

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization COLUMBUS ZOOLOGICAL PARK ASSOCIATION		D Employer identification number 31-4390844	
	Doing business as		E Telephone number 614-645-3400	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 101,422,887.	
	P.O. BOX 400		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code POWELL, OH 43065-0400		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: ANGEL MUMMA SAME AS C ABOVE		If "No," attach a list. See instructions		H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: HTTPS://WWW.COLUMBUSZOO.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1930 M State of legal domicile: OH	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: EMPOWERING PEOPLE. SAVING WILDLIFE.		
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) 3 25		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 25		
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 348		
	6	Total number of volunteers (estimate if necessary) 6 1738		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 5,325,916.		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 654,617.			
Revenue	8	Contributions and grants (Part VIII, line 1h) 40,117,800.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 28,372,645.	40,117,800.	43,605,536.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 819,719.	28,372,645.	33,420,504.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,592,837.	819,719.	3,727,587.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 89,903,001.	20,592,837.	6,536,672.
	12		89,903,001.	87,290,299.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,498,320.	2,498,320.	3,696,844.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 38,647,706.	38,647,706.	39,133,456.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,708,308.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 36,336,916.	36,336,916.	33,005,962.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 77,482,942.	77,482,942.	75,836,262.
19	Revenue less expenses. Subtract line 18 from line 12 12,420,059.	12,420,059.	11,454,037.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 286,289,577.	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) 20,729,280.	286,289,577.	303,327,005.
	22	Net assets or fund balances. Subtract line 21 from line 20 265,560,297.	20,729,280.	23,505,442.
22		265,560,297.	279,821,563.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ANGEL MUMMA, SVP OF FINANCE				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	NATOSHA CARR	NATOSHA CARR	08/30/24	<input type="checkbox"/>	P01225377
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CLARK, SCHAEFER, HACKETT & CO.	31-0800053		614-885-2208	
	Firm's address				
	4449 EASTON WAY, SUITE 400				
	COLUMBUS, OH 43219				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
EMPOWERING PEOPLE. SAVING WILDLIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 63,346,055. including grants of \$ 3,696,844.) (Revenue \$ 29,410,577.)
THE COLUMBUS ZOO AND AQUARIUM IS A SPACIOUS 600-ACRE COMPLEX, WHICH IS HOME TO MORE THAN 5,800 ANIMALS, REPRESENTING OVER 600 SPECIES FROM AROUND THE WORLD. THE COLUMBUS ZOO'S MISSION, "EMPOWERING PEOPLE. SAVING WILDLIFE.", IS THE FOUNDATION OF ALL WE DO THROUGH EDUCATION PROGRAMS FOR CHILDREN AND PROVIDING PEOPLE OF ALL AGES AN OPPORTUNITY TO CONNECT WITH THE WORLD AROUND THEM. THE ZOO ALSO MAKES A GLOBAL IMPACT, CONTRIBUTING FUNDS TO SUPPORT POSITIVE LOCAL AND GLOBAL CONSERVATION.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 63,346,055.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (25), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, IL, KS, KY, MD, MA, MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ANGEL MUMMA - 614-645-3400 4850 W. POWELL RD, POWELL, OH 43065

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS SCHMID CHIEF EXECUTIVE OFFICER	55.00 4.00			X			668,910.	0.	92,530.	
(2) JENNIFER RYAN SVP OF OPERATIONS AND SUSTAINABILITY	55.00 1.00				X		255,911.	0.	60,301.	
(3) ANGEL MUMMA SVP OF FINANCE	55.00 2.00			X			253,101.	0.	50,894.	
(4) CARMAN WIRTZ SVP OF HUMAN RESOURCES	55.00 2.00				X		247,388.	0.	52,274.	
(5) JAN RAMER SVP OF ANIMAL CARE AND CONSERVATION	55.00 4.00				X		237,979.	0.	41,422.	
(6) JENNIFER BONIFAS CONTROLLER/DIRECTOR OF FINANCE	55.00 2.00					X	218,592.	0.	55,760.	
(7) RANDALL JUNGE VP OF ANIMAL HEALTH	55.00 1.00					X	217,240.	0.	45,208.	
(8) MAYME NORMAN VP OF PHILANTHROPY	55.00 2.00					X	189,884.	0.	52,497.	
(9) DOUGLAS WARMOLTS VP ON ANIMAL CARE	55.00 1.00					X	179,558.	0.	56,645.	
(10) TYLER MENKE VP OF FACILITIES AND PLANNING	55.00 1.00					X	164,532.	0.	50,449.	
(11) KEITH SHUMATE IMM. PAST CHAIRPERSON - BD OF DIR	5.00 1.00	X		X			0.	0.	0.	
(12) KATIE WOLFE LLOYD CHAIRPERSON - BD OF DIR AND APPT BD	5.00 1.00	X		X			0.	0.	0.	
(13) DANIEL P. GUSTY VICE CHAIRPERSON - BD OF DIR AND APP	5.00 1.00	X		X			0.	0.	0.	
(14) JOHN H. MCCONNELL, II SECRETARY- BD OF DIR AND APPT BD	5.00 1.00	X		X			0.	0.	0.	
(15) ADRIANA HASTINGS TREASURER- BD OF DIR AND APPT BD	5.00 1.00	X		X			0.	0.	0.	
(16) REV. DR. VICTOR DAVIS TRUSTEE - BD OF DIR AND APPT BD	1.00	X					0.	0.	0.	
(17) BRAD DEHAYS TRUSTEE - APPOINTED BOARD	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSEPH DONOVAN, M.D. TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(19) STEPHANIE FORTENER TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(20) STEPHANIE HIGHTOWER TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(21) BRENT JACKSON TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(22) LARK MALLORY TRUSTEE - BD OF DIR AND APPT BD	1.00	X						0.	0.	0.
(23) GARY MARCINICK TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(24) JENNIFER MASSANOVA TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(25) SEAN MENTEL TRUSTEE - BD OF DIR AND APPT BD	1.00	X						0.	0.	0.
(26) BRIAN MOORE TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
1b Subtotal								2,633,095.	0.	557,980.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,633,095.	0.	557,980.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 27

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PORTER WRIGHT MORRIS & ARTHUR, LLP, 41 S HIGH ST, STE 2800-3200, COLUMBUS, OH 43215	LEGAL SERVICES	381,385.
JUNGLE JACK PRODUCTIONS PO BOX 1450, POWELL, OH 43065	LICENSING SERVICES	150,000.
TOLLIVER & CURL PAVING 2182 MCKINLEY AVE, COLUMBUS, OH 43204	PAVING SERVICES	135,870.
SHUMAKER ADVISORS 1000 JACKSON ST, TOLEDO, OH 43604	LOBBYING SERVICES	110,500.
COLUMBUS ARCHITECTURAL STUDIO 405 N FRONT ST, COLUMBUS, OH 43235	ARCHITECTURAL SERVICES	101,508.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RUSTIN MOORE, DVM, PHD TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(28) KAREN MORRISON TRUSTEE - BD OF DIR AND APPT BD	1.00	X						0.	0.	0.
(29) BRIAN O'MARA TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(30) PAM O'GRADY TRUSTEE - BD OF DIR AND APPT BD	1.00	X						0.	0.	0.
(31) MARY ROSE TRUSTEE - APPOINTED BOARD	1.00	X						0.	0.	0.
(32) RAJA SUNDARARAJAN TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(33) ZACHARY T. TALAREK TRUSTEE - BD OF DIR AND APPT BD	1.00	X						0.	0.	0.
(34) EJ WUNSCH TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(35) MICHAEL S. BROWN TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(36) KATHY A. OWENS TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(37) KENNETH C. PAUL TRUSTEE - BOARD OF DIRECTORS	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	12,846,055.				
	c	Fundraising events	1c	432,895.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	20,513,920.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,812,666.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 161,354.				
	h	Total. Add lines 1a-1f		43,605,536.				
Program Service Revenue	2 a	ADMISSION REVENUE	Business Code 713990	18,477,336.	18477336.			
	b	AUXILIARY ACTIVITIES	713990	12,425,807.	8,555,087.	2099884.	1770836.	
	c	RIDE REVENUE	713990	2,517,361.	1,840,187.	677,174.		
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		33,420,504.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,453,591.			2453591.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	300,000.				
			(ii) Personal					
			6a	300,000.				
	b	Less: rental expenses	6b	0.				
	c	Rental income or (loss)	6c	300,000.				
	d	Net rental income or (loss)		300,000.		300,000.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	14,912,542.				
			(ii) Other					
			7a	14,912,542.				
	b	Less: cost or other basis and sales expenses	7b	13,638,546.				
c	Gain or (loss)	7c	1,273,996.					
d	Net gain or (loss)		1,273,996.			1273996.		
8 a	Gross income from fundraising events (not including \$ 432,895. of contributions reported on line 1c). See Part IV, line 18	8a	647,196.					
		b	Less: direct expenses	8b	472,484.			
c	Net income or (loss) from fundraising events		174,712.			174,712.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
		b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a	66,515.					
		b	Less: cost of goods sold	10b	21,558.			
		c	Net income or (loss) from sales of inventory		44,957.	41,676.	3,281.	
Miscellaneous Revenue	11 a	CONCESSION REVENUE	Business Code 900099	3,771,426.	496,291.		3275135.	
	b	GOLF COURSE REVENUE	713990	2,112,277.		2112277.		
	c	SPONSORSHIP REVENUE	713990	133,300.		133,300.		
	d	All other revenue						
	e	Total. Add lines 11a-11d		6,017,003.				
12	Total revenue. See instructions		87,290,299.	29410577.	5325916.	8948270.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,429,545.	3,429,545.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	267,299.	267,299.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,960,709.	812,408.	1,148,301.	
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	27,761,272.	24,382,252.	2,561,496.	817,524.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,537,880.	2,974,489.	462,424.	100,967.
9 Other employee benefits	4,443,058.	3,690,250.	590,858.	161,950.
10 Payroll taxes	1,430,537.	1,341,946.	74,680.	13,911.
11 Fees for services (nonemployees):				
a Management	151,300.		151,300.	
b Legal	471,316.		471,316.	
c Accounting	47,804.		47,804.	
d Lobbying	63,500.		63,500.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,369.		13,369.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,467,984.	615,460.	2,772,901.	79,623.
12 Advertising and promotion	1,394,700.	1,333,736.	60,964.	
13 Office expenses	1,250,364.	866,174.	226,156.	158,034.
14 Information technology				
15 Royalties				
16 Occupancy	2,878,296.	2,612,204.	239,483.	26,609.
17 Travel	191,437.	141,487.	48,306.	1,644.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	249,616.	174,692.	72,459.	2,465.
20 Interest	11,423.	9,595.	1,371.	457.
21 Payments to affiliates	809,105.	809,105.		
22 Depreciation, depletion, and amortization	11,206,393.	10,113,714.	980,085.	112,594.
23 Insurance	1,167,817.	1,051,035.	116,782.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FEDERAL INCOME TAX EXPE	83,383.		83,383.	
b REPAIRS & MAINTENANCE	3,161,728.	3,007,746.	153,982.	
c ANIMAL CARE & ACQUISITI	2,656,307.	2,656,307.		
d PROJECT COSTS	2,121,985.	1,916,619.	5,184.	200,182.
e All other expenses	1,608,135.	1,139,992.	435,795.	32,348.
25 Total functional expenses. Add lines 1 through 24e	75,836,262.	63,346,055.	10,781,899.	1,708,308.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	343,120.	1	138,629.
	2 Savings and temporary cash investments	63,263,164.	2	59,843,105.
	3 Pledges and grants receivable, net	6,172,907.	3	5,259,769.
	4 Accounts receivable, net	14,704,590.	4	8,701,154.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,297,341.	8	296,859.
	9 Prepaid expenses and deferred charges	1,485,475.	9	1,161,778.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 324,695,880.		
	b Less: accumulated depreciation	10b 166,076,227.	159,746,296.	10c 158,619,653.
	11 Investments - publicly traded securities	22,928,237.	11	49,490,375.
	12 Investments - other securities. See Part IV, line 11	15,225,734.	12	15,935,868.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	571,159.	14	432,582.
	15 Other assets. See Part IV, line 11	551,554.	15	3,447,233.
16 Total assets. Add lines 1 through 15 (must equal line 33)	286,289,577.	16	303,327,005.	
Liabilities	17 Accounts payable and accrued expenses	11,000,987.	17	15,132,382.
	18 Grants payable		18	
	19 Deferred revenue	9,493,257.	19	8,210,439.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	235,036.	25	162,621.
	26 Total liabilities. Add lines 17 through 25	20,729,280.	26	23,505,442.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	256,398,602.	27	268,800,253.
	28 Net assets with donor restrictions	9,161,695.	28	11,021,310.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	265,560,297.	32	279,821,563.
33 Total liabilities and net assets/fund balances	286,289,577.	33	303,327,005.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	87,290,299.
2	Total expenses (must equal Part IX, column (A), line 25)	2	75,836,262.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,454,037.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	265,560,297.
5	Net unrealized gains (losses) on investments	5	2,807,228.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	279,821,562.

Part XII Financial Statements and Reporting

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

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

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: COLUMBUS ZOOLOGICAL PARK ASSOCIATION
Employer identification number: 31-4390844

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 [] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 [] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 [] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13400008.	11675730.	22260436.	19895233.	23091616.	90323023.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	19201308.	19548235.	19774634.	20222567.	20513920.	99260664.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	738,590.	756,909.	767,562.	824,970.	877,831.	3965862.
4 Total. Add lines 1 through 3	33339906.	31980874.	42802632.	40942770.	44483367.	193549549
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2098205.
6 Public support. Subtract line 5 from line 4.						191451344

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	33339906.	31980874.	42802632.	40942770.	44483367.	193549549
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	600,151.	410,441.	419,446.	434,537.	2453591.	4318166.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	235,228.		795,812.	1401677.	829,329.	3262046.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						201129761
12 Gross receipts from related activities, etc. (see instructions)					12	275,667,591.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	95.19 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	95.55 %
16a 33 1/3% support test - 2023. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

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

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

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

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

PUBLIC DISCLOSURE COPY

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

COLUMBUS ZOOLOGICAL PARK ASSOCIATION

Employer identification number

31-4390844

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2023)

Name of organization COLUMBUS ZOOLOGICAL PARK ASSOCIATION	Employer identification number 31-4390844
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>20,513,920.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ <u>2,625,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COLUMBUS ZOOLOGICAL PARK ASSOCIATION	Employer identification number 31-4390844
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization COLUMBUS ZOOLOGICAL PARK ASSOCIATION	Employer identification number 31-4390844
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization COLUMBUS ZOOLOGICAL PARK ASSOCIATION	Employer identification number 31-4390844
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

Table with 2 columns: Question, Yes/No. Rows include: 1 Dues, assessments and similar amounts from members 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).

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by Part IV.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization COLUMBUS ZOOLOGICAL PARK ASSOCIATION Employer identification number 31-4390844

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 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 Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	33,938,836.	34,830,231.	30,454,536.	29,760,859.	27,377,974.
b Contributions	72,119.	2,499,352.	704,209.	62,588.	102,955.
c Net investment earnings, gains, and losses	3,415,160.	-1,818,355.	4,973,237.	2,310,648.	4,548,085.
d Grants or scholarships		13,658.	12,561.	12,168.	10,681.
e Other expenditures for facilities and programs	1,494,495.	1,552,544.	1,283,033.	1,662,006.	2,252,634.
f Administrative expenses		6,190.	6,157.	5,385.	4,840.
g End of year balance	35,931,620.	33,938,836.	34,830,231.	30,454,536.	29,760,859.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|-------------------------------------|
| (i) Unrelated organizations? | | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,462,970.		8,462,970.
b Buildings		9,774,867.	6,637,481.	3,137,386.
c Leasehold improvements		277,987,164.	142,853,852.	135,133,312.
d Equipment		19,386,000.	14,082,849.	5,303,151.
e Other		9,084,879.	2,502,045.	6,582,834.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				158,619,653.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS	15,935,868.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	15,935,868.	

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	162,621.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	162,621.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information

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

PART III, LINE 4:

THE COLUMBUS ZOOLOGICAL PARK ASSOCIATION HAS A COLLECTION OF EXOTIC ANIMALS AVAILABLE FOR PUBLIC VIEWING AND PROMOTING THE PRESERVATION OF WILDLIFE. THE COLLECTION IS NOT VALUED OR INCLUDED ON THE ENDING STATEMENT OF FINANCIAL POSITION.

PART V, LINE 4:

THE ASSOCIATION'S ENDOWMENT FUNDS ARE USED FOR BOTH CONSERVATION AND EDUCATION EFFORTS.

PART X, LINE 2:

THE ASSOCIATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF

Part XIII Supplemental Information (continued)

THE INTERNAL REVENUE CODE EXCEPT THAT FEDERAL INCOME TAX IS PROVIDED ON UNRELATED BUSINESS INCOME. THE ASSOCIATION'S UNRELATED BUSINESS INCOME RESULTS FROM OPERATION OF A GIFT SHOP, RECREATIONAL FACILITY (GOLF), AMUSEMENT RIDES AREA, UNRELATED PARKING AREA, EXCLUSIVE PROVIDER CONTRACT REVENUE, RENT INCOME FROM A RELATED PARTY AND MANAGEMENT SERVICES PROVIDED TO A RELATED PARTY. INCOME TAX EXPENSE ON UNRELATED BUSINESS INCOME WAS \$146,627 AND \$390,000 FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022, RESPECTIVELY. THE ASSOCIATION DOES NOT BELIEVE ITS CONSOLIDATING FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART VI, LINE 1E:

OTHER FIXED ASSETS ARE COMPRISED OF VEHICLES AND CONSTRUCTION IN PROGRESS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Employer identification number

COLUMBUS ZOOLOGICAL PARK ASSOCIATION

31-4390844

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	5,000.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	35,710.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	222,705.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	3,884.
3 a Subtotal	0	0			267,299.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			267,299.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	5,275.	WIRE TRANSFER	0. N/A
		EAST ASIA AND THE PACIFIC	ANIMAL CONSERVATION	11,210.	WIRE TRANSFER	0. N/A
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	5,500.	WIRE TRANSFER	0. N/A
		EAST ASIA AND THE PACIFIC	ANIMAL CONSERVATION	22,500.	WIRE TRANSFER	0. N/A
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	10,000.	WIRE TRANSFER	0. N/A
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	15,000.	WIRE TRANSFER	0. N/A
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	59,461.	WIRE TRANSFER	0. N/A
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	25,000.	WIRE TRANSFER	0. N/A

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

3 Enter total number of other organizations or entities

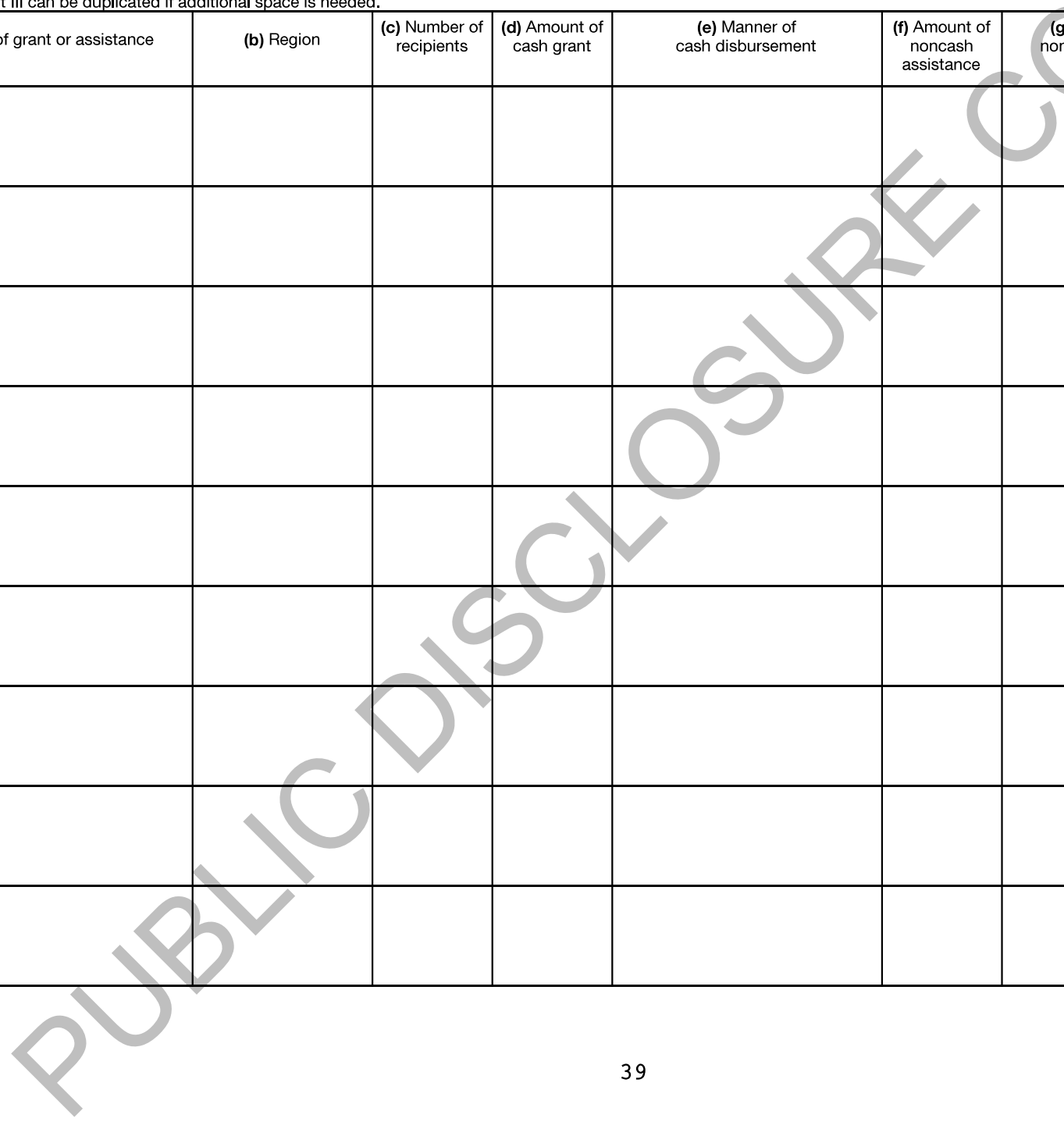
Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	20,687.	WIRE TRANSFER	0. N/A
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	35,000.	WIRE TRANSFER	0. N/A
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	33,532.	WIRE TRANSFER	0. N/A

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) D nonca



Part IV Foreign Forms

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

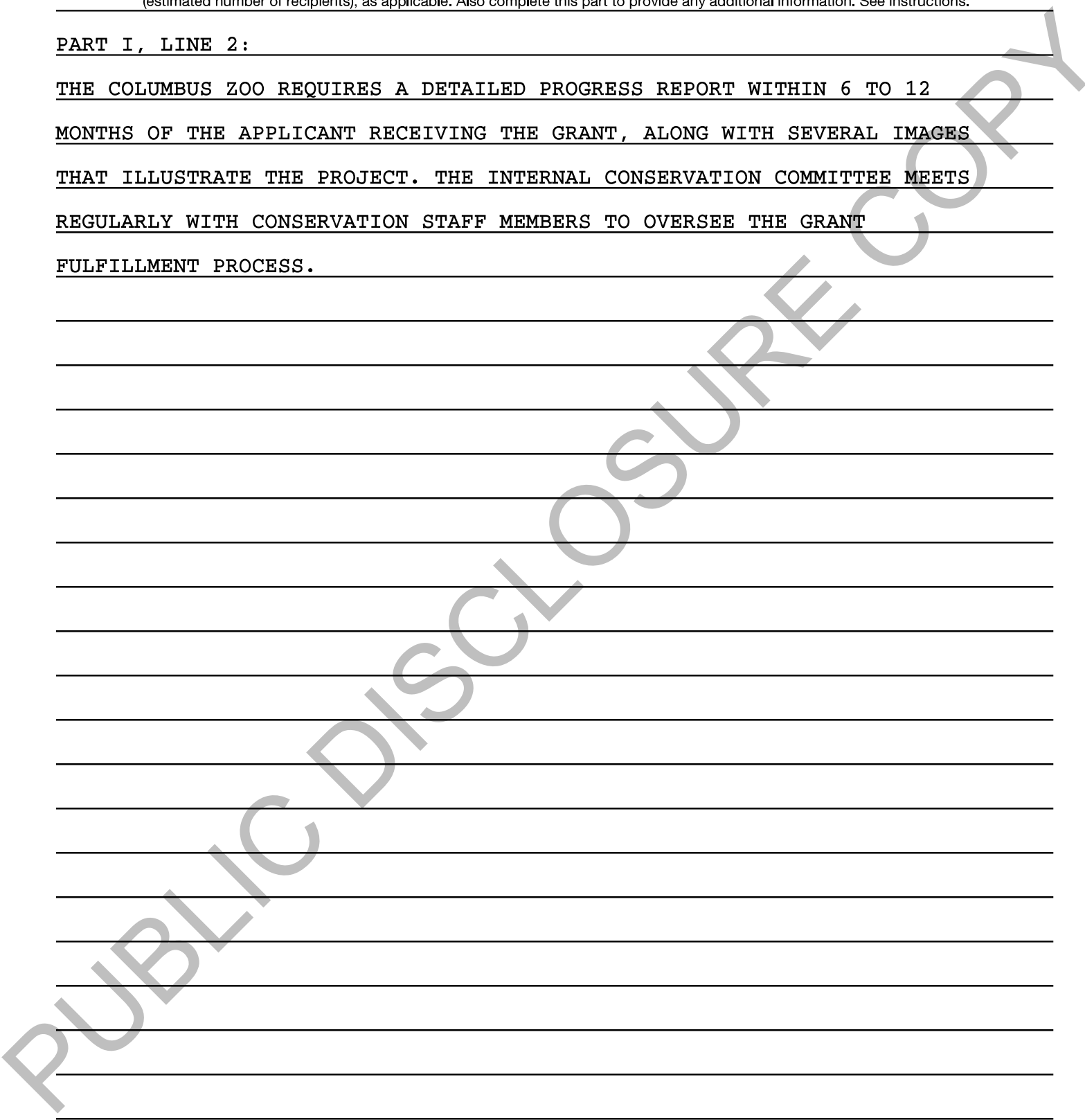
Schedule F (Form 990) 2023

Part V Supplemental Information

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

PART I, LINE 2:

THE COLUMBUS ZOO REQUIRES A DETAILED PROGRESS REPORT WITHIN 6 TO 12 MONTHS OF THE APPLICANT RECEIVING THE GRANT, ALONG WITH SEVERAL IMAGES THAT ILLUSTRATE THE PROJECT. THE INTERNAL CONSERVATION COMMITTEE MEETS REGULARLY WITH CONSERVATION STAFF MEMBERS TO OVERSEE THE GRANT FULFILLMENT PROCESS.



SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

COLUMBUS ZOOLOGICAL PARK ASSOCIATION

Employer identification number

31-4390844

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

Total ... 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ZOOFARI	WINE FOR WILDLIFE	1	(add col. (a) through col. (c))
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts	451,840.	352,368.	275,883.	1,080,091.
2	Less: Contributions	118,929.	189,050.	124,916.	432,895.
3	Gross income (line 1 minus line 2)	332,911.	163,318.	150,967.	647,196.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes	15,979.			15,979.
6	Rent/facility costs				
7	Food and beverages	45,570.	16,122.	14,192.	75,884.
8	Entertainment	147,369.			147,369.
9	Other direct expenses	148,966.	31,250.	53,036.	233,252.
10	Direct expense summary. Add lines 4 through 9 in column (d)				472,484.
11	Net income summary. Subtract line 10 from line 3, column (d)				174,712.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

COLUMBUS ZOOLOGICAL PARK ASSOCIATION

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance
ACTION FOR CHEETAS IN KENYA 6620 CITY VIEW DR HUDSONVILLE, MI 49426	82-1871800	501(C)(3)	9,271.	0.		
ARCAS 140 S DEARBORN STREET SUITE 1510 CHICAGO, IL 60603	84-2450728	501(C)(3)	9,700.	0.		
CHEETAH CONSERVATION FUND P O BOX 2496 ALEXANDRIA, VA 22301	31-1726923	501(C)(3)	20,000.	0.		
DIAN FOSSEY GORILLA FUND INTERNATIONAL - 800 CHEROKEE AVE SE - ATLANTA, GA 30315	52-1118866	501(C)(3)	25,000.	0.		
FRIENDS OF BONOBOS P O BOX 2652 DURHAM, NC 27715	20-0347301	501(C)(3)	10,000.	0.		
GIRAFFE CONSERVATION FOUNDATION 17 SOUTH MAGNOLIA AVENUE ORLANDO, FL 32801	81-2749463	501(C)(3)	10,000.	0.		

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
INTERNATIONAL CENTER FOR THE PRESERVATION OF WILD ANIMALS - 14000 INTERNATIONAL RD - CUMBERLAND, OH 43732	31-1113570	501(C)(3)	1,650,500.	0.		
INTERNATIONAL ELEPHANT FOUNDATION P O BOX 366 AZLE, TX 76098	75-2815706	501(C)(3)	25,001.	0.		
LOLA YA BONOBO SANCTUARY P O BOX 2652 DURHAM, NC 27715	20-0347301	501(C)(3)	11,440.	0.		
MARINE MAMMAL CENTER 2000 BUNKER RD SAUSALITO, CA 94965	51-0144434	501(C)(3)	10,000.	0.		
MGVP, INC. P O BOX 356 DAVIS, CA 95617	06-1752363	501(C)(3)	298,983.	0.		
MONTEREY BAY AQUARIUM FOUNDATION 886 CONNERY ROAD MONTEREY, CA 93940	94-2487469	501(C)(3)	10,000.	0.		
NEW NATURE FOUNDATION 5308 WOODBINE AVE PHILADELPHIA, PA 19131	06-1673754	501(C)(3)	10,000.	0.		
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501(C)(3)	20,640.	0.		
OHIO WILDLIFE CENTER 6131 COOK RD POWELL, OH 43065	31-1182372	501(C)(3)	10,000.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
PEOPLE AND CARNIVORES P O BOX 6733 BOZEMAN, MT 59771	81-0482646	501(C)(3)	10,000.	0.		
POLAR BEARS INTERNATIONAL P O BOX 3008 BOZEMAN, MT 59772	77-0322706	501(C)(3)	8,050.	0.		
RE:WILD P O BOX 129 AUSTIN, TX 78767	26-2887967	501(C)(3)	1,009,600.	0.		
RESEARCH FOUNDATION FOR THE CITY 240 W 41ST ST NEW YORK, NY 10036	13-1988190	501(C)(3)	73,760.	0.		
SAVE THE MANATEE CLUB, INC. 533 VERSAILLES DR, SUITE 100 MAITLAND, FL 32751	59-3131709	501(C)(3)	20,000.	0.		
SECORE INTERNATIONAL 4673 NORTHWEST PARKWAY HILLIARD, OH 43026	47-5385160	501(C)(3)	10,000.	0.		
TURTLE SURVIVAL ALLIANCE 1030 JENKINS RD SUITE D CHARLESTON, SC 29407	20-0785702	501(C)(3)	78,600.	0.		
WILD NATURE INSTITUTE P O BOX 44 WEAVERVILLE, NC 28787	46-3021940	501(C)(3)	10,000.	0.		
WILDLIFE CONSERVATION SOCIETY GLOBAL RESOURCES - 2300 SOUTHERN BLVD - BRONX, NY 10460	13-1740011	501(C)(3)	15,000.	0.		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)

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

PART I, LINE 2:

THE COLUMBUS ZOO REQUIRES A DETAILED PROGRESS REPORT WITHIN 6 TO 12 MONTHS OF THE APPLICANT RECEIVING THE GRANT, ALONG WITH SEVERAL IMAGES THAT ILLUSTRATE THE PROJECT. THE INTERNAL CONSERVATION COMMITTEE MEETS REGULARLY WITH CONSERVATION STAFF MEMBERS TO OVERSEE THE GRANT FULFILLMENT PROCESS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COLUMBUS ZOOLOGICAL PARK ASSOCIATION

Employer identification number

31-4390844

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Other taxable compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
(1) THOMAS SCHMID CHIEF EXECUTIVE OFFICER	(i)	461,708.	132,751.	74,451.	72,620.	19,910.	
	(ii)	0.	0.	0.	0.	0.	
(2) JENNIFER RYAN SVP OF OPERATIONS AND SUSTAINABILITY	(i)	213,602.	23,670.	18,639.	33,781.	26,520.	
	(ii)	0.	0.	0.	0.	0.	
(3) ANGEL MUMMA SVP OF FINANCE	(i)	229,011.	14,539.	9,551.	34,484.	16,410.	
	(ii)	0.	0.	0.	0.	0.	
(4) CARMAN WIRTZ SVP OF HUMAN RESOURCES	(i)	215,747.	24,083.	7,558.	33,944.	18,330.	
	(ii)	0.	0.	0.	0.	0.	
(5) JAN RAMER SVP OF ANIMAL CARE AND CONSERVATION	(i)	205,091.	23,916.	8,972.	32,252.	9,170.	
	(ii)	0.	0.	0.	0.	0.	
(6) JENNIFER BONIFAS CONTROLLER/DIRECTOR OF FINANCE	(i)	185,019.	21,856.	11,717.	29,360.	26,400.	
	(ii)	0.	0.	0.	0.	0.	
(7) RANDALL JUNGE VP OF ANIMAL HEALTH	(i)	172,570.	26,969.	17,701.	27,068.	18,140.	
	(ii)	0.	0.	0.	0.	0.	
(8) MAYME NORMAN VP OF PHILANTHROPY	(i)	165,164.	17,280.	7,440.	26,177.	26,320.	
	(ii)	0.	0.	0.	0.	0.	
(9) DOUGLAS WARMOLTS VP ON ANIMAL CARE	(i)	149,969.	15,485.	14,104.	38,585.	18,060.	
	(ii)	0.	0.	0.	0.	0.	
(10) TYLER MENKE VP OF FACILITIES AND PLANNING	(i)	156,643.	7,601.	288.	24,139.	26,310.	
	(ii)	0.	0.	0.	0.	0.	
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part

PART I, LINE 1A:

THE ZOO PROVIDED COMPANION/SPOUSAL TRAVEL FOR THE CHIEF EXECUTIVE OFFICER, THOMAS SCHMID. THE SPOUSAL TRAVEL IS PROVIDED PER HIS EMPLOYMENT CONTRACT.

PART I, LINE 6:

THE BONUS AMOUNTS FOR THE INDIVIDUALS INCLUDED IN PART II OF SCHEDULE J ARE BASED ON THE ASSOCIATION ACHIEVING ITS FINANCIAL AND OPERATIONS GOALS FOR THE YEAR, AS WELL AS EACH INDIVIDUAL ACHIEVING THEIR OWN INDIVIDUAL PERFORMANCE GOALS FOR THE YEAR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COLUMBUS ZOOLOGICAL PARK ASSOCIATION

Employer identification number

31-4390844

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	37,907.	PUBLIC STOCK EXCHANG
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SPECIAL EVENTS)	X	42	123,447.	COMPARABLE SALES
26 Other ()				
27 Other ()				
28 Other ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

Part II

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

Lined area for supplemental information.

PUBLIC DISCLOSURE COPY

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COLUMBUS ZOOLOGICAL PARK ASSOCIATION

Employer identification number

31-4390844

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION HAS FORMALLY REVISED THE MAKEUP AND RESPONSIBILITIES OF
THE BOARD OF DIRECTORS.

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

BEFORE BEING FILED, A COPY OF THE ORGANIZATION'S 990 WAS PRESENTED AND
DISCUSSED IN DETAIL WITH THE ORGANIZATION'S AUDIT COMMITTEE. COPIES OF THE
990 WERE ALSO PRESENTED TO THE GOVERNING BODY.

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

A CONFLICT OF INTEREST POLICY IS IN PLACE FOR ALL BOARD MEMBERS AND STAFF
THAT HAVE PURCHASING AUTHORITY. THE POLICY WAS UPDATED AND APPROVED BY THE
BOARD OF DIRECTORS IN SEPTEMBER 2021. CONFLICT OF INTEREST FORMS ARE
COMPLETED BY EACH BOARD MEMBER AND SELECT STAFF ON AN ANNUAL BASIS. THE
POLICY IS ADMINISTERED BY THE HUMAN RESOURCES DEPARTMENT.

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

THE ORGANIZATION HAS A COMPENSATION SURVEY CONDUCTED PERIODICALLY BY AN
INDEPENDENT THIRD PARTY. THIS SURVEY REVIEWS COMPENSATION AND BENEFIT
LEVELS OF THE ORGANIZATION AND COMPARES THEM WITH AREA BUSINESSES AND PEER
ORGANIZATIONS THROUGHOUT THE COUNTRY. THE COMPENSATION FOR THE CHIEF
EXECUTIVE OFFICER AND KEY EMPLOYEES ARE BASED UPON THE RESULTS OF THIS
SURVEY. THE DELIBERATION AND DECISION PROCESS ARE SUBSTANTIATED IN WRITTEN
DOCUMENTS MAINTAINED BY THE ORGANIZATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization COLUMBUS ZOOLOGICAL PARK ASSOCIATION	Employer identification number 31-4390844
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AL, AR, CA, CT, FL, GA, IL, KS, KY, MD, MA, MI, MN, ME, NH, NJ, NM, NY, PA, RI, SC, TN, UT, VA, WV
WI, NV, OR, OK, NC

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

THE FORMS 990 AND 990-T ARE AVAILABLE UPON REQUEST. THEY ARE ALSO AVAILABLE
ON THE ZOO'S WEBSITE, [HTTPS://WWW.COLUMBUSZOO.ORG](https://www.columbuszoo.org) AND
[HTTPS://WWW.GUIDESTAR.ORG](https://www.guidestar.org)

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

THE ORGANIZATION MAKES AVAILABLE ALL DOCUMENTS REQUIRED BY LAW.

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

THE ORGANIZATION LISTS ON PART VII, SECTION A, MEMBERS OF BOTH THE
BOARD OF DIRECTORS AND THE APPOINTED BOARD. UNDER THE TWO BOARD
STRUCTURE, VOTING RIGHTS WERE ONLY AFFORDED TO TRUSTEES OF THE BOARD OF
DIRECTORS. THIS TWO BOARD STRUCTURE WAS IN PLACE UNTIL MARCH 2023.

FORM 990, PART VII, SECTION A, BOARD OF TRUSTEES AND DIRECTORS
FROM JANUARY 2023 UNTIL MARCH 2023, THE COLUMBUS ZOOLOGICAL PARK
ASSOCIATION HAD TWO SEPARATE BOARDS, THE COLUMBUS ZOOLOGICAL PARK
ASSOCIATION BOARD OF DIRECTORS AND THE COLUMBUS ZOOLOGICAL PARK
ASSOCIATION APPOINTED BOARD. THE BOARD OF DIRECTORS HAD UP TO
TWENTY-FIVE MEMBERS. THE APPOINTED BOARD WAS CREATED PURSUANT TO A
MEMORANDUM OF AGREEMENT ("MEMORANDUM OF AGREEMENT") BY AND AMONG THE
BOARD OF COUNTY COMMISSIONERS OF FRANKLIN COUNTY, THE COLUMBUS
ZOOLOGICAL PARK ASSOCIATION AND THE CITY OF COLUMBUS TO ADMINISTER THE
TAX LEVY RECEIPTS RECEIVED BY THE ZOO ASSOCIATION FROM THE RESIDENTS OF

Name of the organization COLUMBUS ZOOLOGICAL PARK ASSOCIATION	Employer identification number 31-4390844
--	--

FRANKLIN COUNTY, OHIO. THE APPOINTED BOARD CONSISTED OF UP TO EIGHTEEN MEMBERS, SIX WERE NAMED BY THE FRANKLIN COUNTY BOARD OF COUNTY COMMISSIONERS, SIX WERE NAMED BY THE CITY OF COLUMBUS BY ITS MAYOR WITH THE CONCURRENCE OF CITY COUNCIL AND SIX WERE NAMED BY THE ZOO ASSOCIATION. FROM JANUARY 2023 TO MARCH 2023, THE OFFICERS WERE THE SAME FOR BOTH THE BOARD OF DIRECTORS AND THE APPOINTED BOARD. PURSUANT TO THE MEMORANDUM OF AGREEMENT, THE POWER OF THE APPOINTED BOARD WAS TO AUTHORIZE EXPENDITURE OF THE LEVY FUNDS PROVIDED TO THE ZOO ASSOCIATION AS A RESULT OF THE MEMORANDUM OF AGREEMENT.

IN MARCH 2023, THE APPOINTED BOARD WAS ELIMINATED, AND THE BOARD OF DIRECTORS WAS RESTRUCTURED PURSUANT TO A REVISION OF THE AFOREMENTIONED MEMORANDUM OF AGREEMENT BY AND AMONG THE BOARD OF COUNTY COMMISSIONERS OF FRANKLIN COUNTY, OHIO, THE COLUMBUS ZOOLOGICAL PARK ASSOCIATION AND THE CITY OF COLUMBUS, OHIO ("REVISED MEMORANDUM OF AGREEMENT"). UNDER THE REVISED MEMORANDUM OF AGREEMENT, THE BOARD OF DIRECTORS WILL NOW CONSIST OF UP TO 19 MEMBERS WITH FOUR BEING NAMED BY THE FRANKLIN COUNTY BOARD OF COUNTY COMMISSIONERS AND FOUR BEING NAMED BY THE CITY OF COLUMBUS BY ITS MAYOR WITH THE CONCURRENCE OF CITY COUNCIL. THE REMAINING 11 MEMBERS ARE ELECTED BY THE BOARD OF DIRECTORS. THE CODE OF REGULATIONS OF THE COLUMBUS ZOOLOGICAL PARK ASSOCIATION WAS ALSO REVISED TO REFLECT THESE CHANGES AND WAS APPROVED BY VOTE OF THE BOARD OF DIRECTORS.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

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

Name of the organization

COLUMBUS ZOOLOGICAL PARK ASSOCIATION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))
INTERNATIONAL CENTER FOR THE PRESERVATION OF WILD ANIMALS, INC - 31-1113570, 14000 INTERNATIONAL ROAD, CUMBERLAND, OH 43732	ANIMAL CONSERVATION	OHIO	501(C)(3)	LINE 7
ALL LIFE FOUNDATION - 31-1621582 65 E STATE ST. COLUMBUS, OH 43215	NON-PROFIT SUPPORT	OHIO	501(C)(3)	LINE 12B, II

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because the organization was treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations	
							Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income
ZOOMBEZI BAY, LLC - 20-5704633 9990 RIVERSIDE DR POWELL, OH 43065	AMUSEMENT PARK	OH	COLUMBUS ZOOLOGICAL PARK	C CORP	-1,323,026.

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of d
(1) ZOOMBEZI BAY, LLC	A	300,000.	CASH PAYMENTS
INTERNATIONAL CENTER FOR THE PRESERVATION			
(2) OF WILD ANIMALS, INC.	B	1,650,500.	CASH PAYMENTS
(3) ZOOMBEZI BAY, LLC	D	12,100,000.	FMV OF BALANC
(4) ZOOMBEZI BAY, LLC	J	300,000.	CASH PAYMENTS
(5) ZOOMBEZI BAY, LLC	L	1,588,900.	CASH PAYMENTS
(6) ZOOMBEZI BAY, LLC	M	960,405.	CASH PAYMENTS

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	Me
(7) ZOOMBEZI BAY, LLC INTERNATIONAL CENTER FOR THE	O	1,588,900.	CASH PAYMENTS
(8) PRESERVATION OF WILD ANIMALS, INC. INTERNATIONAL CENTER FOR THE	S	1,379,013.	FMV OF BALANC
(9) PRESERVATION OF WILD ANIMALS, INC.	O	947,569.	FMV OF SERVIC
(10) ZOOMBEZI BAY, LLC	S	2,680,761.	FMV OF BALANC
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	Dis- tri- buc- tion allo- cated to Yes
				Yes	No			

Part VII Supplemental Information

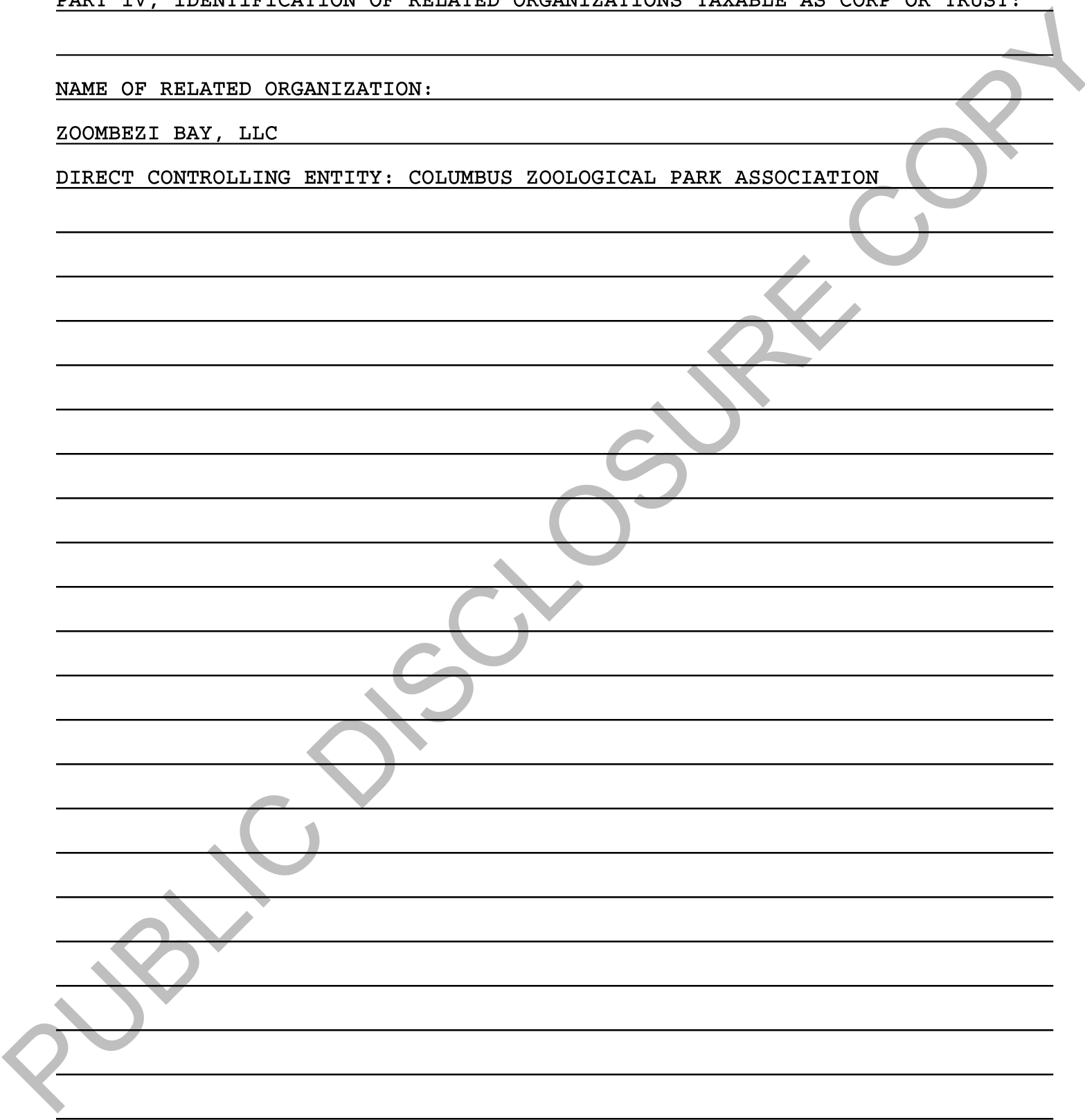
Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

ZOOMBEZI BAY, LLC

DIRECT CONTROLLING ENTITY: COLUMBUS ZOOLOGICAL PARK ASSOCIATION



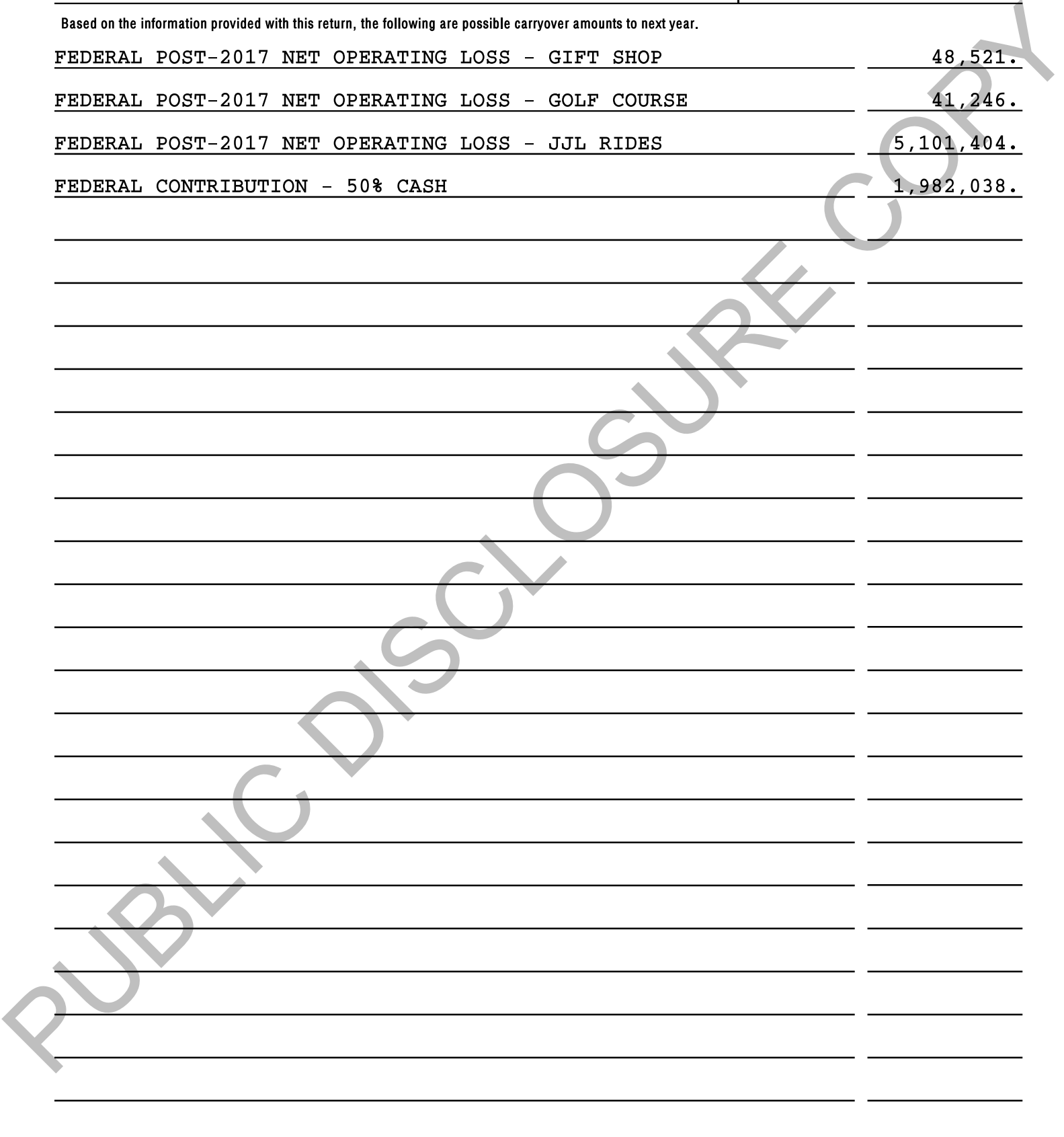
UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name COLUMBUS ZOOLOGICAL PARK ASSOCIATION	Employer Identification Number 31-4390844
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Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - GIFT SHOP	48,521.
FEDERAL POST-2017 NET OPERATING LOSS - GOLF COURSE	41,246.
FEDERAL POST-2017 NET OPERATING LOSS - JJL RIDES	5,101,404.
FEDERAL CONTRIBUTION - 50% CASH	1,982,038.



Type and Entity: GOLF COURSE POST-2017 NOL FED
 Section 382 Annual Limitation Section 382 Carryover

DETAIL CARRYOVER SCHEDULE

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Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/26/20	Amount Used for 12/25/21	Amount Used for 12/31/22	Amount Used for 12/31/23	Amount Used for _____	Amount Used for _____	Amount Used for _____
2018	341,295.	341,295.	30,692.	268,812.	41,791.				
2019	190,448.	149,202.			8,012.	141,190.			

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Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____

Type and Entity: JJL RIDES POST-2017 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/26/20	Amount Used for 12/25/21	Amount Used for 12/31/22	Amount Used for 12/31/23	Amount Used for	Amount Used for	Amount Used for
A 2018	728,496.								
B 2019	559,628.								
C 2020	723,060.								
D 2021	763,565.								
E 2022	1,496,504.								
F 2023	830,151.								
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Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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Type and Entity: CONTRIBUTION - 50% CASH FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/23	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 2021	2,796.	2,796.	2,796.							
B 2022	2,051,977.	69,939.	69,939.							
C										
D										
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Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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Type and Entity: GIFT SHOP POST-2017 NOL FED DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/26/20	Amount Used for 12/25/21	Amount Used for 12/31/22	Amount Used for 12/31/23	Amount Used for _____	Amount Used for _____	Amount Used for _____
A 2023	48,521.								
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Detail Type	E S B C	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
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