion easements in its revenue and expense		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes	the
		ounting for conservation easements.			
Pa		-	f Art, Historical Treasures, or Ot	ther Similar As	sets.
	Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance sheet v	vorks
	of art, historical tre	easures, or other similar assets held for pul	blic exhibition, education, or research in fu	rtherance of public	;
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that describes these item	S.	
b	If the organization	elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance sheet work	is of
			e exhibition, education, or research in furthe	erance of public se	ervice,
	-	ng amounts relating to these items:			
_	.,			\$	
2			asures, or other similar assets for financial	gain, provide	
	-	unts required to be reported under FASB A	-	-	
			o for Form 990		ulo D (Earm 000) 0000
		eduction Act Notice, see the Instruction	5 101 FUTTI 330.	Sched	lule D (Form 990) 2022
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		EFIANCE ZO		OCIETY						
		ZOO SOCIE						*****	Pa	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, o	r Othe	er Similar A	sse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that	make si	ignificant use	of its			
	collection items (check all that apply):									
а										
b	Scholarly research	e	e 🛄 Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						n Parl	t XIII.		
5	During the year, did the organization solicit o						_	٦.,		٦
Do	to be sold to raise funds rather than to be matter than to be matter t							Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "1	res" on	Form 990, Pa	πīv,	line 9, or		
10	Is the organization an agent, trustee, custod		diany for contribution	s or other ass	ote not	included				
Id			-					Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						ــــــ		L	
b		and complete the lo	nowing table.					Amount		
•	Paginning balance					10		7 4110 4110		
	Beginning balance					1c				
	Additions during the year									
	Distributions during the year					. <u>1e</u> 1f				
f 20	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.						ــــــ			
Par										
i ui		(a) Current year	(b) Prior year			(d) Three years	hack	(e) Four	vears	back
10	Paginning of year balance	1,112,306.			,651.	773,				458.
	Beginning of year balance	11,304,690.	575,115.	052	,031.	10,				000.
	Contributions	249,710.	166,506.	111	,600.	137,				012.
	Net investment earnings, gains, and losses	249,710.	100,500.		,000.	137,	135.		54,	012.
	Grants or scholarships									
е	Other expenditures for facilities	46,220.	29,643.	28	,808.	28	657.		28	127.
	and programs	40,220.	25,045.	20	,	20,	057.		20,	127.
	Administrative expenses	12,620,486.	1,112,306.	975	,443.	892,	651		773	319.
-	End of year balance	· · · ·	, ,		,443.	0.92,	0.01.		<i>''</i> ,	519.
2	Provide the estimated percentage of the cur	97.0000	ce (line 1g, column (a %	a)) heid as:						
	Board designated or quasi-endowment Permanent endowment 3.0000									
		%								
С		%								
0-	The percentages on lines 2a, 2b, and 2c sho		ation that are hald a							
Sa	Are there endowment funds not in the posse	ession of the organiz	ation that are new a	ind administere	ea for tr	le		Г	Yes	No
	organization by:								103	X
	(i) Unrelated organizations									X
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization									- 21
-								3b		
4 Dar	t VI Land, Buildings, and Equipm		owment tunds.							
1 41	Complete if the organization answere) Part IV line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or o		or other		cumulated			volu	
	Description of property	basis (investr		(other)	. ,	preciation		(d) Book	value	e
10	Land				dop					
	Land									
	Buildings						+			
	Leasehold improvements		1	9,780.		19,568	+		2	12.
	Equipment		<u> </u>						-	•
	Other		X column (R) line 1	10c)					2	12.
TOLA	. Aud miles ra through re. (Column (d) must e	guari 0111 330, Parl				Cab		D (Form		
						Sche	Junig	ווווס א ש	JJJ)	2022

Schedule D (Form 990) 2022 DBA THE ZOO	SOCIETY	* *	*_******	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market v	alue
(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.				
Complete if the organization answered "Yes" of				-
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15		
	Description	110. See 1 0111 330, 1 art X, ille 13.	(b) Book va	lue
(1) ENDOWMENT RECEIVABLE	beechption			,830.
(1) LONG-TERM CONTRIBUTIONS RI	ECETVABLE			,676.
(3) BENEFICIAL INTREST IN TRUS			6,086	812
(4) ENDOWMENT INVESTMENTS	51		11,543	
(5)			11,515	
(6)				
(7)				
(8)				
(9)	·			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		18,554,	340.
Part X Other Liabilities.	/		1	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability			(b) Book va	lue
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the	
organization's liability for uncertain tax positions under				II X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 DBA THE ZOO SOCIETY		**_*****	* Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir			
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		
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 INCOME FROM ENDOWMENT INVESTMENTS WILL PROVIDE ESSENTIAL RESOURCES TO

MAINTAIN THE ZOO'S EXHIBITS AND PROGRAMS.

PART X, LINE 2:

THE SOCIETY BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS.

232054 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	ı Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru EFIANCE ZOOLOGICAI				n.	Employer id	Inspection entification number
Name of the organization		ZOO SOCIETY	1 50	CIE	11 1		**_***	
	complete this par	 Complete if the organization answ t. 	ered "	(es" o	n Form 990, Part IV, I	line 1	7. Form 990-E	Z 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 Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundr l (inclu profess	non-g gover aising ding c sional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Ye	
(i) Name and addres or entity (fund		(ii) Activity	have or co	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
						 		
Total								
		on is registered or licensed to solicit		oution	s or has been notified	d it is	exempt from	registration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 o	· 990-	EZ.		Schedu	le G (Form 990) 2022

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Pa	ırt I					
		of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GENERAL		1	(add col. (a) through
			FUNDRAISING		1	col. (c))
e			(event type)	(event type)	(total number)	
Revenue			120 007			120.007
Be	1	Gross receipts	136,967.			136,967.
			40 212			40 212
	2	Less: Contributions	49,213.			49,213.
			87,754.			87,754.
	3	Gross income (line 1 minus line 2)	07,754.			07,754.
		Cash prizos				
	1	Cash prizes				
	5	Noncash prizes				
es	ľ					
sue	6	Rent/facility costs	22,593.			22,593.
Direct Expenses			,			,
Ğ	7	Food and beverages	8,604.			8,604.
Dire		·····				
	8	Entertainment				
	9	Other direct expenses	78,282.			78,282.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			109,479.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-21,725.
Pa	ırt I	Gaming. Complete if the organization a	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Re						
	1	Gross revenue				
		Or the second				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Ă		Noncasir prizes				
Direct	4	Rent/facility costs				
Ē						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			-			
9		ter the state(s) in which the organization condu	· · · _			
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes X No
b) If "	No," explain:				
10-	Mc	ere any of the organization's gaming licenses re	wokad suspandad art	orminated during the tax	voar?	Yes X No
		Yes," explain:				
2320	82 10)-27-22			Sche	dule G (Form 990) 2022

<u> </u>	POINT DEFIANCE ZOOLOGICAL SOCIETY	***	* * *	
				Faye 3
	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	X No
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		Yes	
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
t	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47				
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
·	retain the state gaming license?		Yes	X No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lir	nes 9,	9b, 10b,
0000	00 10 07 00			000) 0000
2320	⁸³ 10-27-22 Sched 32	e G (I		990) 2022

hedule G (Form 990)	POINT DEFIANCE ZOOLOGICAL SOCIETY DBA THE ZOO SOCIETY	**_****** Pag
hedule G (Form 990) art IV Supplemental Info	rmation (continued)	
		Schedule G (Form

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.								
Name of the organization POINT	DEFIANCE ZOO						Employer identification number		
	HE ZOO SOCIET	Y					**_*****		
Part I General Information on G	arants and Assistance								
 Does the organization maintain r criteria used to award the grants Describe in Part IV the organizat 	or assistance?	coring the use of grant	t funds in the Unite	ed States.			X Yes No		
Part II Grants and Other Assista recipient that received mo					anization answered "\	es" on Form 990, Parl	t IV, line 21, for any		
1 (a) Name and address of organiz 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		
METROPOLITAN PARK DISTRICT C/O 5400 NORTH PEARL TACOMA, WA 98407	**_*****		900,949.	0.			SUPPORT TO ZOO FOR EXHIBITS AND PROGRAMS		
2 Enter total number of section 50	1(c)(3) and government or	ganizations listed in th	ne 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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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
			5		

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:

THE ZOO SOCIETY HAS AN AGREEMENT WITH THE METROPOLITAN PARK DISTRICT TO

SUPPORT THE ZOO FOR EXHIBITS AND PROGRAMS. THE AGREEMENT IS MONITORED

ANNUALLY BY THE BOARD OF DIRECTORS AND WILL BE REVIEWED UPON EXPIRATION OF

THE AGREEMENT.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on OMB No 1545-0047

Open to Public

Inspection

Employer identification number **_****

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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. POINT DEFIANCE ZOOLOGICAL SOCIETY

DBA THE ZOO SOCIETY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RAISING FUNDS AND GENERATING COMMUNITY SUPPORT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN-KIND RESOURCES FOR THE ZOO'S RECREATION, EDUCATION AND CONSERVATION

PROGRAMS, ITS ANIMAL COLLECTIONS, AND ITS PERMANENT AND TEMPORARY

EXHIBITIONS.

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

THE FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990. BEFORE FILING WITH THE IRS, ALL BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE FORM 990.

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

BOARD MEMBERS MUST DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST TO THE

BOARD, WHEN THEY ARISE. THE BOARD WILL DETERMINE THE BEST WAY TO ADDRESS

THE CONFLICT.

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

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS BASED ON COMPARABILITY DATA FROM

SIMILAR ORGANIZATIONS AND FROM A PERFORMANCE REVIEW.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION PROVIDES COPIES OF THE FORM 990 TO THE PUBLIC UPON

REQUEST. THE FORM 990 IS ALSO AVAILABLE ON THE INTERNET AT GUIDESTAR.ORG.

FORM	990,	PART	VI,	SECTION	C,	LINE	19:					
LHA For	Paperwo	ork Reduc	ction Act	t Notice, see the	e Inst	ructions fo	or Form	n 990 or 990)-EZ.	Schedu	ule O (Form 990)	2022
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