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**ARMANINO ADVISORY LLC**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization WOODLAND PARK ZOOLOGICAL SOCIETY		<b>D</b> Employer identification number 91-6070005
	Doing business as WOODLAND PARK ZOO		<b>E</b> Telephone number 206-548-2500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	5500 PHINNEY AVE N		<b>G</b> Gross receipts \$ 65,416,027.
	City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98103		
<b>F</b> Name and address of principal officer: ALEJANDRO GRAJAL SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.ZOO.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1965 **M** State of legal domicile: WA

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: SAVES WILDLIFE AND INSPIRES EVERYONE TO MAKE CONSERVATION A PRIORITY IN THEIR LIVES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	31
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	31
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	730
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	589
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	35,569,948.	34,776,514.
	<b>9</b> Program service revenue (Part VIII, line 2g)	22,468,471.	25,129,104.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	738,699.	1,766,701.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,586,236.	3,022,460.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,363,354.	64,694,779.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,686,783.	1,093,408.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,673,715.	33,659,796.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 3,888,695.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,466,622.	23,792,061.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	53,827,120.	58,545,265.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	7,536,234.	6,149,514.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 76,993,132.	End of Year 91,069,792.
	<b>21</b> Total liabilities (Part X, line 26)	10,550,009.	13,570,068.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	66,443,123.	77,499,724.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	ALEJANDRO GRAJAL, PRESIDENT AND CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KATY BROWN	Preparer's signature KATY BROWN	Date 10/23/24	Check if self-employed <input type="checkbox"/>	PTIN P00650274
	Firm's name ARMANINO ADVISORY LLC	Firm's EIN 94-6214841	Firm's address 2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004	Phone no. 925-790-2600	

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WOODLAND PARK ZOO SAVES WILDLIFE AND INSPIRES EVERYONE TO MAKE CONSERVATION A PRIORITY IN THEIR LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 11,465,520. including grants of \$ ) (Revenue \$ 113,461. ) ANIMAL CARE: THE PROFESSIONAL STAFF AT THE ZOO CARE FOR MORE THAN 834 VERTABRATES AND 5,270 INVERTABREATES, REPRESENTING 247 SPECIES, OF WHICH 26 ARE ENDANGERED AND 5 ARE THREATENED. THE ZOO'S SCIENTIFIC NUTRITION PROGRAMS, WELFARE RESEARCH, REHABILITATION MEDICINE, HUSBANDRY AND BEHAVIORAL ENRICHMENT ENSURE ALL ANIMALS AT THE ZOO THRIVE. TOGETHER, ANIMAL CARE STAFF, INCLUDING CURATORS, VETERINARIANS AND KEEPERS, HAVE MORE THAN 1,000 YEARS OF COMBINED EXPERTISE IN THEIR FIELDS. THE PROGRAM REVENUE IS GENERATED BY SELECT ANIMAL EXPERIENCES FACILITATED BY A KEEPER OR ATTENDANT WHO PROVIDES INFORMAL SCIENCE AND EMPATHY BUILDING CONTENT. WILDLIFE CONSERVATION EFFORTS ON ZOO GROUNDS INCLUDE PARTICIPATION IN SPECIES SURVIVAL PLANS AND RE-INTRODUCTION PROGRAMS.

4b (Code: ) (Expenses \$ 15,490,892. including grants of \$ ) (Revenue \$ 55,059. ) GROUNDS, FACILITIES AND EXHIBITRY: THE GROUNDS AND MAINTENANCE STAFF IS RESPONSIBLE FOR OUR 92 ACRE COMMUNITY ASSET, INCLUDING RESOURCE SUSTAINABILITY, DAILY UPKEEP, MAJOR MAINTENANCE AND REPAIRS, CONSTRUCTION OF NEW FACILITIES, HORTICULTURE AND SIGNAGE. MANY OF THE THOUSANDS OF PLANTS AND TREES AT THE ZOO PROVIDE VITAMIN-PACKED FOOD FOR OUR HERBIVORES AND ENRICHMENT FOR ALL SPECIES. IN ADDITION TO THE ZOO, STAFF MAINTAIN A 100-YEAR-OLD HISTORIC CAROUSEL, AN ORGANIC ROSE GARDEN, A GREENHOUSE COMPLEX, A STATE OF THE ART COMPOSTING SYSTEM AND TWO NEIGHBORHOOD PARKS.

4c (Code: ) (Expenses \$ 8,187,475. including grants of \$ ) (Revenue \$ 20,122,066. ) MEMBERSHIP AND VISITOR EXPERIENCES: THE ZOO'S MEMBERSHIP PROGRAM IS ONE OF THE LARGEST IN THE STATE WITH MEMBERSHIP COUNTS IN THE MID-THIRTY THOUSANDS, ALLOWING UNLIMITED GENERAL ADMISSIONS ACCESS TO THE ZOO FOR ONE YEAR. MEMBERS ALSO ENJOY SPECIAL COMMUNICATIONS, DISCOUNTS, PRESALES AND AN ANNUAL CELEBRATION. VISITORS SERVICES ENCOMPASSES ADMISSIONS, GUEST SERVICES, SECURITY, THE HISTORIC CAROUSEL, GROUP SALES AND EVENT SUPPORT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 12,163,416. including grants of \$ 1,093,408.) (Revenue \$ 5,221,472.)

4e Total program service expenses 47,307,303.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 31; 1b Enter the number of voting members included on line 1a... 31; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
VALERIE A KRUEGER-STAHNKE, SENIOR DIRECTOR, FINANCE - 206-548-2500
5500 PHINNEY AVE N, SEATTLE, WA 98103

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEJANDRO GRAJAL CHIEF EXECUTIVE OFFICER	40.00			X			529,235.	0.	55,684.	
(2) SARAH VALENTINE CHIEF DEVELOPMENT OFFICER	40.00				X		250,389.	0.	26,372.	
(3) ANNE DALYRYMPLE CHIEF PEOPLE OFFICER	40.00				X		223,750.	0.	7,470.	
(4) ERICA JOHNSON VP, LEARNING AND INNOVATION	40.00				X		188,366.	0.	30,332.	
(5) REBECCA WHITMAN VP, ENGAGEMENT	40.00				X		202,199.	0.	11,946.	
(6) KATIE BANG SENIOR DIRECTOR, FACILITIES AND THE	40.00				X		167,148.	0.	37,931.	
(7) TIMOTHY STORMS DIRECTOR, ANIMAL HEALTH	40.00					X	156,344.	0.	28,044.	
(8) ROGER SWEENEY CHIEF OPERATIONS OFFICER	40.00				X		164,828.	0.	16,727.	
(9) VALERIE KRUEGER-STAHNKE SENIOR DIRECTOR, FINANCE	40.00				X		167,648.	0.	11,778.	
(10) KECIA E. REICHSTEIN SR DIR PEOPLE & CULTURE (THRU 12/23)	40.00					X	165,834.	0.	12,620.	
(11) WILLIAM BROWN SENIOR DIRECTOR, INFORMATION TECHNOL	40.00					X	170,611.	0.	6,560.	
(12) TONI GODWIN SELLS SENIOR DIRECTOR, GROUNDS, OPERATIONS	40.00				X		159,594.	0.	16,814.	
(13) LISA DABEK DIRECTOR, PUBLIC RELATIONS & COMMUNI	40.00					X	146,388.	0.	18,860.	
(14) KRISTINA F. HULVERSON SR DIR PEOPLE & CULTURE	40.00					X	142,630.	0.	12,493.	
(15) MICHELE SMITH CHIEF BUSINESS & FINANCE OFFICER (TH	40.00			X			85,268.	0.	6,344.	
(16) SANDY STELLING IMMEDIATE PAST CHAIR	2.00	X		X			0.	0.	0.	
(17) ANDERS BROWN CHAIR	2.00	X		X			0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) IRWIN GOVERMAN VICE CHAIR	1.50	X		X				0.	0.	0.
(19) KATIE MATISON SECRETARY	1.50	X		X				0.	0.	0.
(20) JILL WALKER TREASURER	1.50	X		X				0.	0.	0.
(21) LINDA ALLEN BOARD MEMBER	1.50	X						0.	0.	0.
(22) CHRISTI BECKLEY BOARD MEMBER	1.50	X						0.	0.	0.
(23) KATIE BELLOWS BOARD MEMBER	1.50	X						0.	0.	0.
(24) SUE BORGMAN BOARD MEMBER	1.50	X						0.	0.	0.
(25) DORI BORJESSON BOARD MEMBER	1.50	X						0.	0.	0.
(26) WARREN BROWN BOARD MEMBER	1.50	X						0.	0.	0.
<b>1b Subtotal</b>								2,920,232.	0.	299,975.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,920,232.	0.	299,975.

**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 43

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation
TRUE WEST, LLC 3116 SE 11TH AVE., PORTLAND, OR 97202	CONCERT PROMOTER	1,990,964.
SELLEN 227 WESTLAKE AVE. N., SEATTLE, WA 98109	CONSTRUCTION	1,516,514.
LMN ARCHITECTS 801 2ND AVE., #501, SEATTLE, WA 98104	DESIGN	1,381,759.
CMGSEATTLE 2807 3RD AVE., SEATTLE, WA 98121	ADVERTISING	647,160.
SCHULTZ & WILLIAMS INC, 1617 JFK BOULEVARD SUITE 1700, PHILADELPHIA, PA 19103	MEMBERSHIP FULFILLMENT	377,064.

**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 23

SEE PART VII, SECTION A CONTINUATION SHEETS

<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STACEY CAMPBELL BOARD MEMBER	1.50	X					0.	0.	0.	
(28) CLAIRE GODOY-ARNETT BOARD MEMBER (LEFT 12/23)	1.50	X					0.	0.	0.	
(29) ANGELA GRIFFIN BOARD MEMBER	1.50	X					0.	0.	0.	
(30) ROSEMARIE HAVRANEK BOARD MEMBER	1.50	X					0.	0.	0.	
(31) MARLON HERERRA BOARD MEMBER	1.50	X					0.	0.	0.	
(32) HOLLY HIRAI BOARD MEMBER	1.50	X					0.	0.	0.	
(33) JONATHAN KIL BOARD MEMBER	1.50	X					0.	0.	0.	
(34) JEFF LEPPA BOARD MEMBER	1.50	X					0.	0.	0.	
(35) SHELLEY MCKINLEY BOARD MEMBER	1.50	X					0.	0.	0.	
(36) LIAN NEEMAN BOARD MEMBER	1.50	X					0.	0.	0.	
(37) LARRY PHILLIPS BOARD MEMBER	1.50	X					0.	0.	0.	
(38) ROBERT PLOTNICK BOARD MEMBER	1.50	X					0.	0.	0.	
(39) KYLE ROLFE BOARD MEMBER	1.50	X					0.	0.	0.	
(40) OMARI SALISBURY BOARD MEMBER	1.50	X					0.	0.	0.	
(41) KEVIN SCHOFIELD BOARD MEMBER	1.50	X					0.	0.	0.	
(42) DIANE SHREWSBURY BOARD MEMBER	1.50	X					0.	0.	0.	
(43) EFFIE TOSHAV BOARD MEMBER	1.50	X					0.	0.	0.	
(44) JUSTIN UMAGAT BOARD MEMBER	1.50	X					0.	0.	0.	
(45) ALISON WINFIELD BOARD MEMBER	1.50	X					0.	0.	0.	
(46) JOE WOODS BOARD MEMBER	1.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	1,814,034.					
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	20,722,644.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	12,239,836.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 148,442.					
	<b>h Total.</b> Add lines 1a-1f .....			34,776,514.				
Program Service Revenue	<b>2 a</b> ADMISSIONS	Business Code						
		713990		10,631,418.	10,631,418.			
	<b>b</b> MEMBERSHIP	713990		4,954,904.	4,954,904.			
	<b>c</b> ENTERPRISE REVENUE	713990		4,310,897.	4,310,897.			
	<b>d</b> PROMOTIONAL EVENTS	713990		4,245,859.	3,879,217.		366,642.	
	<b>e</b> EDUCATIONAL PROG. FEES	713990		986,026.	986,026.			
	<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			25,129,104.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,775,725.			1,775,725.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real					
			(ii) Personal					
				10,000.				
	<b>b</b> Less: rental expenses ...	<b>6b</b>		0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>		10,000.				
	<b>d</b> Net rental income or (loss) .....			10,000.			10,000.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities					
			(ii) Other		4,553.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		13,577.	0.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>		-13,577.	4,553.			
	<b>d</b> Net gain or (loss) .....			-9,024.			-9,024.	
<b>8 a</b> Gross income from fundraising events (not including \$ 1,814,034. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>							
			304,077.					
				698,671.				
<b>b</b> Less: direct expenses .....	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events .....			-394,594.			-394,594.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
			4,800.					
				9,000.				
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....			-4,200.			-4,200.		
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....								
Miscellaneous Revenue	<b>11 a</b> PARKING FEES	Business Code						
		713990		2,661,658.			2,661,658.	
	<b>b</b> MISCELLANEOUS REVENUE	713990		749,596.	749,596.			
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			3,411,254.					
<b>12 Total revenue.</b> See instructions .....			64,694,779.	25,512,058.	0.	4,406,207.		

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	568,825.	568,825.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	5,788.	5,788.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	518,795.	518,795.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,359,821.	1,065,313.	800,208.	494,300.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	24,883,631.	20,447,485.	2,537,362.	1,898,784.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	982,915.	838,166.	81,253.	63,496.
<b>9</b> Other employee benefits	3,356,807.	2,734,634.	368,395.	253,778.
<b>10</b> Payroll taxes	2,076,622.	1,682,405.	229,534.	164,683.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	169,910.		169,910.	
<b>c</b> Accounting	123,805.		123,805.	
<b>d</b> Lobbying	48,000.		48,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	111,403.		111,403.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,805,798.	6,795,002.	744,259.	266,537.
<b>12</b> Advertising and promotion	1,619,824.	1,243,146.	300,447.	76,231.
<b>13</b> Office expenses	5,998,823.	4,816,663.	857,647.	324,513.
<b>14</b> Information technology	1,349,335.	1,092,962.	161,920.	94,453.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,381,307.	2,139,928.	157,760.	83,619.
<b>17</b> Travel	99,129.	78,011.	14,745.	6,373.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	669,811.	461,623.	165,467.	42,721.
<b>20</b> Interest	26,827.	22,683.	3,075.	1,069.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	378,699.	298,022.	56,329.	24,348.
<b>23</b> Insurance	242,721.	191,012.	36,103.	15,606.
<b>24</b> 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.)				
<b>a</b> CC FEES AND TAXES	1,694,209.	1,453,323.	196,380.	44,506.
<b>b</b> FIELD EXPENSES	563,765.	555,992.	5,515.	2,258.
<b>c</b> IN-KIND & IN-TRADE EXPE	508,695.	297,525.	179,750.	31,420.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	58,545,265.	47,307,303.	7,349,267.	3,888,695.
<b>26</b> 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 <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	143,554.	71,777.	50,244.	21,533.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,825,305.	<b>1</b>	8,657,533.
	<b>2</b> Savings and temporary cash investments .....	25,194,420.	<b>2</b>	30,838,327.
	<b>3</b> Pledges and grants receivable, net .....	8,029,006.	<b>3</b>	8,713,691.
	<b>4</b> Accounts receivable, net .....	846,956.	<b>4</b>	1,311,236.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,105,581.	<b>9</b>	1,882,194.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 8,323,918.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,426,877.	3,780,012.	<b>10c</b> 3,897,041.
	<b>11</b> Investments - publicly traded securities .....	29,653,793.	<b>11</b>	35,174,831.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	558,059.	<b>15</b>	594,939.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	76,993,132.	<b>16</b>	91,069,792.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,277,173.	<b>17</b>	5,396,839.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	5,272,836.	<b>19</b>	8,173,229.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	10,550,009.	<b>26</b>	13,570,068.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	34,318,032.	<b>27</b>	36,200,739.
	<b>28</b> Net assets with donor restrictions .....	32,125,091.	<b>28</b>	41,298,985.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	66,443,123.	<b>32</b>	77,499,724.
<b>33</b> Total liabilities and net assets/fund balances .....	76,993,132.	<b>33</b>	91,069,792.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	64,694,779.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	58,545,265.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,149,514.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	66,443,123.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,907,087.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	77,499,724.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2023)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	23,815,984.	29,478,916.	40,410,401.	35,569,948.	34,776,514.	164,051,763.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	23,815,984.	29,478,916.	40,410,401.	35,569,948.	34,776,514.	164,051,763.
<b>5</b> 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) .....						5,210,439.
<b>6 Public support.</b> Subtract line 5 from line 4.						158,841,324.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	23,815,984.	29,478,916.	40,410,401.	35,569,948.	34,776,514.	164,051,763.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	845,685.	528,007.	871,117.	882,725.	1,785,725.	4,913,259.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	596,750.	297,093.	2,721,298.	3,030,059.	3,411,254.	10,056,454.
<b>11 Total support.</b> Add lines 7 through 10						179,021,476.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	96,988,065.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.73 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	92.45 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

WOODLAND PARK ZOOLOGICAL SOCIETY

Employer identification number

91-6070005

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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).

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

Schedule B (Form 990) (2023)

Name of organization  WOODLAND PARK ZOOLOGICAL SOCIETY	Employer identification number  91-6070005
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 13,118,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 6,767,016.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,951,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,079,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,025,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  WOODLAND PARK ZOOLOGICAL SOCIETY	Employer identification number  91-6070005
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>737,712.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  WOODLAND PARK ZOOLOGICAL SOCIETY	Employer identification number  91-6070005
--	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  WOODLAND PARK ZOOLOGICAL SOCIETY	Employer identification number  91-6070005
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">WOODLAND PARK ZOOLOGICAL SOCIETY</p>	Employer identification number <p style="text-align: center;">91-6070005</p>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	76,000.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	76,000.													
<b>d</b> Other exempt purpose expenditures .....	58,469,265.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	58,545,265.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	45,000.	63,692.	62,000.	76,000.	246,692.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like influencing legislation, volunteer efforts, paid staff, media, mailings, publications, grants, direct contact, rallies, and other activities.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover of lobbying and political campaign activity.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, aggregate amount reported, and taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **WOODLAND PARK ZOOLOGICAL SOCIETY** Employer identification number **91-6070005**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ 297,338.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount  |
|---------------------------------|---------|
| c Beginning balance             | 88,342. |
| d Additions during the year     | 96,096. |
| e Distributions during the year | 85,717. |
| f Ending balance                | 98,721. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,649,332.	28,974,575.	24,451,603.	21,562,174.	17,890,540.
b Contributions	297,894.	3,785,804.	1,219,105.	440,095.	229,781.
c Net investment earnings, gains, and losses	4,951,141.	-4,525,487.	3,776,089.	2,853,303.	3,803,761.
d Grants or scholarships				21,797.	
e Other expenditures for facilities and programs	152,877.	585,560.	472,222.	302,539.	284,191.
f Administrative expenses				79,633.	77,717.
g End of year balance	32,745,490.	27,649,332.	28,974,575.	24,451,603.	21,562,174.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 17.0300 %
  - b Permanent endowment 49.0300 %
  - c Term endowment 33.9400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		360,436.	222,269.	138,167.
c Leasehold improvements		2,935,171.	978,500.	1,956,671.
d Equipment		4,083,459.	3,065,983.	1,017,476.
e Other		944,852.	160,125.	784,727.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,897,041.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" 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 end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	69,981,493.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	4,907,087.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	72,771.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	422,812.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	5,402,670.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	64,578,823.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	111,403.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	4,553.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	115,956.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	64,694,779.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	58,924,892.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	72,771.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	422,812.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	495,583.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	58,429,309.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	111,403.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	4,553.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	115,956.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	58,545,265.

**Part 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 III, LINE 1A:

WHILE THE ANIMAL COLLECTION REPRESENTS THE ZOO SOCIETY'S MOST CHERISHED ASSET, THE ZOO SOCIETY DOES NOT ATTEMPT TO QUANTIFY THE VALUE OF THE COLLECTION. THUS, THE ANIMAL COLLECTION IS NOT REPRESENTED ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION.

PART III, LINE 4:

THE ZOO SOCIETY COMMISSIONED AND OWNS CERTAIN BRONZE SCULPTURES THAT ARE LOCATED ON THE ZOO GROUNDS. THESE SCULPTURES ARE VALUED AT THEIR ORIGINAL ACQUISITION COST. EXAMPLES OF THESE SCULPTURES INCLUDE THE BRONZE RAVENS PERCHED ON A BENCH ALONG THE NORTHERN TRAIL, THE HIPPO SCULPTURE ALONG THE AFRICAN SAVANNA PATHWAY, AND THE CRAWL-IN WREN'S NEST SCULPTURE NEAR THE

**Part XIII** Supplemental Information (continued)

FAMILY FARM. ARTWORK IS NOT BEING DEPRECIATED.

## PART IV, LINE 1B:

THE ZOO SOCIETY RAISED FUNDS FOR SEVERAL NON-PROFIT CONSERVATION ORGANIZATIONS FROM AROUND THE WORLD. THE SOCIETY DOES NOT RECORD THESE CONTRIBUTIONS OR THE RELATED EXPENSES IN THE STATEMENT OF ACTIVITIES AS THEY ARE AGENCY TRANSACTIONS.

## PART V, LINE 4:

IN ACCORDANCE WITH THE ZOO SOCIETY ENDOWMENT INVESTMENT AND SPENDING POLICY, THE INVESTMENT SUBCOMMITTEE MAKES RECOMMENDATIONS REGARDING THE ANNUAL ENDOWMENT SPENDING TOTALS AND INCORPORATES SPENDING PLANS INTO THE MANAGEMENT OF ENDOWMENT INVESTMENTS.

DISTRIBUTIONS ARE TYPICALLY CALCULATED AT 3% OF THE PRIOR 5 YEARS AVERAGE TOTAL MARKET VALUATIONS AS OF JUNE 30TH EACH YEAR. THE DISTRIBUTION FROM EACH ENDOWMENT'S ACCUMULATED EARNING FUND IS SPENT IN ACCORDANCE WITH ANY DONOR RESTRICTIONS.

## PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS RECOGNIZED BOTH THE ZOO SOCIETY AND THE CWC AS 501(C)(3) ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 509(A)(1) AS PUBLICLY SUPPORTED CHARITABLE ORGANIZATIONS. THE ZOO SOCIETY IS SUBJECT TO FEDERAL INCOME TAXES FOR ANY ACTIVITIES WHICH ARE UNRELATED TO ITS EXEMPT PURPOSE. MANAGEMENT HAS EVALUATED ITS CURRENT TAX POSITIONS AND CONCLUDED THAT AS OF DECEMBER 31, 2023 AND 2022, THE ZOO SOCIETY AND CWC DO NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF FUNDRAISING EVENT EXPENSE 422,812.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF REALIZED GAIN ON FIXED ASSETS 4,553.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF FUNDRAISING EVENT EXPENSE 422,812.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF REALIZED GAIN ON FIXED ASSETS 4,553.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

WOODLAND PARK ZOOLOGICAL SOCIETY

Employer identification number

91-6070005

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	CONSERVATION GRANTS		67,500.
EAST ASIA AND THE PACIFIC	0	0	CONSERVATION GRANTS		406,205.
SOUTH ASIA	0	0	CONSERVATION GRANTS		12,500.
RUSSIA AND NEIGHBORING STATES	0	0	CONSERVATION GRANTS		2,000.
SOUTH AMERICA	0	0	CONSERVATION GRANTS		20,750.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	CONSERVATION GRANTS		4,840.
NORTH AMERICA	0	0	CONSERVATION GRANTS		5,000.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	THE ORGANIZATION HAS A SUBGRANT AGREEMENT WITH THE TREE KANGAROO CONSERVATION PROGRAM FOR	419,228.
<b>3 a</b> Subtotal .....	0	0			938,023.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			938,023.

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

Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CONSERVATION PROGRAM	236,123.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CONSERVATION PROGRAM	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CONSERVATION PROGRAM	29,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CONSERVATION PROGRAM	14,500.	CHECK	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CONSERVATION PROGRAM	75,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CONSERVATION PROGRAM	25,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CONSERVATION PROGRAM	10,000.	CHECK	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	CONSERVATION PROGRAM	18,250.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 1

3 Enter total number of other organizations or entities ..... 11

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CONSERVATION PROGRAM	35,000.	CHECK	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CONSERVATION PROGRAM	7,500.	CHECK	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CONSERVATION PROGRAM	19,500.	CHECK	0.		
		KOREA, LAOS, MALAYSIA, MARSHALL ISLANDS, MICRONESIA,	CONSERVATION PROGRAM	10,000.	CHECK	0.		



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

PART I, LINE 2:

CONSERVATION GRANTS ARE CHOSEN BY THE FIELD CONSERVATION DEPARTMENT  
BASED ON PREVIOUS WORK DONE BY THE ORGANIZATION. AGREEMENT FORMS ARE  
REQUIRED AND REPORTS ON THE OUTCOMES FOR THE PROGRAM ARE REQUIRED AS PART  
OF THE AWARD.

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC  
(E) SPECIFIC TYPES OF SERVICES IN REGION: THE ORGANIZATION HAS A  
SUBGRANT AGREEMENT WITH THE TREE KANGAROO CONSERVATION PROGRAM FOR  
CONSERVATION WORK IN PAPUA NEW GUINEA UNDER OUR GRANT FROM DT GLOBAL IN  
ADDITION TO OTHER GRANTS AWARDED TO THEM.



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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		JUNGLE PARTY (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	2,118,111.		2,118,111.
	2	Less: Contributions	1,814,034.		1,814,034.
	3	Gross income (line 1 minus line 2)	304,077.		304,077.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	36,459.		36,459.
	6	Rent/facility costs			
	7	Food and beverages	247,613.		247,613.
	8	Entertainment	4,800.		4,800.
	9	Other direct expenses	409,799.		409,799.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-394,594.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **WOODLAND PARK ZOOLOGICAL SOCIETY** Employer identification number **91-6070005**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER MINOT ZOOLOGICAL SOCIETY 1219 BURDICK EXPRESSWAY E MINOT, ND 58701	45-0321791	501C3	6,600.	0.			ADVANCING EMPATHY GRANTS
HENRY VILAS ZOOLOGICAL SOCIETY 702 S RANDALL AVE MADISON, WI 53715	39-6077008	501C3	6,600.	0.			ADVANCING EMPATHY GRANTS
INTERNATIONAL CRANE FOUNDATION E11376 SHADY LANE RD BARABOO, WI 53913	39-1187711	501C3	29,235.	0.			ADVANCING EMPATHY GRANTS
IDAHO ZOOLOGICAL SOCIETY 355 JULIA DAVIS DR BOISE, ID 83702	82-6005995	501C3	39,030.	0.			ADVANCING EMPATHY GRANTS
ZOOLOGICAL SOCIETY OF MILWAUKEE COUNTY - 1005 W BLUEMOUND RD - MILWAUKEE, WI 53226	39-6077242	501C3	81,774.	0.			ADVANCING EMPATHY GRANTS
GRIZZLY AND WOLF DISCOVERY CENTER 219 COULEE DR BOZEMAN, MT 59718	81-0527102	501C3	133,905.	0.			ADVANCING EMPATHY GRANTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **8.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **1.**

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

Schedule I (Form 990) 2023

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAUTPFAUS PARK ZOOLOGICAL SOCIETY P O BOX 51794 IDAHO FALLS, ID 83405	82-0452111	501C3	71,350.	0.			ADVANCING EMPATHY GRANTS
ARROWHEAD ZOOLOGICAL SOCIETY 7210 FREMONT ST DULUTH, MN 55807	41-0944885	501C3	190,214.	0.			ADVANCING EMPATHY GRANTS
INSPIRE WASHINGTON - CULTURAL ACCESS WA - P O BOX 806 - SEATTLE, WA 98111	47-5153796	501C4	8,000.	0.			DONATION

**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
EMPLOYEE SCHOLARSHIPS	4	5,788.	0.		

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

PART I, LINE 2:

PART II:

THERE ARE TWO GRANTS PROGRAMS MAKING AWARDS TO US ORGANIZATIONS. ADVANCING

EMPATHY GRANTS ARE AWARDED BY AN INTERNAL COMMITTEE BASED ON SOLICITED

APPLICATIONS. ONCE THE RECIPIENTS ARE CHOSEN, THEY MUST SIGN THE AGREEMENT

FORMS AND ARE REQUIRED TO PARTICPATE IN REGULAR MEETINGS AND EVENTS, ALLOW

ON-SITE MONITORING AND SEND REGULAR REPORTS PER THE AGREEMENT SCHEDULE.

CONSERVATION GRANTS ARE CHOSEN BY THE FIELD CONSERVATION DEPARTMENT BASED

ON PREVIOUS WORK DONE BY THE ORGANZIATION. AGREEMENT FORMS ARE ALSO

**Part IV Supplemental Information**

REQUIRED AND REPORTS ON THE OUTCOMES FOR THE PROGRAM ARE REQUIRED AS PART

OF THE AWARD.

PART III:

EMPLOYEES APPLY FOR REIMBURSEMENT SCHOLARSHIPS FOR ADDITIONAL LEARNING

OPPORTUNITIES, CONFERENCES, ETC. THE RECIPIENTS ARE CHOSEN BY A COMMITTEE

INCLUDING THE DONORS OF THE ENDOWMENTS FUNDING THE PROGRAMS. THE RECIPIENT

SIGNS AN AGREEMENT AND IS REIMBURSED FOR COSTS RELATED TO THE AWARD AS

APPROVED BY THE SCHOLARSHIP COORDINATOR. PART OF THE AWARD REQUIREMENTS IS

TO MAKE A PRESENTATION TO STAFF & VOLUNTEERS ABOUT WHAT THEY LEARNED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

WOODLAND PARK ZOOLOGICAL SOCIETY

Employer identification number

91-6070005

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALEJANDRO GRAJAL CHIEF EXECUTIVE OFFICER	(i)	469,746.	57,860.	1,629.	40,772.	14,912.	584,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARAH VALENTINE CHIEF DEVELOPMENT OFFICER	(i)	250,119.	0.	270.	11,881.	14,491.	276,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNE DALYRYMPLE CHIEF PEOPLE OFFICER	(i)	222,976.	0.	774.	6,690.	780.	231,220.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERICA JOHNSON VP, LEARNING AND INNOVATION	(i)	188,096.	0.	270.	11,578.	18,754.	218,698.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) REBECCA WHITMAN VP, ENGAGEMENT	(i)	202,019.	0.	180.	6,606.	5,340.	214,145.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATIE BANG SENIOR DIRECTOR, FACILITIES AND THE	(i)	166,878.	0.	270.	10,620.	27,311.	205,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TIMOTHY STORMS DIRECTOR, ANIMAL HEALTH	(i)	155,570.	0.	774.	9,290.	18,754.	184,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROGER SWEENEY CHIEF OPERATIONS OFFICER	(i)	161,995.	0.	2,833.	10,308.	6,419.	181,555.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VALERIE KRUEGER-STAHNKE SENIOR DIRECTOR, FINANCE	(i)	166,874.	0.	774.	10,033.	1,745.	179,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KECIA E. REICHSTEIN SR DIR PEOPLE & CULTURE (THRU 12/23)	(i)	165,574.	0.	260.	6,036.	6,584.	178,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) WILLIAM BROWN SENIOR DIRECTOR, INFORMATION TECHNOL	(i)	170,197.	0.	414.	0.	6,560.	177,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TONI GODWIN SELLS SENIOR DIRECTOR, GROUNDS, OPERATIONS	(i)	158,969.	0.	625.	8,936.	7,878.	176,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LISA DABEK DIRECTOR, PUBLIC RELATIONS & COMMUNI	(i)	145,200.	0.	1,188.	8,892.	9,968.	165,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KRISTINA F. HULVERSON SR DIR PEOPLE & CULTURE	(i)	142,381.	0.	249.	4,064.	8,429.	155,123.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

WOODLAND PARK ZOOLOGICAL SOCIETY

Employer identification number

91-6070005

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		9,620.	DONOR STATED VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	107,097.	AVERAGE VALUE ON DATE RE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( FR EVENT GOODS )	X	4	22,725.	DONOR STATED VALUE
26 Other ( JEWELRY )	X	1	9,000.	FMV
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

**Part II**

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED, NOT THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

AN AUCTIONEER WAS PAID TO CONDUCT AN AUCTION AT A FUNDRAISING EVENT, WHICH INCLUDED SELLING DONATED ITEMS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

WOODLAND PARK ZOOLOGICAL SOCIETY

Employer identification number

91-6070005

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CONSERVATION AND EDUCATION: THE ZOO ADVANCES BIODIVERSITY CONSERVATION

TO MITIGATE CLIMATE CHANGE THROUGH THE PROTECTION OF MORE THAN 2.2

MILLION ACRES OF ENDANGERED SPECIES HABITATS REGIONALLY AND GLOBALLY

THROUGH 28 WILDLIFE CONSERVATION PARTNERSHIPS WITH INDIGENOUS AND LOCAL

COMMUNITIES AND NGO'S. PARTNERS INCLUDE THE TREE KANGAROO CONSERVATION

PROGRAM IN PAPUA NEW GUINEA. INTEGRAL IN THE INFORMAL SCIENCE EDUCATION

ECOSYSTEM, THE ZOO PROVIDES PUBLIC PROGRAMS, CAMPS, COMMUNITY SCIENCE

PROJECTS, OUTREACH LEARNING AND CLASSES THAT FOSTER CONNECTIONS WITH

THE NATURAL WORLD AND SUPPORT PARTICIPANTS' DEVELOPMENT OF EMPATHY FOR

WILDLIFE TO ADVANCE CONSERVATION. SCHOOL FIELD TRIPS, CAMPS, PROGRAMS

AND CLASSES ARE SUBSIDIZED FOR BIPOC COMMUNITIES AND SCHOOLS THAT SERVE

A HIGH PERCENTAGE OF STUDENTS FROM LOW-INCOME FAMILIES BY KING COUNTY

LEVY FUNDS AND PRIVATE FUNDRAISING. THE ZOO ALSO SUPPORTS PEER

INSTITUTIONS' DEVELOPMENT OF EMPATHY-FOCUSED PROGRAMS THROUGH CAPACITY

BUILDING GRANTS.

EXPENSES \$ 8,084,564. INCL GRANTS OF \$ 1,085,408. REVENUE \$ 1,064,260.

ALL OTHER PROGRAMS: COMMUNICATIONS, MARKETING AND PUBLIC RELATIONS:

THE ZOO SHARES ITS MISSION WITH BOTH LOCAL AND EXTENDED AUDIENCES VIA

SEVERAL COMMUNICATIONS METHODS. THE ZOO CREATES IT'S OWN SIGNAGE,

MAPS, ETC AND IS ACTIVE ON VARIOUS SOCIAL MEDIA PLATFORMS. THE ZOO

RAISES AWARENESS FOR AND ENGAGES CONSERVATION EFFORTS.

EXPENSES \$ 4,078,852. INCLUDING GRANTS OF \$ 8,000. REVENUE \$ 4,157,212.

FORM 990, PART VI, SECTION A, LINE 1A:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization WOODLAND PARK ZOOLOGICAL SOCIETY	Employer identification number 91-6070005
--	--

ALL BOARD MEMBERS HAVE THE SAME VOTING RIGHTS, BUT THE EXECUTIVE COMMITTEE

CAN VOTE TO TAKE BOARD ACTIONS WITHOUT FULL BOARD BEING PRESENT.

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

THE GOVERNANCE AND FINANCE COMMITTEES REVIEW THE RETURN BEFORE THE ENTIRE

BOARD RECEIVES AN ELECTRONIC COPY TO REVIEW. THE RETURN WITH THE SCHEDULE B

IS REVIEWED BY THE FULL BOARD BEFORE FILING WITH THE IRS.

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

ANNUAL REVIEW AND SIGNING OF THE CONFLICT OF INTEREST POLICY IS REQUIRED BY

THE BOARD OF DIRECTORS.

THE INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE

MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING

THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT

RESULTS IN THE CONFLICT OF INTEREST.

THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A

DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE

PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE

BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ZOO SOCIETY CAN OBTAIN A

MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A

PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY

ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF

INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE

DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE

Name of the organization WOODLAND PARK ZOOLOGICAL SOCIETY	Employer identification number 91-6070005
--	--

SOCIETY'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE SOCIETY AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSITION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

FORM 990, PART VI, SECTION B, LINE 15A:  
THE CEO'S COMPENSATION PACKAGE IS APPROVED ANNUALLY BY THE BOARD, FOLLOWING A COMPENSATION COMMITTEE REVIEW OF THE RESULTS OF HIS OR HER ANNUAL APPRAISAL AND SALARIES FOR COMPARABLE POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19:  
THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	6,795,002.
MANAGEMENT AND GENERAL EXPENSES	744,259.
FUNDRAISING EXPENSES	266,537.
TOTAL EXPENSES	7,805,798.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,805,798.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization <p align="center">WOODLAND PARK ZOOLOGICAL SOCIETY</p>	Employer identification number <p align="center">91-6070005</p>
--	--

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CENTER FOR WILDLIFE CONSERVATION - 91-1518998, 5500 PHINNEY AVE N, SEATTLE, WA 98103	CONSERVATION RESEARCH AND PROMOTION - INACTIVE	WASHINGTON	501(C)(3)	LINE 7	WOODLAND PARK ZOOLOGICAL SOCIETY	X	



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



