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DLN: 93493311017873

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 20)12 cal <u>e</u>	chair year, or tax year beginning	101-01-2012 , 2012, and ending 1	2-31-2012			
B Che	eck if app	olicable	C Name of organization			D Emplo	yer ident	ification number
Add	lress char	nge				34-08	316490	
∏ Nar	ne chang	je	Doing business As					
┌ Inıt	ıal return			ail is not delivered to street address) Room	n/suite	E Telepho	one numbe	 er
┌ Ter	mınated		3900 WILDLIFE WAY			(216)	661-65	:00
┌ Am	ended re	turn		TIP + 4		(210)	001-03	
☐ App	lication p	ending	CLEVELAND, OH 44109			G Gross r	eceipts \$ 6	5,543,155
			•	cıpal officer	H(a)	Is this a group	return fo	
						affiliates?		┌ Yes 🗸 No
Take setting the control of the con		ed? Fyes FNo						
					ı			
I Ta	x-exemp	t status	▼ 501(c)(3)	nsert no)		Croup avament		hau b
J W	ebsite:	► ww	W CLEVELANDZOOSOCIETY O) RG	H(c)	Group exempt	.ioii iiuiiii	per F
K Forr	n of orga	nızatıon	Corporation Trust Association	n	L Yea	ar of formation 19	57 M S	tate of legal domicile OH
			•					
	1 Br	nefly de	escribe the organization's mission	n or most significant activities				
Governance	RE PE <u>IN</u> —	EGULA EOPLE NFORM	RLY ENGAGED IN THE ZOO'S OF NORTHEAST OHIO WILL D ED AND ENLIGHTENED CONS	PROGRAMS AND ACTIVITIES TO EMONSTRATE THEIR LOVE FOR ERVATIONISTS IN THE UNITED	CONSER\ THE NATU STATES	'E WILDLIFE A RAL WORLD A	ND WIL ND BE T	D PLACES, THE THE MOST
	2 CH	heck th	is box 🛏 if the organization dis	scontinued its operations or dispose	ed of more t	than 25% of its	net ass	ets
Se Ee≥	3 Nu	umber	of voting members of the governi	ng body (Part VI, line 1a)			з	61
ጀ	1						4	61
a ब	5 To	otal nur	mber of individuals employed in c	calendar year 2012 (Part V, line 2a)		5	31
	6 To	otal nur	mber of volunteers (estimate if n	ecessary)			6	61
	7a ⊤o	otal unr	related business revenue from Pa	art VIII, column (C), line 12			7a	0
	b Ne	et unre	lated business taxable income fr	om Form 990-T, line 34	·		7b	0
								Current Year
		Contril	butions and grants (Part VIII, lir	ne 1 h)		6.493.9	956I	5,145,896
ā	l					- / / -		0,2.0,000
enne	9	Progra	m service revenue (Part VIII, lii	ne 2g)			0	0
Revenue	9 10	Progra Invest	m service revenue (Part VIII, lii ment income (Part VIII, column	ne 2g)		153,	0 757	0 279,785
Revenue	9 10 11 12	Progra Invest Other Total r	m service revenue (Part VIII, lii ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	line	153, 46,	0 757 876	0 279,785 102,235
Revenue	9 10 11 12	Progra Invest Other Totalr 12) .	m service revenue (Part VIII, lii ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	line	153, 46,i 6,694,!	0 757 876 589	0 279,785 102,235 5,527,916
Revenue	9 10 11 12	Progra Invest Other Total r 12) . Grants	m service revenue (Part VIII, lii ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	line	153, 46,i 6,694,!	0 757 876 589	0 279,785 102,235
Revenue	9 10 11 12 13 14	Progra Invest Other Total r 12) . Grants Benefit	m service revenue (Part VIII, linement income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	Inne	153, 46,i 6,694,!	0 757 876 589	0 279,785 102,235 5,527,916
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	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10)	m service revenue (Part VIII, linement income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	(A), lines 3, 4, and 7d)	line	153, 46, 6,694, 3,872,	0 757 876 589 976 0	0 279,785 102,235 5,527,916 2,774,418 0
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	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes: Total fun Other	m service revenue (Part VIII, linement income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), IX, column (A), lines 1-3) X, column (A), line 4) e benefits (Part IX, column (A), line column (A), line 11e) , line 25) 902,329 lines 11a-11d, 11f-24e)	line es	153, 46, 6,694, 3,872, 685,	0 757 876 589 976 0 703 0	0 279,785 102,235 5,527,916 2,774,418 0 776,720 0
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Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes: Total fui Other	m service revenue (Part VIII, linguage) ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part its paid to or for members (Part II) es, other compensation, employed sional fundraising fees (Part IX, indraising expenses (Part IX, column (D)) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musexpenses 13–17 (musexpens	(A), lines 3, 4, and 7d)	line	153, 46, 6,694, 3,872, 685, 1,738, 6,297, 397, inning of Curre	0 757 876 589 976 0 703 0	0 279,785 102,235 5,527,916 2,774,418 0 776,720 0
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes: Total fun Other Total e Reveni	m service revenue (Part VIII, linement income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), IX, column (A), lines 1-3) X, column (A), line 4) e benefits (Part IX, column (A), line column (A), line 11e) , line 25) 902,329 ines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25 18 from line 12	line es . Beg	153, 46, 6,694, 3,872, 685, 1,738, 6,297, 397, inning of Curre Year	0 757 876 976 0 703 0 654 333 256 nt	0 279,785 102,235 5,527,916 2,774,418 0 776,720 0 1,636,934 5,188,072 339,844
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Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes: Total fur Other Total e Revenu	m service revenue (Part VIII, linement income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	line es . Beg	153, 46, 6,694, 3,872, 685, 1,738, 6,297, 397, inning of Curre Year 10,137, 946,	0 757 876 97702	0 279,785 102,235 5,527,916 2,774,418 0 776,720 0 1,636,934 5,188,072 339,844 End of Year 10,959,832
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes: Total fur Other Total e Revenu	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	line	153, 46, 6,694, 3,872, 685, 1,738, 6,297, 397, inning of Curre Year 10,137, 946,	0 757 876 0 703 0 0 654 333 256 nt 697 702 995	0 279,785 102,235 5,527,916 2,774,418 0 776,720 0 1,636,934 5,188,072 339,844 End of Year 10,959,832 882,269 10,077,563
Sign of Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r penalt nowledg rer has	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes: Total fun Other Total e Revenu Total a Total I Net as Sign ies of pe and b any kr	m service revenue (Part VIII, line iment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	(A), lines 3, 4, and 7d)	line	153, 46, 6,694, 3,872, 685, 1,738, 6,297, 397, inning of Curre Year 10,137, 946, 9,190,	0	0 279,785 102,235 5,527,916 2,774,418 0 776,720 0 1,636,934 5,188,072 339,844 End of Year 10,959,832 882,269 10,077,563
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CLEVELAND, OH 441225683

orm	1990 (2012)								Page :
Par		Program Servic O contains a respo			nrt III				٦
1	Briefly describe the orga	anızatıon's mıssıon							
OUR RESI VIBI SIGI AND FAC WHI WHI	CLEVELAND ZOOLOGIC SHARED MISSION CREA PONSIBILITY FOR CONS RANT ZOO FOR OUR COI NIFICANTLY TO THE QU 42,500 HOUSEHOLD MI ILITY AND AS THE TOP CH PROVIDES SCHOLAF CH SUPPORTS A RANGE WITH CONSERVATION	ATING COMPELLING ERVING OUR NATUM MUNITY, FACILIT ALITY OF LIFE IN CEMBERS, THE ZOOYEAR-ROUND DESTANT AND STRENT OF IMPORTANT AND COMPENTANT	G EXPERIEN JRAL WORLI ATES CONT DUR REGION AND ZOO S TINATION (IGTHENS ST	ICES THAT COID THIS THRIVI INUOUS IMPRO I WITH AN AVE OCIETY ARE RE CURRENT SIGN UDENT READIN ENEEDS, AND "	NNECT PEOP NG PUBLIC/F OVEMENTS A RAGE ANNU COGNIZED A ATURE INITI	LE WITH WIL RIVATE PAR T THE ZOO A AL ATTENDA AS A PREMIE ATIVES INCL	DLIFE AND TNERSHIP I ND CONTR NCE OF 1 2 R CONSERV UDE "WE C "WE CARE	INSPIRE PENSURES AIBUTES MILLION ATION ED	ERSONAL VISITORS PUCATION PEOPLE," ALS,"
	D. J. b								
2	Did the organization und the prior Form 990 or 99		it program se	rvices during the	e year wnich v	vere not listed	on 	┌ Yes 「	√ No
	If "Yes," describe these		edule O					, ,	
3	Did the organization cea		ike significar	t changes in hov	v it conducts,	any program		┌ Yes 「	√ No
	If "Yes," describe these								
4	Describe the organization expenses Section 501(of the total expenses, and its total expenses, and its total expenses.	c)(3) and 501(c)(4)	organizations	are required to	report the am				
4a	(Code) (Expenses \$	2,706,642	ıncludıng grants of	÷ \$ 2	,706,642) (Reve	nue \$)
	THE CLEVELAND ZOO SOCIETINCLUDING BUT NOT LIMITE A HIGH-QUALITY ZOO EXPER SUPERIOR VISITOR SERVICE CONSERVATION PROJECTS A DEVELOPMENT INITIATIVE FC \$350,000 IN ITS FIRST YEAR	D TO ZOO EDUCATION A IENCE, EXCELLENCE IN A IS THE ZOO SOCIETY ALS IND MAJOR CAPITAL IMPR DCUSED ON SCHOLARSHI	AND OUTREACH ANIMAL HEALTH SO SECURES SIG ROVEMENTS IN	PROGRAMS, WHICH AND WELFARE, HOR INIFICANT FUNDING 2012, THE ZOO SOO	CONNECT THOU RTICULTURAL AN FOR INNOVATIV CIETY SUCCESSF	ISANDS OF UNDE D ON-GROUNDS I E EDUCATIONAL (JLLY LAUNCHED ⁻	RSERVED CHILI BEAUTIFICATIO DUTREACH, INT THE ZOO EDUC	OREN AND FA N INITIATIVES ERNATIONAL ATION AND W	MILÍES WITH 5, AND ORKFORCE
4b	(Code) (Expenses \$	1 145 541	ıncludıng grants of	: ¢) (Rever	ше ¢	2,712,943	1
70	MEMBERSHIP IN THE CLEVEL MORE THAN 130 ZOOS NATIO COMPRISE 30% OF ANNUAL YEAR'S WORTH OF FAMILY F PARTIES	AND ZOOLOGICAL SOCIE ONWIDE THE ZOO SOCIE ZOO ATTENDANCE MEM	TY IS A GREAT YETY HAS THE LAI	/EAR-ROUND VALUE RGEST MEMBERSHIP THE ZOO SOCIETY'S	, WITH FREE ADI BASE IN NORTH AWARD-WINNIN	MISSION 363 DAY EAST OHIO WITH G PUBLICATION Z	S A YEAR AND 42,500 HOUSE MAGAZINE, IN	DISCOUNT AD HOLDS MEME ADDITION TO	MISSION TO BER VISITS AN ENTIRE
4c	(Code) (Expenses \$	67,776	ıncludıng grants of	: ¢	67,776) (Reve	nue ¢		`
₩.	THE ZOO SOCIETY MAINTAIN ENDOWMENT AND IS ADMIN THAN 130 CONSERVATION, F	IS THE ZOOFUTURES FUN ISTERED AND OPERATED	, ID, A BOARD-DE IN SUPPORT OI	SIGNATED FUND FO MISSION-CRITICAL	R RECEIVING PL ACTIVITIES SIN	ANNED GIFTS TH	E ZOOFUTURE OFUTURES FU	ND HAS SUPP	AS AN ORTED MOR
A e ¹	Other program com	/December of Cal-1	ula O \						
4d	Other program services (Expenses \$	•	uie O) ding grants of	f\$) (Re	evenue \$)	
4e	Total program service e	expenses 🕨	3.919.959						

Form 990 (2012)
Part IV	Checklist of Required Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

G I	Statements Regarding Other IRS Fillings and Tax Compliance			г
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 10		1 63	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
,	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
3	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	J.		
•	2. 105, to fine 54 of 55, and the organization menorified 500-1.	5c		
a	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to nay promiums on a personal honefit			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	⊢		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	•		
ı	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1		
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a response to any question in this Part VI															.[▽
-------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----

56	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	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?	7a		No No
D	or persons other than the governing body?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Reven	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		•
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed ▶OH
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Schedule O)
- Describe in 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ELIZABETH T FOWLER 3900 WILDLIFE WAY CLEVELAND, OH (216)635-3342

Form	990	(2012
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

SCHULTZ & WILLIAMS 325 CHESTNUT ST STE 700 PHILADELPHIA PA 19106

\$100,000 of compensation from the organization \triangleright 3

2 Total number of independent contractors (including but not limited to those listed above) who received more than

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion (han d n is l	ne l both	oox, an d	heck unless officer stee)		Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W	-	(F) Estima amount of compens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	α	rganizatio relate organiza	d
												+		
												+		
												_		
												_		
1b	Sub-Total			•	•									
c d	Total from continuation sheet Total (add lines 1b and 1c) .	•			•	•	•	•		209,824		0		38,735
2	Total number of individuals (in-						d abov	e) w	<u>l</u> ho receive			<u> </u>		
	\$100,000 of reportable compe	ensation from th	e organ	ızatıc	n ⊫ 1			·						
													Yes	No
3	Did the organization list any fo					key	emplo	yee,	, or highes	t compen	sated employee			
_	on line 1a? If "Yes," complete S					•	• •	•				3		No
4	For any individual listed on line organization and related organ individual													
5	Did any person listed on line 1	a receive or acc	rue cor	nner	• satu	n fr	om arv	• / !!br	· ·	anization	or individual for	4		No_
,	services rendered to the organ									• • •		5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your fiv	e highest comp											h av	
	compensation from the organiz	(A)	mpens	ation	ior	.ne c	aienda	ıг уе	ar ending	with or Wi	(B)	on's T	tax year (C))
ΔΡΔΜ	N ARK SPORTS & ENTERTAINMENT 3900	ame and business)H 441	109					Des EVENT CAT	cription of services	-	Compen	
	ADNY & SWARTZ 10803 MAGNOLIA DR			/II 74J	.03						JBLICATIONS	\dashv		272.810

218,423

DIRECT MAIL CAMPAIGN

	·	e to any question	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
				exempt function revenue	business revenue	excluded fror tax under sections 512,513,0 514
1a	Federated campaigns 1a					
b c d e	Membership dues 1b	2,712,943				
С	Fundraising events 1c	343,560				
d	Related organizations 1d					
e	Government grants (contributions) 1e	45,951				
 f	All other contributions, gifts, grants, and 1f	2,043,442				
<u> </u>	sımılar amounts not ıncluded above		ļ			
	Noncash contributions included in lines 1a-1f \$	142,848				
h	Total. Add lines 1a-1f		5,145,896			
		Business Code				
2a						
b						
C						
d						
e	All other program or many and an arrangement					
f	All other program service revenue					
g	Total. Add lines 2a-2f	-				
3	Investment income (including dividends and other similar amounts)		197,868			197,8
4	Income from investment of tax-exempt bond pro	F				
5	Royalties	▶				
	(ı) Real	(II) Personal				
6a	Gross rents Less rental					
"	expenses					
C	Rental income or (loss)					
d	Net rental income or (loss)					
7a	(1) Securities Gross amount	(II) Other				
	from sales of 642,991 assets other than inventory					
ь	Less cost or other basis and 561,074					
	sales expenses Gain or (loss) 81,917					
d d	Net gain or (loss)		81,917			81,9
8a	Gross income from fundraising events (not including					
	\$ 343,560 of contributions reported on line 1c) See Part IV, line 18					
_	a	556,400				
l c	Less direct expenses b Net income or (loss) from fundraising evo	454,165	102,235			102,
	Gross income from gaming activities See Part IV, line 19	ones p -	102,233			102,
_	a					
С	Less direct expenses b Net income or (loss) from gaming activit	IAS L				
	Gross sales of inventory, less					
	returns and allowances .					
_	a					
	Less cost of goods sold b	toru				
c	Net income or (loss) from sales of invent Miscellaneous Revenue	tory Business Code				
11a	. Historianeous Nevenue	Duamesa Code				
ь						
C						
d	All other revenue					
e	Total. Add lines 11a-11d	🕨				
						i

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	ırt IX			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,774,418	2,774,418		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	209,824	65,601	100,592	43,631
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	452,075	89,458	43,468	319,149
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	31,198	3,401	10,739	17,058
9	Other employee benefits	34,744	22,852	1,820	10,072
10	Payroll taxes	48,879	11,116	11,780	25,983
11	Fees for services (non-employees)				
а	Management				
ь	Legal	181		181	
c	Accounting	35,894		35,894	
d	Lobbying	10,000		10,000	
e	Professional fundraising services See Part IV, line 17	10,000		10,000	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	62,985	34,980		28,005
13	Office expenses	50,588	· · · · · ·		18,428
14	Information technology				
15	Royalties				
16	Occupancy				
17		595			595
18	Travel	393			393
19	Conferences, conventions, and meetings	16,796	2,933	7,602	6,261
20	Interest	·			·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,334		44,334	
23	Insurance	81,095		42,168	28,447
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	52,000	21,183	.2,200	
a	POSTAGE & SHIPPING	363,559	306,342	5,359	51,858
b	AEC - EDUCATION	253,089	253,089		
c	MEMBERSHIP EXPENSE	247,093	247,093		
d	PRINTING & PUBLICATIONS	141,207	23,173	4,540	113,494
е	All other expenses	329,518	60,705	29,465	239,348
25	Total functional expenses. Add lines 1 through 24 e	5,188,072	3,919,959	365,784	902,329
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ✓ if following SOP 98-2 (ASC 958-720)	333,097			129,868
		333,09/	L 203,229	<u> </u>	129,868 m 990 (2012

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this	Dart Y				_
		eneck if benedule o contains a response to any question in this	Ture X	<u> </u>	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			409,287	1	447,082
	2	Savings and temporary cash investments			1,793,164	2	1,558,155
	3	Pledges and grants receivable, net			793,132	3	578,457
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, diemployees, and highest compensated employees Complete Par Schedule L		5			
22	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(B employers and sponsoring organizations of section 501(c)(9) volume beneficiary organizations (see instructions) Complete Part II of	rıbutıng ployees'		-		
Assets						6	
S. A	7	Notes and loans receivable, net		•		7	
_	8	Inventories for sale or use		•		8	
	9	Prepaid expenses and deferred charges			62,205	9	38,646
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	667,191			
	b	Less accumulated depreciation	10b	479,639	169,750	10c	187,552
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11			6,292,230	12	7,477,799
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			617,929	15	672,141
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u> </u>	•	10,137,697	16	10,959,832
	17	Accounts payable and accrued expenses			875,522	17	781,670
	18	Grants payable		•		18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Ø	21	Escrow or custodial account liability Complete Part IV of Scheo	dule D .			21	
Liabilitie	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi		,			
ap		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par	t X of Sched	•			
		D			71,180	25	100,599
	26	Total liabilities. Add lines 17 through 25			946,702	26	882,269
φ		Organizations that follow SFAS 117 (ASC 958), check here ► ↓ lines 27 through 29, and lines 33 and 34.	and comp	lete			
ž	27	Unrestricted net assets			7,743,100	27	8,303,411
<u> </u>	28	Temporarily restricted net assets			884,877	28	1,215,617
=	29	Permanently restricted net assets			563,018	29	558,535
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.		d			<u> </u>
	30	Capital stock or trust principal, or current funds				30	
ets ets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fu		•		32	
	33	Total net assets or fund balances			9,190,995	33	10,077,563
Net	34	Total liabilities and net assets/fund balances			10,137,697	34	10,959,832
		rotar napinties and net assets/julia palalites			10, 137,097	34	10,303,002

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,5	527,916
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,1	188,072
3	Revenue less expenses Subtract line 2 from line 1	3			39,844
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			 190,995
5	Net unrealized gains (losses) on investments	5			556,314
6	Donated services and use of facilities	6			730,31
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-9,590
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		10 (077,563
Par	t XII Financial Statements and Reporting			10,0	
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separasis, consolidated basis, or both	arate			
	▼ Separate basis			1	
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n		ii	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Software ID: **Software Version:**

EIN: 34-0816490

Name: CLEVELAND ZOOLOGICAL SOCIETY

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Officers, Dir	ectors	,Tru	uste	es,	Key	/ En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	o not one son i er an trust	box s bo d a tee)	, th		(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
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
VIRGINIA D BENJAMIN PRESIDENT	4 00	х						0	0	0
ERIC HALL TREASURER	4 00	х						0	0	0
JUSTIN R HORTON SECRETARY	2 00	х						0	0	0
STEVE H TAYLOR ZOO DIRECTOR	4 00	х						0	0	0
ROBERT S REITMAN CHAIRMAN EMERITUS	1 00	х						0	0	0
ROBERT J ROGERS CHAIRMAN	3 00	х						0	0	0
ROBERT U FEIN BOARD MEMBER	1 00	х						0	0	0
SCOTT T BERLIN BOARD MEMBER	1 00	х						0	0	0
JANICE FOCKE BOARD MEMBER	1 00	х						0	0	0
MUFFY BOLAND BOARD MEMBER	1 00	х						0	0	0
JAMES FRANCIS BOARD MEMBER	2 00	х						0	0	0
THOMAS F BRENNER BOARD MEMBER	1 00	х						0	0	0
GREGORY D FRIEDMAN BOARD MEMBER	3 00	х						0	0	0
MARILYN K BROWN BOARD MEMBER	1 00	х						0	0	0
MARGARET FULTON-MUELLER BOARD MEMBER	1 00	х						0	0	0
GREGORY K GALE BOARD MEMBER	1 00	х						0	0	0
GEORGE S COAKLEY BOARD MEMBER	1 00	х						0	0	0
CAROL HALL BOARD MEMBER	1 00	х						0	0	0
LYDIA HARRINGTON BOARD MEMBER	1 00	х						0	0	0
LOREE CONNORS BOARD MEMBER	1 00	х						0	0	0
ELIZABETH HIJAR BOARD MEMBER	1 00	х						0	0	0
RANDOLPH E CORBIN BOARD MEMBER	1 00	х						0	0	0
NICOLE HILBERT BOARD MEMBER	2 00	х						0	0	0
DANA DEMETRIOU BOARD MEMBER	1 00	х						0	0	0
CHARLES R EMRICK JR BOARD MEMBER	1 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the per from related compensation organization (Worganizations (Wan officer and a from the week (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Individual 1 or dilector Institutional hours organizations for employee related organızatıons trustae below Trustee dotted line) 2 00 LISA HUNT Χ 0 0 0 BOARD MEMBER 1 00 SALLY EVERETT 0 Х 0 BOARD MEMBER 4 00 THOMAS N LITTMAN 0 0 0 Х BOARD MEMBER 1 00 ANTHONY R PETRUZZI Х 0 0 0 BOARD MEMBER 2 00 JOSEPH J MAHOVLIC 0 0 Χ BOARD MEMBER 1 00 ALLYN J PYTEL 0 0 0 Х BOARD MEMBER 1 00 MARGARET RATNER 0 0 0 Х BOARD MEMBER 1 00 RANDALL E MARCUS MD 0 0 0 BOARD MEMBER 2 00 JACOB I ROSENBAUM Χ 0 0 BOARD MEMBER 1 00 0 0 0 X BOARD MEMBER 1 00 ROBERT E SOROKA Χ 0 0 0 BOARD MEMBER 1 00 ALLEN MISTYSYN 0 Χ 0 BOARD MEMBER 1 00 LAUREN SPILMAN 0 0 0 Х BOARD MEMBER 1 00 GREG P MULACH Х 0 0 0 BOARD MEMBER 1 00 BILLIE STEFFEE Х 0 0 0 BOARD MEMBER 1.00 PATRICK S MULLIN 0 0 0 Х BOARD MEMBER 1 00 **NELSON S TALBOTT** 0 0 0 Х BOARD MEMBER 1 00 GREGG G MURESAN Χ 0 0 0 BOARD MEMBER 1 00 NANCY TANIS Х 0 0 0 BOARD MEMBER 1 00 RANDALL S MYEROFF 0 0 0 Х BOARD MEMBER 1 00 THOMAS N TYRRELL Х O 0 0 BOARD MEMBER 1 00 DANIEL J O'LOUGHLIN 0 0 0 BOARD MEMBER 1 00 IRIS J VAIL 0 0 0 Х BOARD MEMBER 3 00 MICHAEL VAUGHN 0 0 Х 0 BOARD MEMBER 1 00 DANIEL R WARREN 0 0 BOARD MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

40 00

ELIZABETH T FOWLER

EXECUTIVE DIRECTOR

DIR OF FIN AND OPERATIONS

MARY L MCMILLAN

(A) Name and Title	(B) Average hours per week (list	(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
TED EVANS BOARD MEMBER	1 00	х						0	0	0
JIM EVEN BOARD MEMBER	1 00	х						0	0	0
GRETCHEN FARRELL BOARD MEMBER	1 00	х						0	0	0
TOM FISTEK BOARD MEMBER	1 00	х						0	0	0
JOE HATINA BOARD MEMBER	1 00	х						0	0	0
EDWARD W HILL BOARD MEMBER	1 00	х						0	0	0
CHRIS NAGEL BOARD MEMBER	1 00	х						0	0	0
BRIAN O'NEILL BOARD MEMBER	1 00	х						0	0	0
SHELLY PEET BOARD MEMBER	1 00	х						0	0	0
ETHAN SPENCER BOARD MEMBER	1 00	х						0	0	0
STEFFANY MATTICOLA LARKINS BOARD MEMBER	2 00	х						0	0	0

Х

114,733

95,091

27,783

10,952

0

0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493311017873

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

		ne organ							Employer	ident if icat ic	n number
CLEVI	ELAND Z	OOLOGICA	AL SOCIETY						34-08164	100	
Da	rt I	Peac	on for Du	ıblic Charity Sta	tus (All or	nanizations	s must com	nlete this n			
				te foundation becaus						isti actions	•
1	- J			ion of churches, or a							
2	, _			d in section 170(b)(1					/(-/(-/(-/		
3	, _			perative hospital se				n 170(b)(1)	(A)(iii).		
4	, T			h organization opera						1)(A)(iii) F	nter the
•	'			ity, and state	cea iii conjan	iccion with a	nospital des	cribed iii see	270(2)(±/(~/(/.	incer ene
5	Γ			erated for the benefi	t of a college	e or universi	ty owned or o	perated by a	governmen	tal unit desc	rıbed ın
		sect ior	170(b)(1)((A)(iv). (Complete P	art II)						
6	Γ	A fede	ral, state, or	local government o	r governmen	tal unit desc	rıbed ın secti	on 170(b)(1)(A)(v).		
7	굣	An org	anization th	at normally receives	a substantia	al part of its	support from	a governme	ntal unit or f	rom the gen	eral public
	_			on 170(b)(1)(A)(vi).							
8	<u> </u>		-	described in sectio i			-	-			
9	ı			at normally receives							
		•		rities related to its e	•	-			` ,		
				oss investment inco						tax) from bu	isinesses
	_			ganızatıon after June 							
10	<u> </u>	_		ganızed and operate							
11	ļ			ganized and operated ly supported organiz							
				ibes the type of supp						ee section 5	os(a)(s). Check
			┌ Type I							on-functiona	illy integrated
е	Γ	By che	cking this b	ox, I certify that the	organization	ıs not cont	rolled directly	or indirectl	y by one or r	nore disqual	ıfıed persons
				ion managers and ot	her than one	or more pub	olicly support	ed organızat	ions describ	ed in sectio	n 509(a)(1) or
f			n 509(a)(2)	received a written d	etermination	from the IR	Sthatitica	Tyne I Tyne	II orType	III sunnort	ing organization
•			this box	received a written a	cccimmation	mom the In	S that it is a	1 9 0 1 , 1 9 0 0	. 11, 01 Type	TIT Support	
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the		
			ng persons?								
				rectly or indirectly o				persons des	cribed in (ii)		Yes No
		•		governing body of th		_	n /			11g	
			•	er of a person descr			- 1 2			11g	
L		• •		lled entity of a perso		., .,				11g	(111)
h		Provide	e the followi	ng information about	the Support	eu organizat	.1011(5)				
	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	notify	(vi) Is	the	(vii) A mount of
	suppo			organization	organizat		the organi		organizat		monetary
o	rganiz	ation		(described on	col (i) lıs		ın col (i) d	,	col (i) org		support
				lines 1-9 above or IRC section	your gove docume		suppor	t?	ın the U	S?	
				(see	docume	ille"					
				instructions))	Vos	Ne	Yes No		No Yes		1
					Yes	No	Yes	NO	res	No	
											1
										ļ	

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 5,833,343 4,373,757 5,218,854 6,493,956 5,145,896 27,065,806 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 5,833,343 4,373,757 5,218,854 6,493,956 5,145,896 27,065,806 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 163,798 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 26,902,008 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 5,145,896 5,833,343 4,373,757 5,218,854 6,493,956 27,065,806 Amounts from line 4 Gross income from interest, dividends, payments received on 325,628 197,567 127,115 197,868 994,282 securities loans, rents, royalties 146,104 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 28,060,088 through 10) Gross receipts from related activities, etc (see instructions) 12 12 3,832,743 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 95 870 % Public support percentage for 2011 Schedule A, Part II, line 14 15 15 95 530 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493311017873

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

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. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** CLEVELAND ZOOLOGICAL SOCIETY 34-0816490 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 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 Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

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

Check	▶	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	10,000	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b	o)	10,000	
d	Other exempt purpose expenditures		5,178,072	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	5,188,072	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	409,404	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	102,351	
h	Subtract line 1g from line 1a If zero or less, ent	er - O -	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 4720	reporting	

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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expend	ditures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount	382,864	420,429	464,907	409,404	1,677,604
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,516,406
c	Total lobbying expenditures	35,000	35,000	10,000	10,000	90,000
d	Grassroots nontaxable amount	95,716	105,107	116,227	102,351	419,401
e 	Grassroots ceiling amount (150% of line 2d, column (e))					629,102
f_	Grassroots lobbying expenditures	10,000	10,000	· 1	10,000	40,000

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second of the	(a	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493311017873

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

lema	Revenue Service P- Attach to For	m 990. F See separate instructions.		Inspection
	me of the organization VELAND ZOOLOGICAL SOCIETY		Emp	loyer identification number
				0816490
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
;	Aggregate grants from (during year)			
ļ	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor advi	sed Yes No
II	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef			
	conferring impermissible private benefit?	11	- F	
æ	Purpose(s) of conservation easements. Complete if Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat	anization (check all that apply) or education)	n histor	·
	Preservation of open space			
:	Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in	the forn	n of a conservation
	easement on the last day of the tax year			
	-		<u> </u>	Held at the End of the Year
a	Total number of conservation easements		2a	
)	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histo	• •	2c	
t	Number of conservation easements included in (c) acq historic structure listed in the National Register	juired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ie organization during
	the tax year 🗠			
	Number of states where property subject to conservat	ion easement is located ►		
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments c	luring the year
	A mount of expenses incurred in monitoring, inspecting \$\blue{\sigma}\$ \blue{\sigma}\$, and enforcing conservation easement	s auring	g the year
	Does each conservation easement reported on line 2(of and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ι)
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the	e footnote to the organization's financia		
	the organization's accounting for conservation easeme		- 0:	
<u>ar</u>	Complete if the organization answered "Y	es" to Form 990, Part IV, line 8.		
а	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
а				▶ \$
	Revenues included in Form 990, Part VIII, line 1			F ⊅

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	t, HIS	<u>torical i</u>	<u>reasui</u>	res, or O	<u>tne</u>	<u>' Similar As</u>	ssets (d	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	ds, ch	neck any of	the follo	wing that a	re a	sıgnıfıcant us	e of its	
а	Public exhibition		d	┌ Loan	or exch	ange progr	ams			
b	Scholarly research		e	┌ Othe	r					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain hov	w they furth	er the o	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicities	or receive donation:	s of ar	t. historica	l treasuı	res or othe	rsım	ılar		
	assets to be sold to raise funds rather than t	to be maintained as	part o	of the organ	ızatıon's	collection	?		☐ Yes	☐ No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					answere	d "Ye	es" to Form	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	edıary	for contrib	utions o	r other ass	ets n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving table		Г	ı			
_						-	_	A	mount	
c	Beginning balance					-	1c			
d	Additions during the year					_	1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						☐ Yes	Г No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	nation has	been pr	ovided in P	art X	III		
Pa	rt V Endowment Funds. Complete									
4.	Parimoina of ware balance	(a)Current year 2,227,450	(b)	Prior year 2,257,482	b (c)⊺w	o years back 2,182,052		hree years back 1,860,806		years back 2,149,201
la L	Beginning of year balance	33,022		50,697		134,727		70,315		409,384
b	Contributions	33,022		30,097		134,727		70,313		409,364
С	Net investment earnings, gains, and losses	324,864		6,643		161,138		349,082		-585,409
d	Grants or scholarships	81,792		87,372		220,435		98,151		112,370
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	2,503,544		2,227,450		2,257,482		2,182,052		1,860,806
2	Provide the estimated percentage of the cur	rent vear end balan	ce (lın	ne 1a. colun	nn (a)) h	eld as			I	
a	Board designated or quasi-endowment ►	98 120 %	(9,	(=//					
b	Permanent endowment • 1 880 %									
	r ennament endowment F									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that are hel	d and a	dministered	for	the	Yes	s No
	(i) unrelated organizations							За	(i)	No
	(ii) related organizations								(ii)	No
	If "Yes" to 3a(II), are the related organization						٠	3	ь	
4	Describe in Part XIII the intended uses of the				10					
Pa	t VI Land, Buildings, and Equipme Description of property	ent. See Form 95	90, Pa	(a) Cost		(b)Cost or o	other	(c) Accumulate	-d (d)	Book value
	Description of property			basis (inve		basis (other		depreciation		DOOK Value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment					667	,191	479,	639	187,552
	0.11					1				
е	Other		•				I			

(a) Description of security or category (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Cost or end-of-year market value (d) Introduction plants (d) Introduction (d)	Part VIII Investments—Other Securities. Sec	<u>e Form 990, Part X, line 12.</u>	•	
	(a) Description of security or category		(c) Method of val	
Total, (Colume (a) must appeal from 996, for X, col (b) total (c) Part X, line 15.	(including name of security)		Cost or end-of-year m	narket value
Total, (Column (2) must repail from 590, Part X, cot (4) time 22 Part X, line 13.	(1)Financial derivatives	6,811,776	F	
Total, (Column (2) must repail from 590, Part X, cot (4) time 22 Part X, line 13.	(2)Closely-held equity interests			
A				
Total. (Column (b) must equal form 990, Part X, col.(8) line 15.	(A) INVESTMENTS - OTHER SECURITIES	666,023	F	
Total. (Column (b) must equal form 990, Part X, col.(8) line 15.				
Total. (Column (b) must equal form 990, Part X, col.(8) line 15.				
Total. (Column (b) must equal form 990, Part X, col.(8) line 15.				
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Total. (Column (b) must equal form 990, Part X, col.(8) line 15.				
Total. (Column (b) must equal form 990, Part X, col.(8) line 15.	Total. (Column (b) must equal Form 990. Part X. col. (B) line 12.)	7.477.799		
(a) Description of investment type (b) Book value Cost or end-of valuation Cost or end-of-year market value Total. (Columns (h) must equal tone 1988, Nort X, col (k) line 15) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Description (d) Description (e) Description (f) Description (h) Book value (c) Description (b) Book value (c) Description (d) Description (e) Description (f) Description (g) Description (h) Book value			2	
Cost or end-of-year market value				
Total. (Column (b) must equal Form 990, Fast X, col (b) low 13) ▶ POTIZE Other Assets, See Form 990, Part X, Inc. 15.	(a) Description of investment type	(b) Book value		
Total Column (b) must equal Form 990, Part X, col (B) line 15. (a) Description (b) Book value (c) BENEFICIAL INTEREST IN TRUSTS 160,604			Cost of elid-of-year if	iaiket value
Total Column (b) must equal Form 990, Part X, col (B) line 15. (a) Description (b) Book value (c) BENEFICIAL INTEREST IN TRUSTS 160,604				
Total Column (b) must equal Form 990, Part X, col (B) line 15. (a) Description (b) Book value (c) BENEFICIAL INTEREST IN TRUSTS 160,604				
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Total Column (b) must equal Form 990, Part X, col (B) line 15. (a) Description (b) Book value (c) BENEFICIAL INTEREST IN TRUSTS 160,604	Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶		
(a) Description (b) Book value (1) CHARITABLE GIFT ANNUITIES 160,600 (2) BENEFICIAL INTEREST IN TRUSTS 511,531 Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 672,141 Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value Federal income taxes		ine 15.		
(1) CHARITABLE GIFT ANNUITIES (2) BENEFICIAL INTEREST IN TRUSTS (2) BENEFICIAL INTEREST IN TRUSTS (3) S11,53! Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 100,599			(b) Book value
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1 (a) Description of liability (b) Book value Federal income taxes ANNUITY OBLIGATIONS 100,599 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 100,599				
Federal Income taxes ANNUITY OBLIGATIONS 100,599 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 100,599	() 5			
ANNUITY OBLIGATIONS 100,599 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 100,599		(-, -, -, -, -, -, -, -, -, -, -, -, -, -		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 100,599	Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 100,599	ANNUITY OBLIGATIONS	100,599		
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,				
,	Total, (Column (h) must equal Form 990, Part Y, col /R) line 25.)	100 500		

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	6,686,205
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	704,124
3	Subtract line 2e from line 1	3	5,982,081
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-454,165
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,527,916
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	5,799,637
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	611,565
3	Subtract line 2e from line 1	3	5,188,072
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)]	
c	Add lines 4a and 4b	4c	O
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5.188.072

Part XIII Supplemental Information

Complete this part to 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

I dentifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS		THE ZOOFUTURES FUND ASSETS AVAILABLE FOR DISTRIBUTION ARE TO BE USED FOR CONSERVATION/SCIENCE PROGRAMS AND CLEVELAND ZOOLOGICAL SOCIETY PROJECTS THERE ARE NO SET RESTRICTIONS ON WHAT THE FUNDS CAN BE USED FOR, BUT GENERALLY THIS INCLUDES ITEMS "ABOVE AND BEYOND" NORMAL PROGRAM AND ZOO OPERATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		IN ACCORDANCE WITH THE "INCOME TAXES" TOPIC OF THE FASB ASC, UNCERTAIN INCOME TAX POSITIONS ARE EVALUATED AT LEAST ANNUALLY BY MANAGEMENT AS OF DECEMBER 31, 2012 AND 2011, THE ZOO SOCIETY HAS IDENTIFIED NO UNCERTAIN INCOME TAX POSITIONS AND HAS INCURRED NO AMOUNTS FOR INCOME TAX PENALTIES AND INTEREST FOR THE YEARS THEN ENDED
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - 9,590
PART XI, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE -454,165
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE 454,165

DLN: 93493311017873

OMB No 1545-0047

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization CLEVELAND ZOOLOGICAL SOCIETY **Employer identification number**

					34-0816490	
Pa	rt I General Informatio "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiza	ition answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	organization m gibility for the q	aıntaın record grants or assıs	stance, and the selection	on criteria used to awa	
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitorii	ng the use of grant fur	nds outside
3	Activites per Region (The follow	ving Part I, line 3	table can be d	uplicated if additional spa	ce is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
	EAST ASIA & THE PACIFIC	0	0	GRANTMAKING		81,327
	SOUTH ASIA	0	0	GRANTMAKING		3,500
	SUB-SAHARAN AFRICA	0	0	GRANTMAKING		6,960
	SOUTH AMERICA	0	0	GRANTMAKING		91,086
	EUROPE	0	0	GRANTMAKING		42,760
За	Sub-total	0	0			225,633
	Total from continuation sheets		-			0

0

to Part I

c Totals (add lines 3a and 3b)

225,633

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othei
		AFRICA	EDUCATION - AFRICAN LION & CHEETAH	3,500	WIRE TRANSFER			
		AFRICA	FIELD PARTNER SUPPORT	3,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	CONSERVATION - ORANGUTAN	2,500	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	FIELD PARTNER SUPPORT	7,050	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	FIELD PARTNER SUPPORT	5,000	WIRE TRANSFER			
		SOUTH ASIA	CONSERVATION - GHARIAL	3,500	WIRE TRANSFER			
		EUROPE	CONSERVATION - AWARD	25,000	WIRE TRANSFER			
		EUROPE	CONSERVATION - REDUCING HUMA- CARNIVOR CONFLICT	4,420	WIRE TRANSFER			
		EUROPE	CONSERVATION - GORILLAS	2,500	WIRE TRANSFER			
		EUROPE	WORKSHOP - GORILLAS	6,500	WIRE TRANSFER			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be dup				T	ı		T
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CONFERENCE SUPPORT	AFRICA	1	460	WIRE TRANSFER			
ASIAN TURTLE PROJECT	EAST ASIA	1	63,777	WIRE TRANSFER			
ASIAN TURTLE PROJECT	EAST ASIA	1	3,000	WIRE TRANSFER			
CONSERVATION - SLOW LORIS	EUROPE	1	3,490	WIRE TRANSFER			
FIELD PARTNER SUPPORT	EUROPE	1	850	WIRE TRANSFER			
CHACOAN PECCARY SSP	SOUTH AMERICA	1	58,300	WIRE TRANSFER			
CONSERVATION - BLACK-TAILED PRARIE DOGS	SOUTH AMERICA	1	3,789	WIRE TRANSFER			
CONSERVATION - AMPHIBIANS & REPTILES	SOUTH AMERICA	1	5,000	WIRE TRANSFER			
CONSERVATION - ANTILLEAN MANATEES	SOUTH AMERICA	1	5,000	WIRE TRANSFER			
CONSERVATION - GENETIC POPULATIONS/STRUCTURE OF COATI	SOUTH AMERICA	1	4,928	WIRE TRANSFER			
CONSERVATION - HOARY FOX	SOUTH AMERICA	1	4,800	WIRE TRANSFER			
CONSERVATION - DARWIN'S FOX	SOUTH AMERICA	1	4,449	WIRE TRANSFER			
CONSERVATION - FUNCTIONAL CONNECTIVITY BETWEEN BIRD SPECIES	SOUTH AMERICA	1	4,820	WIRE TRANSFER			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	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 file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Supplemental Information

Complete this part to 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).

		ditional information (see instructions).
Identifier PROCEDURE FOR MONITORING	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 ALL GRANTS ARE AWARDED BASED ON THE YEARLY CONSERVATION BUDGET THAT IS ALLOCATED TO A SPECIFIC CONSERVATION FUNDING PROGRAM PROJECTS ARE FUNDED VIA PROPOSALS SUBMITTED TO THE ASSOCIATE CONSERVATION CURATOR AND EVALUATED THROUGH A VARIETY OF MEANS DEPENDING ON THE PROGRAM ALL AWARDS ARE APPROVED BY THE GENERAL CURATOR AND ZOO DIRECTOR ALL OF THE PROGRAMS HAVE EXISTING GUIDELINES DEFINING PROGRAM GOALS/FOCUS, FUNDING/AWARD AMOUNTS AVAILABLE, CRITERIA FOR FUNDING, PROCESS FOR APPLICATION AND REVIEW AND EXPECTATIONS OF GRANT RECIPIENTS PROCEDURES ANI GUIDELINES EXIST FOR GRANTEE ELIGIBILITY, SELECTION AND FUNDING CRITERIA RECORDS ARE KEPT ON ALL PROJECTS WHICH ARE AWARDED FUNDING, FROM THE INITIAL APPLICATION THROUGH THE COMPLETION OF GRANT AGREEMENT/COMMITMENT ALL INTERNATIONAL PROPOSALS ARE PUT THROUGH A REVIEW PROCESS, WHICH INCLUDES AN EVALUATION OF THE PRINCIPAL INVESTIGATOR OR ORGANIZATION REQUESTING FUNDS, ANY COLLABORATORS AND LETTERS OF COMMITTMENT/SUPPORT (REQUIRED FOR ALL COLLABORATORS, GOVERNING BODIES, PROTECTED AREA, ORGANIZATION/GROUP OR INSTITUTION WHOSE COOPERATION IS NECESSARY FOR PROJECT COMPLETION), AND/OR LETTERS OF RECOMMENDATION (MAY BE INCLUDED AS APPROPRIATE TO ADVOCATE PRINCIPAL INVESTIGATOR, COLLABORATORS OR PROJECT THESE MAY BE FROM GOVERNMENTAL/NON-GOVERNMENTAL AGENCIES, COMMUNITY COUNSELS, ASSOCIATION OF ZOOS AND AQUARIUMS GROUPS, ZOOS UNIVERSITY ADVISORS, ESTABLISHED FIELD SCIENTISTS ETC) UPON SELECTION, AWARDEES ARE REQUIRED TO PROVIDE WRITTEN ACCEPTANCE OF AWARD, INCLUDING AS GIGNED GRANT AGREEMENT BEFORE FUNDS ARE RELEASED VERIFICATION MUST ALSO BE SENT ONCE FUNDS ARE RECEIVED GRANTEES MUST MAINTAIN CONTACT WITH AND PROVIDE PERIODIC UPDATES TO TH CLEVELAND ZOOLOGICAL SOCIETY (MINIMUM 6 MONTH UPDATE VIA EMAIL) AND SUBMIT A FINAL REPORT, INCLUDING ACCOUNTING OF FUNDS WITHIN ONE YEAR OF
METHOD USED TO ACCCOUNT		RECEIPT OF THE GRANT SCHEDULE F, PART I, LINE 3 ALL FUNDS LISTED WERE
FOR EXPENDITURES		GRANT DISTRIBUTIONS COVERED BY THE TERMS AND CONDITIONS DESCRIBED ABOVE
		I
· · · · · · · · · · · · · · · · · · ·		

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DLN: 93493311017873

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization CLEVELAND ZOOLOGICAL SOCIETY

Employer identification number

34-0816490

Pa	rt I Fundraising Act	ivities. Complete	e if the or	ganızatı	on answered "Yes" t	to Form 990, Part IV	, line 17.
1 a	Indicate whether the organ Mail solicitations	ızatıon raısed funds	through ar		following activities Che Solicitation of non		
	Internet and email soli				Solicitation of gov		
b	<u> </u>	citations		f	-	-	
c d	Phone solicitations In-person solicitations	i e		g	Special fundraisin	g events	
2a b	Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at leas	Form 990, Part VII t paid individuals or) or entity entities (f	ın connec	tion with professional f	undraising services?	F Yes F No ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tota				<u></u>			
3	List all states in which the licensing	organization is regis	tered or li	censed to	I o solicit funds or has be	I en notified it is exempt	I from registration or

Sche	dule	G (Form 990 or 990-EZ) 2012				Page 2			
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contributi						
			(a) Event #1 ZIPPITYZOODOO	(b) Event #2 TWILIGHT AT THE	(c) O ther events	(d) Total events (add col (a) through col (c))			
			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	297,698	563,698	32,784	894,180			
ě	2	Less Contributions	240,523	96,054	6,984	343,561			
<u> </u>	3	Gross income (line 1 minus line 2)	57,175	467,644	25,800	550,619			
	4	Cash prizes	0	0	0				
မှာ	5	Noncash prizes	0	0	0				
a L	6	Rent/facility costs	32,706	0	0	32,706			
Direct Expenses	7	Food and beverages .	72,863	193,886	0	266,749			
	8	Entertainment	2,535	2,000	0	4,535			
	9	Other direct expenses .	21,227	93,885	22,088	137,200			
	10	10 Direct expense summary Add lines 4 through 9 in column (d)							
	11	Net income summary Combine lii	ne 3, column (d), and line	10	🛌	109,429			
Par	t II			'Yes" to Form 990, Pa	rt IV, line 19, or repo				
<u>—</u>		======================================	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add			
Revenue				bingo/progressive bingo	(-,	col (a) through col			
Rev	1	Gross revenue				(9)			
enses	2	Cash prizes							
pen	3	Non-cash prizes							
Direct Exp	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Г Yes	Г Yes	Г Yes Г No				
	7	Direct expense summary Add lines	s 2 through 5 in column (o	d)					
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)					
_	·								
9 a		ter the state(s) in which the organiza the organization licensed to operate				. Fyes Fno			
b		No," explain							
10a	We	re any of the organization's gaming l							
b	If"	Yes," explain							

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493311017873

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization CLEVELAND ZOOLOGICAL SOCIETY 34-0816490 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. (c) IRC Code section (d) Amount of cash (e) Amount of non-(a) Name and address of **(b)** EIN (f) Method of (g) Description of (h) Purpose of grant organization ıf applicable valuation non-cash assistance or assistance arant cash (book, FMV, or government assistance appraisal, other) CHARITABLE (1) CLEVELAND 34-6000704 1,880,991 CONTRIBUTION METROPOLITAN PARK DISTRICT 4101 FULTON ROAD CLEVELAND, OH 44111 CONSERVATION & (2) CLEVELAND 254,941 34-6000704 METROPOLITAN PARK RESEARCH DISTRICT 4101 FULTON ROAD CLEVELAND, OH 44111 EDUCATION (3) CLEVELAND 34-6000704 49,998 METROPOLITAN PARK DISTRICT 4101 FULTON ROAD CLEVELAND, OH 44111 (4) CLEVELAND 34-6000704 486,962 SPECIAL EVENTS METROPOLITAN PARK AND SPECIAL DISTRICT **PROJECTS** 4101 FULTON ROAD CLEVELAND, OH 44111 BOO AT THE ZOO (5) CLEVELAND 34-6000704 33,750 MÉTROPOLITAN PARK DISTRICT 4101 FULTON ROAD CLEVELAND, OH 44111

	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier Return Reference Explanation

Schedule I (Form 990) 2012

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DLN: 93493311017873

OMB No 1545-0047

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" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization CLEVELAND ZOOLOGICAL SOCIETY **Employer identification number**

34-0816490

	Questions Regarding compensation				
			Yes	No	
la	Check the appropriate box(es) if the organization provided any of the following 990, Part VII, Section A, line 1a Complete Part III to provide any relevan				
	First-class or charter travel Housing allow	ance or residence for personal use			
		pusiness use of personal residence			
		al club dues or initiation fees			
	Discretionary spending account Personal servi	ces (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a writt reimbursement or provision of all of the expenses described above? If "No,				
2	Did the organization require substantiation prior to reimbursing or allowing directors, trustees, and the CEO/Executive Director, regarding the items c				
3	Indicate which, if any, of the following the filing organization used to establi organization's CEO/Executive Director Check all that apply Do not check used by a related organization to establish compensation of the CEO/Exec	any boxes for methods			
	▼ Compensation committee	ment contract			
		survey or study			
	Form 990 of other organizations Approval by the	e board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line or a related organization	e 1a with respect to the filing organization			
а	a Receive a severance payment or change-of-control payment?				
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
С	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 an	ounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organized compensation contingent on the revenues of	ration pay or accrue any			
а	The organization?	5a		Νo	
b	Any related organization?	5b		No	
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organize compensation contingent on the net earnings of	ration pay or accrue any			
а	The organization?	6a		Νo	
b	b Any related organization?				
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organize payments not described in lines 5 and 6? If "Yes," describe in Part III	ration provide any non-fixed 7		Νo	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuar subject to the initial contract exception described in Regulations section 5 in Part III	3 4958-4(a)(3)? If "Yes," describe		NI -	
^		8		No	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption section 53 $4958-6(c)$?	n procedure described in Regulations 9			

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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) 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 (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
(1)ELIZABETH T FOWLER EXECUTIVE DIRECTOR	(i) (ii)	104,733 0	10,000	0	0 0	27,783 0	142,516 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference

Schedule J (Form 990) 2012

Explanation

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DLN: 93493311017873

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

Noncash Contributions

Name of the organization CLEVELAND ZOOLOGICAL SOCIETY

Employer identification number

Da	Tunes of Drane-t-				34-0816490			
Ра	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	(d Method of d noncash contrib	- etermı		ts
	Aut. Manks of out			1 g				
	Art—Works of art							
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	11	142,848	FMV ON TRANSFE	R DAT	E	
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
	Qualified conservation contribution—Historic							
	structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—O ther							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ►()							
	O ther ►() O ther ► ()							
	Number of Forms 8283 received	by the orga	nization during the tay yea	r for contributions				
	for which the organization comple				29			
	3		, ,	J L			Yes	No
0a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	I					
1	Does the organization have a gif	ft acceptand	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
12a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	noncash • • •	32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not report	t an amount	in column (c) for a type of	property for which column (a) ıs checked,			
	describe in Part II							

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to 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.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493311017873

SCHEDULE O (Form 990 or 990-EZ)

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization CLEVELAND ZOOLOGICAL SOCIETY	Employer identifi	cation number
	34-0816490	

Identifi	er Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE, AS WELL AS THE EXECUTIVE DIRECTOR, PRIOR TO BEING FILED WITH THE IRS AND THE BOARD IS NOTIFIED AND PROVIDED WITH AN ELECTRONIC COPY OF THE REPORT PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH TRUSTEE IS REQUIRED TO SIGN THE ORGANIZATION'S CONFLICT OF INTEREST STATEMENT UPON THEIR ELECTION TO THE BOARD AND AT EACH RENEWAL OF THEIR THREE-YEAR TERM IF AND WHEN POTENTIAL CONFLICT ARISES, THE TRUSTEE IS EXPECTED TO EXCUSE HIM OR HERSELF FROM ANY DECISIONS OR VOTES THERE IS GENERALLY NO HISTORY OF REQUIRED ENFORCEMENT OF THE POLICY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE, A SUBSET OF THE HUMAN RESOURCES COMMITTEE, REVIEWS AND APPROVES THE RECOMMENDATION OF THE EXECUTIVE DIRECTOR FOR ALL ANNUAL PAYROLL INCREASES OTHER THAN THAT OF THE EXECUTIVE DIRECTOR THE COMPENSATION COMMITTEE USES THE ASSOCIATION OF ZOOS AND AQUARIUMS AND NONPROFIT INDUSTRY SURVEYS FOR COMPARABILITY DATA, WHICH IS TAKEN INTO CONSIDERATION IN THE DETERMINATION OF THE EXECUTIVE DIRECTOR'S COMPENSATION THE COMPENSATION COMMITTEE'S RECOMMENDATIONS ARE THEN SUBMITTED TO THE EXECUTIVE COMMITTEE FOR REVIEW, CONSIDERATION AND APPROVAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation	
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -9,590	

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE MEETS WITH THE AUDIT FIRM AND ZOO SOCIETY MANAGEMENT IN THE FALL OF EACH YEAR TO REVIEW ANY MAJOR NEW ACCOUNTING PRONOUNCEMENTS AND REGULATORY CHANGES AND TO PLAN FOR THE UPCOMING AUDIT FIELDWORK IS SCHEDULED AT THAT TIME ONCE THE FIELDWORK IS COMPLETE, A DRAFT REPORT IS CIRCULATED TO THE AUDIT AND EXECUTIVE COMMITTEES PRIOR TO THE AUDIT COMMITTEE MEETING AT SAID MEETING, THE AUDIT FIRM REVIEWS THE REPORT, THEN STAFF IS EXCUSED, FOLLOWED BY THE AUDIT FIRM THE AUDIT COMMITTEE THEN DETERMINES WHETHER THE REPORT WILL BE ACCEPTED AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE TO BE RECEIVED AT ITS NEXT MEETING. THE AUDIT COMMITTEE DECIDES WHETHER OR NOT TO RETAIN THE FIRM FOR THE NEXT CYCLE AT THE AUDIT REVIEW MEETING.

ldentifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION MISSION CONTINUED	FORM 990, PART III, LINE 1	THE ZOO SOCIETY WAS FOUNDED IN 1957 AND IS GOVERNED BY A 62-MEMBER BOARD OF TRUSTEES CURRENT SIGNATURE INITIATIVES INCLUDE. "WE CARE FOR PEOPLE," WHICH PROVIDES SCHOLARSHIPS AND STRENGTHENS STUDENT READINESS FOR STEM CAREERS, "WE CARE FOR ANIMALS," WHICH SUPPORTS VETERINARY AND WELLNESS PROJECTS AND PROFESSIONAL EDUCATION TO HELP THE ZOO MEET A RANGE OF IMPORTANT ANIMAL CARE NEEDS, AND "WE CARE FOR THE PLANET," WHICH CONNECTS THE ZOO WITH CONSERVATION PROGRAMS AROUND THE GLOBE, WITH SIGNIFICANT SUPPORT PROVIDED TO PARTNERS IN ASIA, AFRICA AND THE AMERICAS NO MATTER HOW YOU ENJOY THE ZOO, MANY OF THE ZOO AND ZOO SOCIETY'S PROGRAMS WOULD NOT BE POSSIBLE WITHOUT THE SUPPORT OF OUR GENEROUS COMMUNITY AS WE LOOK TO THE FUTURE, WE ARE CONFIDENT THAT WITH YOUR SUPPORT, THE ZOO WILL STAY ACCESSIBLE, WELCOMING AND EXCITING, WITH AN EVER-STRONGER COMMITMENT TO SUSTAINABLE OPERATIONS, CONSERVATION AND EDUCATION PROGRAMS, AND THE VERY BEST FOR "OUR" ANIMALS