

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

September 30, 2022

Prepared For:

Lowry Park Zoological Society of Tampa, Inc. 1101 West Sligh Avenue Tampa, FL 33604

Prepared By:

CBIZ MHM, LLC 140 Fountain Pkwy N, Ste 410 St. Petersburg, FL 33716

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

			** PUBLIC DISCLOSURE COPY		OMB No. 1545-0047
Form	Q	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		0004
FOI		50	Do not enter social security numbers on this form as it manual security numbers.		
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la		Open to Public Inspection
				SEP 30, 2022	
Bc	heck if	C Name of	f organization	D Employer identifi	
a	oplicab Addre	LOWL	y Park Zoological Society of Tampa,		
	chang Name chang		usiness as ZooTampa	59-23282	89
	Initial returr		and street (or P.O. box if mail is not delivered to street address) Room/		
	 Final returr	1101	West Sligh Avenue	813-935-	
	termii ated	n- City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	48,274,243.
	Amer returr	, ramp	a, FL 33604	H(a) Is this a group r	eturn
	Appli tion pendi		nd address of principal officer: Joseph Couceiro	for subordinates	
	-	same	as C above	H(b) Are all subordinates in	
		empt status:			list. See instructions
			ampa.org X Corporation Trust Association Other ▶ L	H(c) Group exemption Year of formation: 1983	
	irt I	Summary			VI State of legal domicile, P D
	1		e the organization's mission or most significant activities: Rescue ,	rehabilitate :	and care
e	•	for ani	mals; create experiences that connect	people and wi	ldlife.
Governance	2		x if the organization discontinued its operations or disposed of i		
ver	3			3	40
	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)		40
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)		573
itie	6		of volunteers (estimate if necessary)		261
ctiv	7 a			7a	125,000.
•	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		40,919.
				Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)	16,332,840.	8,861,368.
nue	9	Program servi	ce revenue (Part VIII, line 2g)	22,232,472.	24,594,034.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	<146,082.>	
щ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,557,804.	6,634,183.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,977,034.	40,154,433.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
es			r compensation, employee benefits (Part IX, column (A), lines 5-10)	13,999,397.	15,831,345.
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.
тхр			ing expenses (Part IX, column (D), line 25)	13,325,520.	16,618,799.
-		-	es (Part IX, column (A), lines 11a-11d, 11f-24e)	27,324,917.	32,450,144.
	18 19		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	17,652,117.	7,704,289.
-SS	19	nevenue less		Beginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (F	Part X, line 16)	63,172,678.	70,526,638.
Ass Bal	21		(Part X, line 26)	11,641,194.	11,676,462.
Net,	22		fund balances. Subtract line 21 from line 20	51,531,484.	58,850,176.
_	rt II	Signature	Block		
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which pre		- ,
				~	

Sign Here	Signature of officer Karen Jubrail, CFO Type or print name and title		Date
Paid	Print/Type preparer's name PAUL DUNHAM	Preparer's signature Dat	
Preparer	Firm's name 🕨 CBIZ MHM, LLC		Firm's EIN 27-3605969
Use Only	Firm's address 👞 140 Fountain Pkw	y N, Ste 410	
	St. Petersburg,		Phone no. 727 - 572 - 1400
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
			- 000 ()

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

ı al	990 (2021) Inc. t III Statement of Program Service	ce Accomplishments		59-2328289	Page
		onse or note to any line in this Part III			X
1	Briefly describe the organization's mission:				23
•	The mission of the Low	ry Park Zoological	Society of Tampa	a/k/a	
	ZooTampa at Lowry Park				
	animals; create except				
	people with wildlife (
2	Did the organization undertake any significa				
-				Yes	XNC
	If "Yes," describe these new services on Sch				
3	Did the organization cease conducting, or m		ucts. any program services?	Yes	XNo
	If "Yes," describe these changes on Schedu				
4	Describe the organization's program service		largest program services, as m	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations	-		• •	
	revenue, if any, for each program service rep			,	
4a) (Revenue	s 31,339,	944.
	ZooTampa at Lowry Park	features 63 acres	of lush, natural		
	comprising Florida, As				
	nonprofit cultural org	anization committed	to conservation	, the focus	is
	on animals from Florid	la, such as manatees	and Florida par	thers, and	
	animals from Florida-1	ike climates, such	as elephants and	l orangutans	•
	ZooTampa houses 1,000	animals in naturali	stic outdoor hab	oitats	
	year-round. The organi	zation helps to ens	ure conservation	goals and	
	objectives as well as				
	diverse, and demograph	ically varied popul	ation of numerou	s species.	
	(Continued on Schedule	. 0)			
414) (-	•	
40	(Code:) (Expenses \$	including grants of \$) (Revenue	=\$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	e \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	ə \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	≥\$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenu	e \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	e \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	≘\$	
	(Code:) (Expenses \$	including grants of \$) (Revenue	₽\$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	÷\$	
	(Code:) (Expenses \$	including grants of \$) (Revenue	≥\$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	2\$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	2\$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	2 \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	e \$	
) (Revenue	÷ \$	
	Other program services (Describe on Sched	iule O.)		2\$	
4d	Other program services (Describe on Sched (Expenses \$ inc) (Revenue) (Revenue) (Revenue \$	2 \$	
4d	Other program services (Describe on Sched	lule O.)			990 (202
4d 4e	Other program services (Describe on Sched (Expenses \$ inc	lule O.)) (Revenue \$) Form S	9 90 (202

Inc.

Part IV Checklist of Required Schedules

Form 990 (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	- 11	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI	114		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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132003 12-09-21

Form	990 (2021) Inc. 59-2328	289	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	L
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	L
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c	X	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Λ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<u>30</u> 31		X
31 32		31		<u></u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		<u> </u>
57	Part V, line 1	34	х	1
35 a		35a	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 554		<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 86		_	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	↓ 12-09-21	Form	990	(2021)
	4			

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Inc.

Form 990 (2021)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 57	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. L	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	L	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	L	4a		X
b	If "Yes," enter the name of the foreign country	_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	L	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	L	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. L	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	. L	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	L	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo	? 🗋	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. L	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	L	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	L	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_	7f	4	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2	'	7h	N/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	. -	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	· ⊨	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	·	9b		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	-			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders N/A 11a	-			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	-	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	-	10-		
а		· -	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans				
•					
			140		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	. F	14a 14b		- 23
. –	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	·· -	140		<u> </u>
15			15		x
	excess parachute payment(s) during the year?		13		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
10	If "Yes," complete Form 4720, Schedule O.	-	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A		17		
	If "Yes," complete Form 6069.	· -	.,		
132005	1 12-09-21 5		Form	990	(2021)

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2021.06010 LOWRY PARK ZOOLOGICAL SOC 324895_1

Form 990 (2021)

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	Check if Schedule O contains a response or note to any line in this Part VI			X
sec	tion A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section D requests mormation about policies not required by the internal neverule code.)		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
10	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	23	
		12a	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10.	v	
~	on Schedule O how this was done	12c	X X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	~	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $ ightarrow FL$			
8	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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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			
	Karen Jubrail - 813-935-8552			
	1101 West Sligh Avenue, Tampa, FL 33604			

Lowry Park Zoological Society of Tampa,												
Form 990 (2021) Inc.	59-2328289	Page 7										
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated											
Employees, and Independent Contractors												
Check if Schedule O contains a response or note to any line in this Part VII												
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees												
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	s tax year.										
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardle Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ess of amount of compensions	ation.										

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than c	ne	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trust	iee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	st con vee	_	1099-NEC)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Joseph Couceiro	40.00									
President & CEO	0.50			Х				377,021.	0.	29,059.
(2) Dr. Larry Killmar	40.00									
CZO / Sr VP Animal Science	0.00			Х				213,289.	0.	26,099.
(3) Karen Jubrail	40.00									
CFO / Sr VP Finance	2.00			Х				185,717.	0.	10,804.
(4) Mark Haney	40.00									
CAO / Sr VP	2.00			Х				171,262.	0.	16,913.
(5) Scott Rose	40.00									
COO /Sr VP Operations	0.00			Х				180,555.	0.	6,544.
(6) Michelle Coleman	40.00									
CPO / Sr VP	0.00			Х				147,362.	0.	18,495.
(7) Cynthia Stringfield	40.00									
Sr VP Animal Health, Conse	0.00					х		141,312.	0.	24,431.
(8) Cameron O'Connell	40.00							114 001	•	0.6 500
Sr Director Sales & Partnerships	0.00					X		114,821.	0.	26,529.
(9) Cheryl Larsen	40.00							110 005	0	10 041
VP Revenue Programs & Partnerships	0.00					X		119,885.	0.	18,341.
(10) Kimberly Spencer	40.00							100 005	0	
Park General Manager	0.00					X		123,385.	0.	7,594.
(11) Myra Wilson	40.00							100 210	0	00 005
Controller	0.00					X		106,310.	0.	22,225.
(12) Robert Thomas	5.00	77		v				0	0	0
Chair	0.00	Х		Х				0.	0.	0.
(13) Steve Stagg	5.00	x		х				0.	0	0
Vice Chair (14) Daniel Honegger	0.00	Δ		Δ				0.	0.	0.
(14) Daniel Honegger Treasurer	0.00	x		х				0.	0.	0.
(15) Stephanie Stanfield	5.00	Δ		Δ				0.	0.	0.
Secretary	0.00	x		х				0.	0.	0.
(16) Marty Miller	1.00	Δ		Δ				0.	0.	0.
Immediate Past Chair	0.00	х						0.	0.	0.
(17) Marylou Bailey	1.00	Δ						0.	0.	0.
Trustee	0.00	х						0.	0.	0.
132007 12-09-21	0.00	27						0.	0.	Form 990 (2021)

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Inc.

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Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(-1-		Posi				Reportable	Reportable		Estimat	ted
	hours per	box	not ch unles	s per	rson i	is both	n an	compensation	compensation		amount	t of
	week		cer and	d a di	irecto	or/trus T	tee)	from	from related		othe	r
	(list any	ector						the	organizations		compens	
	hours for related	or dir	e			ated		organization	(W-2/1099-MISC/		from th	
	organizations	ustee	truste		æ	bens		(W-2/1099-MISC/	1099-NEC)		organiza	
	below	ual tri	ional		ploye	t com		1099-NEC)			and rela organizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Jiyanizai	10115
(18) Keenan Baldwin	1.00	'n	<u> </u>	ò	ž	Ξē	E					
Trustee	0.00	х						0.	0).		0.
(19) Sean Butler	1.00	Δ						0.	0			0.
Trustee	0.00	х						0.	0).		0.
	1.00	Λ						0.	0	•		0.
(20) Kerrie Campbell		37						0	0			0
Trustee	0.00	Х						0.	0).		0.
(21) Nelson Castellano	1.00								0			•
Trustee	0.00	Х						0.	0).		0.
(22) Santiago Corrada	1.00											•
Trustee	0.00	Х						0.	0).		0.
(23) Frank Hancock	1.00											
Trustee	0.00	Х						0.	0).		0.
(24) Curt Harbsmeier	1.00											
Trustee	0.00	Х						0.	0).		0.
(25) John Medaska	1.00											
Trustee	0.00	Х						0.	0).		0.
(26) Ashley Barnett	1.00											
Trustee	0.00	х						0.	0).		Ο.
1b Subtotal								1,880,919.	0). 2	207,0	34.
c Total from continuation sheets to Part VI	. Section A							0.	0).		0.
d Total (add lines 1b and 1c)								1,880,919.	0). 2	207,0	34.
2 Total number of individuals (including but no							o re		000 of reportable			
compensation from the organization						,	• • •					14
											Yes	
3 Did the organization list any former officer,	director, truste	e. k	ev e	mpl	ove	e. or	hio	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for su								,			3	X
4 For any individual listed on line 1a, is the su										· F		
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a										· –		
rendered to the organization? If "Yes." com					,			0	idal for services		5	X
Section B. Independent Contractors	<u>piete Scheaule</u>	<u>, J T</u>	or su	<u>cn p</u>	bers	ion .				<u> </u>	5	- 23
1 Complete this table for your five highest con	moonsated ind	000	odon		ntr	actor	co th	ant received more than \$	100 000 of compon		from	
the organization. Report compensation for t	-								· · · ·	1541101	1 II OIII	
	ne calendar ye	are	nuin	y w							(0)	
(A) Name and business	address							(B) Description of s	ervices	Con	(C) npensatio	n
Friedrich Watkins of Tamp							_	Construction				
		_	דיד		。 、	د ٥،		_		1 -		60
5521 W Cypress St, Ste 10	4, Tamp	a,	F I	<u> </u>	33	00	/	Services		<u> </u>	356,2	60.
B Morrow Productions LLC	- 117)		11					D		1 (г	
1629 Flora Blvd, Kissimme					<u> </u>	00	_	Event Product	lon	<u> </u>)23,5	06.
Paradise Advertising & Ma						99				,		
Central Ave, Ste 302, St								Marketing		t	329,5	<u>40.</u>
Central Florida Land Serv					91			Construction				
Lake Lindsey Rd, Brooksvi		3	46(11				Services			184,1	.53.
Resource Pavement Group L												
PO Box 9105, Tampa, FL 33	674							Paving Contra	actor	4	<u>473,1</u>	.17.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t			ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation 🕨				18	3						

See Part VII, Section A Continuation sheets 132008 12-09-21

Form 990 (2021)

Inc.

Form 990

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			,			iigiii	251 (Compensated Employe	` ,	(-)
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours	(0		Posi all t			ĿЛ	Reportable compensation	Reportable compensation	Estimated amount of
	per	(CI	IECK		linal	app I	iy)	from	from related	other
	week					ee		the	organizations	compensation
	(list any	ctor				n ploy		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted en		(W-2/1099-MISC)	. , ,	organization
	related	stee o	ustee			ensat				and related
	organizations	al trus	onal tr		loyee	comp				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Inc	<u>s</u>	0f	Ke	Ξ	Fo			
(27) Leah Berghoffen	1.00							0	0	0
Trustee	0.00	Х						0.	0.	0.
(28) Sandy Callahan	1.00							0	0	0
Trustee	0.00	Х						0.	0.	0.
(29) Casey Cathey	1.00							0	0	0
Trustee	0.00	Х						0.	0.	0.
(30) Patrick Dussault	1.00	37						0	0	0
Trustee (31) Tony Gaskins	0.00	Х						0.	0.	0.
(31) Tony Gaskins Trustee	1.00	v						0.	0	0
(32) Ken Hagan	1.00	Х						0.	0.	0.
Trustee	0.00	x						0.	0.	0
(33) Stacy Hahn	1.00	Λ						0.	0.	0.
Trustee	0.00	x						0.	0.	0.
(34) Heather Jordan-Holmes	1.00	Δ						0.	0.	0.
Trustee	0.00	х						0.	0.	0.
(35) Melanie Lenz	1.00	л						0.	0.	0.
Trustee	0.00	х						0.	0.	0.
(36) Carl Lindell, Jr.	1.00									
Trustee	0.00	х						0.	0.	0.
(37) Devanand Mangar	1.00									
Trustee	0.00	х						0.	0.	0.
(38) Bob Martinez	1.00								•••	
Trustee	0.00	х						0.	0.	0.
(39) Lawrence McClure	1.00								•••	
Trustee	0.00	х						0.	0.	0.
(40) Tracy McGrady, Jr.	1.00									
Trustee	0.00	х						0.	0.	0.
(41) Charlie Miranda	1.00									
Trustee	0.00	х						0.	0.	0.
(42) Tom Piccolo	1.00									
Trustee	0.00	х						0.	0.	0.
(43) Bob Rasmussen	1.00									
Trustee	0.00	х						0.	Ο.	0.
(44) Dennis Rogero	1.00									
Trustee	0.00	х						0.	0.	0.
(45) Darryl Rouson	1.00									
Trustee	0.00	х						0.	0.	0.
(46) David Seldin	1.00									
Trustee	0.00	Х						0.	0.	0.

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Inc.

Form 990

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(A)	(B)		,,		C)			Compensated Employe (D)	(E)	(F)
(A) Name and title	(b) Average			Pos				(D) Reportable	(ב) Reportable	(F) Estimated
Name and the	hours	(c	heck				N)	compensation	compensation	amount of
	per	(0	T			app I	'y)	from	from related	other
	week					ee		the	organizations	compensation
	(list any	ctor				loy		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ed en		(W-2/1099-MISC)	,	organization
	related	tee oi	ustee			ensat		· · · · ·		and related
	organizations	trus	nal tri		oyee	9d mo				organizations
	below	Individual trustee or director	Institutional trustee	e	Key employee	Highest com pen sated em ployee	ner			-
	line)	Indiv	Insti	Officer	Key	High	Former			
(47) Catherine Lowry Straz	1.00									
Irustee	0.00	х						0.	Ο.	0
(48) Kim Stohler	1.00									
Trustee	0.00	х						0.	Ο.	0
(49) Ryan Toth	1.00									
Irustee	0.00	x						0.	0.	0
(50) Carlton Ward, Jr.	1.00							••	•••	
Trustee	0.00	х						0.	Ο.	0
(51) Randy Zavertnik	1.00								.	
rustee	0.00	x						0.	0.	0
(52) Frank Busot	1.00									0
Trustee (10/1/21-5/2/22)	0.00	x						0.	0.	0
	0.00	Δ						0.	0.	U
		1								
					<u> </u>					
		1								
		1								
		1								
		1								
	+		-	-	-					
		ł								
			-	-	-					
		ł								
			-							

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			2021) Inc.				59-2328	289 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line		(=)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
٥Ĕ			Fundraising events 1c	617,446.				
ifts r A			Related organizations 1d	917,755.				
niig.			Government grants (contributions)	3,418,082.				
Sir			All other contributions, gifts, grants, and					
her		•	similar amounts not included above 1f	3,908,085.				
ot Ot		a	Noncash contributions included in lines 1a-1f	88,551.				
no		-	Total. Add lines 1a-1f		8,861,368.			
0.0				Business Code	, _, .			
	2	а	Zoo Annual Pass	713110	12,690,724.	12690724.		
Program Service Revenue	2		Admissions Revenues	713110	10,226,847.			
Ser		2	Interactive Experiences	713110	847,422.	847,422.		
ver S		d	Educational Programs	713110	829,041.	829,041.		
gra Re				,10110				
ē.		e 4	All other program convice revenue					
-			All other program service revenue		24,594,034.			
	3	g	Total. Add lines 2a-2f		21,391,031.			
	3		Investment income (including dividends, intere		78,064.			78,064.
	4		other similar amounts)		,0,001.			,0,001.
	4		Income from investment of tax-exempt bond p	1				
	5		Royalties	(ii) Personal				
	~	_	208 929	(1) 1 61301121				
	0							
					<44,097.>			<44,097.>
	_		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other	<44,097.>			<44,097.2
	'	а		33,033.				
		Ŀ.	assets other than inventory 7a	55,055.				
n		D	Less: cost or other basis	46,249.				
nu			and sales expenses	<13,216.>				
evenue			Gain or (loss)		.12 216 .			.12 216 .
ъ.	-		Net gain or (loss)	▶	<13,216.>			<13,216.>
Other R	8	а	Gross income from fundraising events (not including \$ 617,446. of					
0								
			contributions reported on line 1c). See	17,605.				
		Ŀ	Part IV, line 18	210,235.				
					<192,630.>			<192,630.
	~		Net income or (loss) from fundraising events	>	<192,030.>			<1 <i>32</i> ,030.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	▶				
	10	а	Gross sales of inventory, less returns	12 957 621				
				13,857,631.				
			•	7,610,300.	6 247 221	6 2/7 221		
		С	Net income or (loss) from sales of inventory		6,247,331.	6,247,331.		
S			Sponsorship Fees	Business Code 541800	125 000		125 000	
Miscellaneous Revenue	11		Phoneotenth Lees	247000	125,000.		125,000.	
llan 'enu		b						
Sev 1		C		712110	400 550	400 550		
Βİ			All other revenue	713110	498,579.	498,579.		
			Total. Add lines 11a-11d		623,579.	21220041	105 000	181.050
	12		Total revenue. See instructions	▶	40,154,433.	31339944.	125,000.	<171,879.
13200	9 12	-09-	21					Form 990 (2021)

_	rt IX Statement of Functional Expense		r organizationa must	aplata acluma (A)	
ect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
De	Check if Schedule O contains a respon	(A)		(C)	<u>(</u> D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,365,528.	1,073,443.	129,178.	162,907
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	11,747,826.	10,036,518.	1,384,005.	327,303
8	Pension plan accruals and contributions (include	,,,,		_,	
5	section 401(k) and 403(b) employer contributions)	277,464.	86,847.	180,643.	9 974
9	Other employee benefits	1,426,858.	1,292,996.	115,201.	9,974 18,661
0		1,013,669.	870,595.	99,661.	43,413
	Payroll taxes	1,015,005.	010,353.	,001.	45,410
1	Fees for services (nonemployees):				
a	Management	26,504.		26,504.	
b		90,841.		90,841.	
с	Accounting	45,045.		45,045.	
d	, .	45,045.		45,045.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		1 (00 170	1 400 001		17 001
	column (A), amount, list line 11g expenses on Sch O.)	1,698,172.	1,422,931.	257,350.	17,891
2	Advertising and promotion	2,012,151.	2,012,151.		115 504
3	Office expenses	2,956,266.	2,079,197.	761,545.	115,524
4	Information technology	374,427.	335,208.	861.	38,358
5	Royalties		0 411 641	102 057	01 1 6
6	Occupancy	2,556,664.	2,411,641.	123,857.	21,166
7	Travel	100,576.	72,996.	24,116.	3,464
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	39,340.	37,023.	2,042.	275
20	Interest	96,190.		96,190.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,037,136.	4,006,938.	30,110.	88
3	Insurance	893,067.	731,052.	146,813.	15,202
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Animal Expenses	1,536,965.	1,536,965.		
b	Donor Outreach	51,353.	1,699.		49,654
c					,
d					
	All other expenses	104,102.			104,102
е 5	Total functional expenses. Add lines 1 through 24e	32,450,144.	28,008,200.	3,513,962.	927,982
5 6	Joint costs. Complete this line only if the organization	,,			22, 1902
U.					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)				

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Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Par	t X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	12,383,632.	1	16,853,412.	
	2	Savings and temporary cash investments	3,500,000.	2	0.	
	3	Pledges and grants receivable, net	2,836,178.	3	2,859,637.	
	4	Accounts receivable, net	533,569.	4	1,078,091.	
	5	Loans and other receivables from any current or former officer, director				
		trustee, key employee, creator or founder, substantial contributor, or 38				
		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)(E		6		
ts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		374,913.	8	560,483.
Ä	9	Prepaid expenses and deferred charges		1,470,581.	9	829,532.
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D10a84,375Less: accumulated depreciation10b40,395	<u>,479.</u>			40.000.400
	b	Less: accumulated depreciation 10b 40,395	40,890,688.		43,980,102.	
	11	Investments - publicly traded securities	1,183,117.	11	4,365,381.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		62 172 670	15	70 526 620
	16	Total assets. Add lines 1 through 15 (must equal line 33)		63,172,678. 3,525,225.	16	70,526,638. 4,314,060.
	17	Accounts payable and accrued expenses		5,525,225.	17	4,314,000.
	18	Grants payable		3,413,426.	18 19	3,377,662.
	19 20	Deferred revenue		1,462,889.	19 20	1,238,870.
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		1,402,005.	20	1,230,070
	22	Loans and other payables to any current or former officer, director,			21	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35	5%			
ilidi		controlled entity or family member of any of these persons			22	
Lia	23			1,224,943.	23	870,688.
	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		2,014,711.	25	1,875,182.
	26	Total liabilities. Add lines 17 through 25		11,641,194.	26	11,676,462.
		Organizations that follow FASB ASC 958, check here 🕨 🔀				
ces		and complete lines 27, 28, 32, and 33.				
llan	27	Net assets without donor restrictions		48,223,723.	27	55,330,066.
I Ba	28	Net assets with donor restrictions		3,307,761.	28	3,520,110.
oun		Organizations that do not follow FASB ASC 958, check here				
г		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
sse	30		r			
ĭt A:	31			E1 E21 404		50 0E0 17C
Re						
	33	I otal liabilities and net assets/fund balances		υς,1/2,0/8.	33	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances		51,531,484. 63,172,678.	29 30 31 32 33	58,850,176. 70,526,638. Form 990 (2021

132011 12-09-21

Lowry Park Zoological Society of Tampa	Lowry Par	k Zoologica	1 Society	of	Tampa,
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	990 (2021) Inc.	59-2	328289	Pag	_{je} 12
Pa	rt 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	40,154		
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,450		
3	Revenue less expenses. Subtract line 2 from line 1	7,704			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51,531		
5	Net unrealized gains (losses) on investments	5	<385,	597	/.>
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	<u>58,850</u>	,17	16.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		X
			`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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?		2b	X	
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2021)

132012 12-09-21

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Co	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
Nan	ne of t	he organizatio	n Lowr Inc.	y Park Zoo	logical Socie	ety of	E Tam <u>r</u>	ba,		identification number 9 – 2328289
Pa	rt I	Reason		Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior		5 2526265
The	organ				For lines 1 through 12, cl					
1			•		on of churches described		,	I)(A)(i).		
2	\square	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3					anization described in se		(b)(1)(A)(ii	i).		
4		•	•		njunction with a hospital			•)(iii). Enter	the hospital's name,
		city, and state:								
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organizati	on that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general j	oublic described in
		section 170(I)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9		-	-		in section 170(b)(1)(A)(i		-		-	-
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:								
10		-		•	than 33 1/3% of its supp				-	•
					t to certain exceptions; a					-
				mplete Part III.)	(less section 511 tax) fro	in pusities	ses acqui	red by the org	Janization a	anter Julie 30, 1975.
11					ively to test for public sat	aty See	section 5(Q(a)(4)		
12	\square	-	•		ively for the benefit of, to	•			urry out the	nurnoses of one or
		-	•		ed in section 509(a)(1) o	-			•	
				-	f supporting organization					
а		7	•	• •	upervised, or controlled				-	giving
		the support	ed organizatio	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting
		organizatio	n. You must c	omplete Part IV, Se	ections A and B.					
b] Type II. A s	upporting org	anization supervised	l or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		••	-	• •	g organization operated				lly integrate	ed with,
_			•	. , .). You must complete F					
d					oorting organization oper					
				•	zation generally must sati			•	an attentiv	/eness
е		¬ ·	-		mplete Part IV, Sections written determination from					
e			•		nally integrated supportir			турет, туре	п, туре ш	
f	Ente	er the number of								
g				about the supporte						
	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota	ıl									

 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.)

Calendar year (of fical year beginning) [a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 offits, grants, contributions, and there paid to or expended any "unusual grants, 1) [a] 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Tax revenues level for the organization without charge 1 Tax revenues level for the organization without charge 1 Tax a governmental unit to the organization without charge 1 Tax a governmental unit to the organization without charge 1 Tax a governmental unit to the organization without charge 1 Tax revenues level for the organization without charge 1 Tax a governmental unit to the organization without charge 1 Tax a governmental unit or publicly supported organization included on line 1 thraces the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 11, column (f) the second 25 of the amount shown on line 13, column (f) the second 25 of the amount shown on line 13, column (f) the second 25 of the amount shown on line 14 (15 31 27 65 ore amount shown the second 25 of the amount show	Sec	ction A. Public Support						
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or expended on its behalf 3 The value of services or facilities trunished by a governmental unit to the organization without charge 4 Total. Add lines through a governmental unit to the organization without charge (and the services) 8782052. 4829894. 8311742. 16332840. 8861368. 47117896. 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 (n) 5896186. 6 Public support. Expensions for the tacceeds 2% of the amount shown on line 11. column (n) 60 2021 (f) Total Section B. Total Support a 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 a 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 8 Total comport. Expensions from similar sources a 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Net income from interest, divided gain a 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 C, R800 181, 057. 127, 304. 107, 930. 286, 993. 796, 164. 9 C, R800 29, 2880. 181, 057. 127, 304. 107, 930. 286, 993. 796, 164.	2	Tax revenues levied for the organ-						
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time organization without charge 6782052. 4829894. 8311742. 16332840. 8861368. 47117896. 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. 58961866. 6 Public support. 58961866. 6 9 41221710. Section B. Total Support 612017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 8782052. 4829894. 8311742. 16332840. 88613668. 47117896. 8 Grass income from initrast, organization of total continues, and income from similar sources and stop from similar sources sources and stop from similar sources and stop from 2		or expended on its behalf						
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	18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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

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

Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
-						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				•		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		 	for the set of the base		[[]	
14 First 5 years. If the Form 990 is for th	•		-			·
check this box and stop here	o Cunnart Day					
Section C. Computation of Publi						
15 Public support percentage for 2021 (I			column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the	-	•	•	••••		
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
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Schedule A (Form 990) 2021

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1

2

3a

3b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

Inc.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

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Scheo	lule A (Form 990) 2021 Inc. 59-2	32828	9 Pa	age 5
Par	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described on line 11a above?	11b		<u> </u>
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u></u>	detail in Part VI.	11c		<u> </u>
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	2		
			Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Tes	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	i <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			

these activities but for the organization's involvement.Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | Schedule A (Form 990) 2021

2b

3a

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	Lowry Park Zoological studie A (Form 990) 2021 Inc.	_		59-2328289 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi All other Type III non-functionally integrated supporting organizations must		•	Part VI). See instructions.
Sect	ion 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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Lowrv	Park	Zoological	Society	of	Tampa,
	TOTIC	LOOTOGTOUT	DOCTOCI	0 ±	rampa,

	dule A (Form 990) 2021 Inc.	(a)/(2) Supporting Orga			9-2328289	Page 7
Par		a)(3) Supporting Orga	nizations (continu	ied)	a	
	on D - Distributions				Current Yea	r
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		•		
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which th	e organization is responsive		•		
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	~		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 20	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

			Park	Zoologi	ical	Society	of Tampa,	50.000000
Schedule A Part VI	(Form 990) 2021 Supplemental Inform Part IV, Section A, lines 1, line 1, Part IV, Section D,	, 2, 3b, 3c, 4	b, 4c, 5a,	6, 9a, 9b, 9c, ⁻	11a, 11b,	and 11c; Part	V, Section B, lines ⁻	59-2328289 Page 8 r 17b; Part III, line 12; I and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part	V, Section	E, lines 2, 5, a	ind 6. Als	o complete this	part for any additio	nal information.
132028 01-04-2	22				~ ~			Schedule A (Form 990) 2021

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Schedule of Contributors

** PUBLIC DISCLOSURE COPY

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Schedule B

(Form 990)

-

Name of the organization	on					
	Lowry	Park	Zoological	Society	of	Tampa,

59-2328289

	THC.
)rannization	type (check one)

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
	rganization Park Zoological Society of Tampa,		Employer identification number
Inc.	Fark Zoological Society of Tampa,		59-2328289
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
1		\$ <u>1,026,0</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
2		\$ <u>979,3</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
3		\$917,7	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4_		\$ <u>829,6</u>	05. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$820,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributio	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
6		\$480,6	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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	B (Form 990) (2021)			Page 2
	rganization		Emplo	yer identification number
_	Park Zoological Society of Tampa,		50	-2328289
Inc. Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	59	-2320209
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
7		\$388,3	61.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
8		\$350,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
9		\$291,6	<u>.00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$250,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
11		\$241,9	59.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

ame of o	3 (Form 990) (2021) ganization	E	mployer identification number
lowry	Park Zoological Society of Tampa,		59-2328289
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule E	B (Form 990) (2021)				Page 4				
	rganization				Employer identification number				
Lowry	Park Zoological Society	y of Tampa,							
Inc.					59-2328289				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a				that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1	1,000 or less for t	the year. (Enter this info. or	nce.) ► \$				
	Use duplicate copies of Part III if additional	space is needed.							
(a) No. from	(b) Purpose of gift	(c) Use of gi		(d) Dos	cription of how gift is held				
Part I	(b) Fulpose of gift			(u) Des	chpilon of now girt is held				
-									
		(e) Transfe	er of gift						
			_						
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
Parti									
ľ	(e) Transfer of gift								
	Transferee's name, address, a	nd ZI P + 4	R	elationship of tra	ansferor to transferee				
Ī									
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft.	(d) Des	cription of how gift is held				
Part I		(c) Use of gift		(0) Des					
-									
	(e) Transfer of gift								
	T		Relationship of transferor to transferee						
-	Transferee's name, address, a	na ZIP + 4	ĸ	elationship of tra	ansteror to transferee				
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Des	cription of how gift is held				
ſ		(e) Transfe	er of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
123454 11-11	I-21				Schedule B (Form 990) (2021)				

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SCHEDULE C	Po	litical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)				-	_	2021
		anizations Exempt From Income		.,		ZUZ I
Department of the Treasury	-	if the organization is described to			90-EZ.	Open to Public Inspection
Internal Revenue Service		Go to www.irs.gov/Form990 for in				•
-		Form 990, Part IV, line 3, or Forr		e 46 (Political Campa	ign Activ	rities), then
.,.,		plete Parts I-A and B. Do not comp		De net complete Deut		
 Section 501(c) (other Section 527 organization 		1(c)(3)) organizations: Complete Pa	arts I-A and C below. I	Do not complete Part	Ι-В.	
•	•	Form 990, Part IV, line 4, or Forr	n 990-E7 Part VI lin	e 47 (Lobbying Activ	vitios) the	'n
-		nave filed Form 5768 (election under				
.,.,		nave NOT filed Form 5768 (election		•	•	
		Form 990, Part IV, line 5 (Proxy		<i>,</i> ,		•
Tax) (See separate inst						· · ·
 Section 501(c)(4), (5) 		ions: Complete Part III.				
Name of organization	Lowry P	ark Zoological Soc	ciety of Ta	mpa,		r identification number
	Inc.				5	9-2328289
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	or is a section 52	7 organ	ization.
•	8	ation's direct and indirect political	1 0		. .	
2 Political campaign					▶\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3			
		incurred by the organization under		<i>,</i> ,	•	
		incurred by organization managers				
	-	n 4955 tax, did it file Form 4720 for				Yes No
b If "Yes," describe in	n Part IV.					
Part I-C Comple	ete if the org	anization is exempt under	section 501(c), e	except section 5	01(c)(3).	
1 Enter the amount d	irectly expended	by the filing organization for section	on 527 exempt function	on activities	▶\$	
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	r organizations for sec	ction 527		
exempt function ac					▶\$	
	-	. Add lines 1 and 2. Enter here and			、 .	
					▶\$	
		1120-POL for this year?				
		ployer identification number (EIN) tion listed, enter the amount paid fi				
	-	omptly and directly delivered to a s				
	•	additional space is needed, provide				5 5
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's cor er-0 d	(e) Amount of political ntributions received and promptly and directly lelivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	Inc.	rk Zoological	_	- 59-2	2328289 Page 2 ection under
expenses, and share	e of excess lobl	an affiliated group (and list in bying expenditures). bx A and "limited control" pri		group member's nam	e, address, EIN,
Limit	s on Lobbying	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influb Total lobbying expenditures to influ					
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) or		he lobbying nontaxable am			
Not over \$500,000		0% of the amount on line 1e			
Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,50		<u>100,000 plus 15% of the exc</u> 175,000 plus 10% of the exc			
Over \$1,500,000 but not over \$1,50		225,000 plus 5% of the exce			
Over \$17,000,000		1,000,000.			
	¥	.,,			
g Grassroots nontaxable amount (ent	ter 25% of line 1	lf)			
h Subtract line 1g from line 1a. If zero	o 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 zer	o on either line	1h or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	/ear?				Yes No
(Some organizations th	at made a sec	ar Averaging Period Under tion 501(h) election do not separate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying	Expenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount					
(150% of line 2a, column(e))					<u> </u>
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				0-1	ule C (Form 990) 2021

(For 990)

132042 11-03-21

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(k))
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		45	5,04
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?		Х		
j Total. Add lines 1c through 1i			45	5,04
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
B Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 		1		
expenses for which the section 527(f) tax was paid).	Jai			
		20		
a Current year				
b Carryover from last year				
c Total		<u>2c</u>		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
	liat\: Dart II	A lines 1 or		
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information.	list), Fart II-	A, III es i ai	iu 2 (388	
art II-B, Line 1, Lobbying Activities:				
are if b, line i, lobbying Accivities.				
he Organization retained two lobbying firms during th	e fisc	al ve	ar.	
ne organization recarned two robbying rinks during th		Jur Jos	** •	
he firms provide legislative liaison support to the Z	ion to	promot	- 6	
	.00 00	promo		
ncreased governmental funding for the Zoo's programs.	These	2		
	111000	-		
egislative activities were unsubstantial with respect	to th	ne over	call	
ctivities of the Organization.				
		Schedu	le C (Form	990) 2
		oonouu	•	
32043 11-03-21		Conoda		

Schedule C (Form 990) 2021

SC	HEDULE D			-		I Statemen		F	OMB No. 154	5-0047
(Form 990)		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.						202		
	Department of the Treasury				Attach to Form 99		Open to I Inspectio			
-	Internal Revenue Service Go to www.irs.gov/Forn Name of the organization LOWRY Park Zoolog						Employer id	-		
		Inc.	-	- - -		1 1 1	<i>`</i>		-232828	
Par			-			er Similar Fund	s or Ac	counts. Co	mplete if the	
	organizatio	n answered "Yes	s" on Form	1990, Part IV, li			1			
					. ,	advised funds	(k	b) Funds and c	other accoun	ts
1	Total number at er									
2 3	Aggregate value of Aggregate value of									
3 4	Aggregate value of									
5						ets held in donor adv	ised funds	s		
-	-				-	trol?		_	Yes	No No
6						nat grant funds can b				
	for charitable purp	oses and not for	the benef	it of the donor	or donor advisor, or	for any other purpose	e conferrir	ng		
_									Yes	No
Par						d "Yes" on Form 990	, Part IV, I	line 7.		
1				, ,	tion (check all that ap					
		-	ic use (for	example, recre	ation or education)			rically importa		
		f natural habitat				Preservation	of a certifi	ied historic str	ucture	
0		of open space	organizat	tion hold a gual	ified concernation of	antribution in the form		convetion coor	mont on the	laat
2	day of the tax year	•	eorganizat	lion neid a quai	lined conservation co	ontribution in the forr			the End of the	
а			ments				ľ	2a		
b	Total acreage rest							2b		
c	•					a)	F	2c		
d						ot on a historic struc	F			
	listed in the Nation	al Register					[2d		
3	Number of conserv	vation easements	s modified	, transferred, re	eleased, extinguished	d, or terminated by th	ne organiz	ation during th	ne tax	
	year 🕨									
4			-		asement is located		-			
5						spection, handling o		Г	_	
~	violations, and enf					no and anforming on			Yes	No No
6		r nours devoted		ing, inspecting	, nanoling of violatio	ns, and enforcing co	ISEIVALIOI	i easements u	uning the yea	Lſ
7	Amount of expens	es incurred in m	onitorina i	inspecting han	dling of violations a	nd enforcing conserv	vation eas	ements durina	the vear	
•	► \$		ormornig, i	nopeoung, nan					the year	
8		vation easement	reported of	on line 2(d) abo	ve satisfy the require	ements of section 17	0(h)(4)(B)(i)		
			-		•			· _	Yes	No
9						revenue and expens				
	balance sheet, and	l include, if appli	cable, the	text of the foot	note to the organiza	tion's financial stater	nents that	t describes the	e	
Dec	organization's acc					Turner	NH 01		L	
Par			-			Treasures, or C	iner Si	milar Asse	IS.	
					n 990, Part IV, line 8					
1a	•	· ·			•	ts revenue statement			<s .<="" th=""><th></th></s>	
				-		ation, or research in at describes these ite		ce of public		
b	· •					evenue statement and		sheet works o	f	
D.	-					ion, or research in fur				
	provide the followi			-			literarioe		,	
	-	-	-					▶ \$		
	(ii) Assets include									
2	.,					nilar assets for financ				
					ASC 958 relating to					
а	Revenue included	on Form 990, Pa	art VIII, line	e 1				▶ \$		
								▶ \$		
LHA	For Paperwork R	eduction Act No	otice, see	the Instruction	ns for Form 990.			Schedu	le D (Form 9	90) 2021
132051	10-28-21				31					

2021.06010 LOWRY PARK ZOOLOGICAL SOC 324895_1

	-	ark Zoologi	.cal Societ	y of T	lampa	-			
	dule D (Form 990) 2021 Inc.				<u></u>			28289	
Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, o	r Othe	r Similar A	ssets	contin	ued)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	, check any of the f	ollowing that	t make si	ignificant use	of its		
а	Public exhibition	Ь	Loan or exc	hange progra	am				
b	Scholarly research	e	Other						
c	Preservation for future generations	Ŭ							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organizatio	n's over	not purpose ir	Dort	YIII	
- 5	During the year, did the organization solicit o	•		•			IFail	AIII.	
5	to be sold to raise funds rather than to be ma							Yes	🗌 No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered '	"Yes" on	Form 990, Pa	art IV, I	line 9, or	
	reported an amount on Form 990, Pa		-			-			
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other ass	sets not	included			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					_	
	5	I	5					Amount	
с	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fe							Yes	No
	If "Yes," explain the arrangement in Part XIII.						∟		
Par						10			
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years	back	(e) Four	years back
10	Beginning of year balance	23,638,647.	18,771,668.			21,301,		. ,	549,243.
	Contributions	46,052.	33,866.		5,784.	115,		,	4,196.
	Net investment earnings, gains, and losses	<2,819,745.>	5,777,351.		,698.>		850.	1	677,342.
					,	,		-,	••••
	Grants or scholarships								
е	Other expenditures for facilities	001 016	011 238	2 05	1 1 1 3	1 026	030		020 107
	and programs	994,916.	944,238.	2,05	1,443.	1,026,	039.		929,187.
	Administrative expenses	19,870,038.	22 629 647	10 77	1 660	21 0.92	0.25	21	201 504
g	End of year balance		23,638,647.		1,000.	21,083,	025.	21,	301,594.
2	Provide the estimated percentage of the curr	•) held as:					
а	Board designated or quasi-endowment	62.4568	_%						
b	Permanent endowment $\blacktriangleright \frac{30.0928}{7.4502}$	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administer	red for th	ne organizatior	ו	Г	
	by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	<u>x</u>
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b	X
4	Describe in Part XIII the intended uses of the		vment funds.						
Pai	t VI Land, Buildings, and Equipm			_	_				
	Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or ot	• • •	or other		ccumulated		(d) Book	value
		basis (investm	,	(other)	de	preciation			
1a	Land			7,894.					,894.
b	Buildings			3,152.		291,061			<u>,091.</u>
	Leasehold improvements			7,804.		748,738			<u>,066.</u>
d	Equipment			6,710.		194,595			2,115.
e	Other		40,96	9,919.	23,	160,983			8,936.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part >	(. column (B). line 1()			4	3,980	,102.
			• • •				edule	D (Form	990) 2021

Lowry Park Zoological	Society	of	Tampa,
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Part VIII Investments - Other Securities. Complete if the organization answerd "ves" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of Security of Catalogy investments (b) Book value (c) Method of Valuation: Cost or end of year market value (a) Cost ly line (quity interests (b) Cost ly line (quity interests (c) (c) </th <th>Schedule D (Form 990) 2021 Inc.</th> <th></th> <th>59-23</th> <th>328289 Page 3</th>	Schedule D (Form 990) 2021 Inc.		59-23	328289 Page 3
(a) Bescription of security catalogy inclusion under exercity (b) Book value (c) Method of valuation: Cost or end of year market value (1) Financial derivatives (c) (c) (c) (2) Cooky hed uply interests (c) (c) (3) Other (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (7) (c) (c) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (c) (c) Method of valuation: Cost or end of year market value (c) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (6) (c) (c) Method of valuation: Cost or end of year market value (c) (6) (c) (c) Method of valuation: Cost or end of year market value (c) (6) (c) (c) Method of valuation: Cost or end of year market value (c) </th <th></th> <th></th> <th></th> <th></th>				
(1) Francial derivatives (2) Closely held equity interests (3) Cher (4) (4) (5) (5) (6) (6) (7) (7) (8) (7) (9) (7) (11) (7) (12) (7) (13) (14) (14) (15) (15) (16) (16) (17) (17) (18) (20) (20) (30) (2) (31) (2) (32) (2) (33) (2) (34) (2) (35) (2) (16) (2) (17) (2) (18) (2) (19) (2) (11) (2) (12) (2) (13) (2) (14) (2) (15) (2) (16) (2) (17) (2) (<u> </u>
(2) Closely held equity interests		(b) Book value	(c) Method of Valuation: Cost or end-of-y	ear market value
(3) Other (A) (A) (A) (B) (A) (C) (A) (A) (A) (B) (B) (C) (B) (B) (B) (C) (B) (B) (B) (C) (B) (B)				
(A) (B) (C) (B) (C) (C) (C) (D) (D) (D) (D) (D) (E) (D) (D) (F) (D) (D) (B) (D) (D) (G) (D) (D) (D) (F) (D)				
(B) (C) (C) (C) (D) (C) (E) (C) (G)				
(C) (C) (B) (C) (C) (C) (G)				
(0) (B) (B) (B) (F) (B) (G) (C) (G)				
(E) (B) (G) (G) (G)				
(P) (G) (G) (H) (H)				
(G) (H) (H)				
(H) Image: Construct on the origination 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) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (3) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (4) (c) (c) (c) (6) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (9) (c) (c) (c) (9) (c) (c) (c) (1) (c) (c) (c) (c) (1) (c) (c) (c) (c) (1) (c) (c) (c) (c) (3) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7)<				
Total (col. (b) must equal Form 990, Part X, col. (B) line 12.) Part Vill 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) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Book value (1) (c) Book value (1) (c) Book value (1) (c) Book value (1) (c) Method of valuation: Cost or end-of-year market value (b) Book value (c) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (c) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (c) Method of valuation (c) Method of value (c) Foundation (c) Method (c)				
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) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				
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 (d) (e) Method of valuation: Cost or end-of-year market value (a) (c) (a) (c) (a) (c) (d) (c) (e) (c) (f) (c) (g) (c) (g) (c) (h) (c) (f) (c) (g) (c) (h) (c) (g) (c) (h) (c) (f) (c) (g) (c)	Dart VIII Investments - Program Polated			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (a) (c) (a) (c) (b) (c) (c) (c) (c) (c) (d) (c) (e) (c) (f) (c) (g) (c)		on Form 000 Dart IV line	11a Saa Form 000 Part V line 12	
(1) (2) (3) (4) (6) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (3) (9) (1) (1) (2) (2) (3) (3) (4) (4) (5) (6) (1) (7) (1) (8) (2) (9) (2) (9) (2) (1) (2) (1) (2) (3) (3) (4) (5) (6) (7) (9) (1) (1) (2) (2) (3) (3) (4) (9) (1) (1) (2) (1) (2) (2) (3) (3) (4) (4) (5) (5)				oor markat value
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(3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (10) (10) (2) (10) (3) (10) (1) (11) (2) (11) (2) (12) (3) (13) (4) (14) (5) (15) (6) (16) (7) (17) (8) (18) (9) (19) (9) (10) (10) (11) (11) (11) (12) (11) (13) (11) (14) (11) (15) (11) (16) (11) (17) (11) (18) (11) (19) (11) (10) (11) (11) (11) (12) (11) (14) (11) (15) (11) (16) (11)				
(4) (5) (6) (7) (7) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (9) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) (a) Description (b) Book value (1) (a) Description (b) Book value (c) (a) (b) (b) Book value (c) (c) (c) (c) (d) (c) (e) (c) (f) (c) (g) (c) (g) (c) (h) (c) (g) (c) (h) (c) Description of liability (h) (b) Description of liability (c) (c) Description of liability (f) Federal income taxes (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) <				
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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			-	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

	edule D (Form 990) 2021 Inc.		2328289 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	41,865,750.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	j	2	
b	Donated services and use of facilities 2b 175,863.	<u>.</u>	
С			
d	Other (Describe in Part XIII.) 2d 1,921,051	<u> </u>	
е	Add lines 2a through 2d	2e	1,711,317.
3	Subtract line 2e from line 1	3	40,154,433.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	40,154,433.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Retur	n.
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Pa	Image: style="text-align: center;">rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Retur	n.
Pa	Image: Triangle interview Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Retur	n.
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Pa 1 2 a b	Image: Prior year adjustments Image: Prior year adjustments Image: Prior year adjustments Image: Prior year adjustments Image: Prior year adjustments Image: Prior year adjustments		n. 30,325,000.
Pa 1 2 a b	It XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 175,863. Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d 1,921,051.		n. 30,325,000. 2,096,914.
Pa 1 2 b c d	Image: concultation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)		n. 30,325,000.
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Pa 1 2 a b c d e 3	It XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 175,863.4 Prior year adjustments 2b 2c Other losses 2c 2d 1,921,051.4 Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4,222,058.4	Retur	n. 30,325,000. 2,096,914. 28,228,086. 4,222,058.
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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The Lowry Park Zoo Endowment Foundation, Inc. (Foundation), a related
organization, was organized for the purpose of creating and managing
endowment gifts and related assets of ZooTampa. The Foundation's endowment
includes donor-restricted endowment funds and funds designated by the
Board of Directors to function as endowments. ZooTampa's endowment
consists of funds received from the State of Florida and related matching
gifts.
The Foundation has adopted investment and spending policies for endowment
assets that attempt to provide a predictable stream of income to fund
ZooTampa's programs and primary exempt purpose while seeking to maintain
132054 10-28-21 Schedule D (Form 990) 2021

	Lowry Park Zoological Society of Tampa,	
Schedule D (Form 990) 2021	Inc.	59-2328289 Page 5
Part XIII Supplemental Infor	mation (continued)	
the purchasing power	r of the endowment assets. The Foundation	has a policy
of distributing up t	to 5% of the three year average of prior f	iscal
year-end market valu	ues of investments, as approved by the Boa	ard of
Directors.		

Part X, Line 2:

Income taxes are not provided for in the combined financial statements since the Zoo is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code. The Zoo has been determined by the Internal Revenue Service not to be a private foundation within the meaning of Section 509(a) of the Internal Revenue Code.

The Zoo follows ASC Topic 740, Income Taxes. A component of this topic prescribes a recognition and measurement standard for uncertain tax positions taken or expected to be taken in a tax return. For those benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. The Zoo's policy is to recognize interest and penalties associated with tax positions under this standard as a component of income tax expense, and none were recognized since there was no material impact of the application of this standard for the years ended September 30, 2022 and 2021. The Zoo's information returns are open to Internal Revenue Service examination for the 2018 tax year ended September 30, 2019 and all subsequent tax years.

Part XI, Line 2d - Other Adjustments:	
COGS net with revenues on Form 990	1,670,188.
Rental expenses net with revenues on Form 990	253,026.
Realized loss on disposal of assets net with revenues on	
132055 10-28-21	Schedule D (Form 990) 2021

Lowry Park Zoological Society of Tampa, Schedule D (Form 990) 2021 Inc. Part XIII Supplemental Information (continued)	59-2328289 Page 5
Form 990	13,216.
Special event expenses net with revenues on Form 990	-15,379.
Total to Schedule D, Part XI, Line 2d	1,921,051.
Part XII, Line 2d - Other Adjustments:	
COGS net with revenues on Form 990	1,670,188.
Rental expenses net with revenues on Form 990	253,026.
Realized loss on disposal of assets net with revenues on	
Form 990	13,216.
Special event expenses net with revenues on Form 990	-15,379.
Total to Schedule D, Part XII, Line 2d	1,921,051.
<u> Part XII, Line 4b - Other Adjustments:</u>	
Depreciation separately stated in audit report	4,081,902.
Interest expense separately stated in audit report	128,254.
Other expenses separately stated in audit report	11,902.
Total to Schedule D, Part XII, Line 4b	4,222,058.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization	Inc.	ark Zoological Soc			_		59-232	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa I highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and addres or entity (func	s of individual	(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is	exempt from r	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form S	90 or	990-E	Z.		Schedu	le G (Form 990) 2021

132081 10-21-21

Inc.

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2 Comedy for Conservation	(c) Other events None	(d) Total events (add col. (a) through
			Karamu (event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	618,446.		(635,051
	2	Less: Contributions	617,446.			617,446
_	3	Gross income (line 1 minus line 2)	1,000.	16,605.		17,605
	4	Cash prizes				
	5	Noncash prizes	76,766.			76,766
(pense:	6	Rent/facility costs	1,250.			1,250
Direct Expenses	7	Food and beverages	57,126.	6,157.		63,283
Ī	8	Entertainment				32,985
	9	Other direct expenses		2,947.		35,951
- I		Direct expense summary. Add lines 4 throug	h () in a aluman (d)			
	10				•	210,235
	11	Net income summary. Subtract line 10 from	line 3, column (d)		>	
		Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)		>	
)a	11	Net income summary. Subtract line 10 from	line 3, column (d)		>	<192,630.
'a	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization	ine 3, column (d)	n 990, Part IV, line 19, or re (b) Pull tabs/instant	eported more than	<192,630.
	11 rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d)	n 990, Part IV, line 19, or re (b) Pull tabs/instant	eported more than	<192,630.
	11 rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d)	n 990, Part IV, line 19, or re (b) Pull tabs/instant	eported more than	(d) Total gaming (add col. (a) through col. (c
	11 rt I 1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	ine 3, column (d)	n 990, Part IV, line 19, or re (b) Pull tabs/instant	eported more than	<192,630
	11 rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ine 3, column (d)	n 990, Part IV, line 19, or re (b) Pull tabs/instant	eported more than	<192,630
	11 rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ine 3, column (d)	n 990, Part IV, line 19, or ro (b) Pull tabs/instant bingo/progressive bingo	eported more than	<192,630.
a	11 rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ine 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	<192,630.
a	11 rt I 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ine 3, column (d) answered "Yes" on Form (a) Bingo	b 990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	<192,630.

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

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

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Schedule G (Form 990) 2021

Yes

Yes

No

No

Sche	edule G (Form 990) 2021	Lowry Inc.	Park	Zoolo	ogical	Socie	ety of	Tampa		2328289	Page 3
	Does the organization conduct gar		es with no	nmember	·c?					Yes	
	Is the organization a grantor, bene										
	to administer charitable gaming?									Yes	No
13	Indicate the percentage of gaming	activity cond	ducted in:	:							
	The organization's facility									13a	%
	An outside facility									13b	%
14	Enter the name and address of the	e person who	prepares	s the orgar	nization's g	aming/spec	ial events	books and r	ecords:		
	Name 🕨										
	Address 🕨										
15a	Does the organization have a cont	ract with a th	nird party	from who	m the orgar	nization rece	eives gami	ng revenue?	?	🗌 Yes	No No
b	If "Yes," enter the amount of gamin	ng revenue re	eceived b	y the orga	anization 🕨	• \$		and the	e amount		
	of gaming revenue retained by the										
С	If "Yes," enter name and address of	of the third pa	arty:								
	Name										
	Address ►										
16	Gaming manager information:										
	Name										
	Gaming manager compensation	▶ \$									
	Description of services provided	•									
	Director/officer	Employ	ree		Independ	lent contrac	ctor				
17	Mandatory distributions:										
	Is the organization required under	state law to r	make cha	ritable dis	stributions f	rom the gan	ning proce	eds to			
	retain the state gaming license?						-			Yes	No No
b	Enter the amount of distributions r	equired unde	er state la	w to be di	istributed to	other exen	npt organi	zations or sp	cent in the		
	organization's own exempt activitie										
Pai	<u>t IV</u> Supplemental Inform 15b, 15c, 16, and 17b, as			-		-			nd (v); and Pa	rt III, lines 9,	9b, 10b,
13208	3 10-21-21				39				Sched	ule G (Form	990) 2021

Schedule G (Form 990)	Lowry Par Inc.	rk Zoological	Society	of Tampa,	59-2328289	Page 4
Schedule G (Form 990) Part IV Supplemental Infor	mation (continue	ed)				
					Schedule G (F	orm 990)

SCHE	EDULE J Compensation Information	I	OMB No.	1545-004	47				
(Forn			00	~4					
(Compensated Employees		20	21					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic				
	Attach to Form 990. Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe						
_		nployer ider	ntificati	on nui	mber				
	Inc.	59-232	2828	9					
Part	I Questions Regarding Compensation								
				Yes	No				
1a C	heck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990),							
	art VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or charter travel Housing allowance or residence for personal	use							
	Travel for companions Payments for business use of personal reside	ence							
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees								
	Discretionary spending account Personal services (such as maid, chauffeur, c	hef)							
b If	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or								
re	imbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		X				
2 D	id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
tr	ustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		X				
3 In	dicate which, if any, of the following the organization used to establish the compensation of the organization's								
С	EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	:0							
es	stablish compensation of the CEO/Executive Director, but explain in Part III.								
	Compensation committee Written employment contract								
	Independent compensation consultant I Compensation survey or study								
2	✓ Form 990 of other organizations ✓ Approval by the board or compensation complexity	mittee							
4 D	uring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
01	ganization or a related organization:								
a R	eceive a severance payment or change-of-control payment?		4a		X				
b Pa	articipate in or receive payment from a supplemental nonqualified retirement plan?		4b		X				
c Pa	articipate in or receive payment from an equity-based compensation arrangement?		4c		X				
lf	"Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
0	nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5 Fo	or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
	ontingent on the revenues of:								
a Th	ne organization?		<u>5</u> a	Х	L				
b A	ny related organization?		5b		X				
	"Yes" on line 5a or 5b, describe in Part III.								
	or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
	ontingent on the net earnings of:								
	ne organization?		<u>6a</u>	Х					
	ny related organization?		6b		X				
	"Yes" on line 6a or 6b, describe in Part III.								
	or persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
	ot described on lines 5 and 6? If "Yes," describe in Part III		7		X				
	ere any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the								
			8		X				
	"Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								
	egulations section 53.4958-6(c)?		9						
LHA F	or Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)	2021				

132111 11-02-21

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Joseph Couceiro	(i)	277,167.	87,864.	11,990.	4,327.	24,732.	406,080.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Dr. Larry Killmar	(i)	178,675.	28,790.	5,824.	3,339.	22,760.	239,388.	0.
CZO / Sr VP Animal Science	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Karen Jubrail	(i)	159,298.	23,898.	2,521.	2,641.	8,163.	196,521.	0.
CFO / Sr VP Finance	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Mark Haney	(i)	146,547.	22,610.	2,105.	2,637.	14,276.	188,175.	0.
CAO / Sr VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Scott Rose	(i)	154,744.	23,069.	2,742.	96.	6,448.	187,099.	0.
COO /Sr VP Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Michelle Coleman	(i)	125,574.	19,494.	2,294.	2,268.	16,227.	165,857.	0.
CPO / Sr VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Cynthia Stringfield	(i)	119,286.	19,511.	2,515.	0.	24,431.	165,743.	0.
Sr VP Animal Health, Conse	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

59-2328289

Part III Supplemental Information

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

Part I, Line 1a:

Joe Couceiro (President & CEO) and Mark Haney (CGRO / Sr VP Government)

were provided University Club memberships for the primary purpose of

partner/donor relations.

Part I, Line 1b:

The membership dues are paid directly by the organization in accordance

with its standard purchasing policy.

Inc.

Part I, Line 5:

Annual cash incentive awards are based on a predetermined dollar amount and

percentage of base salary. The incentive award amounts are determined

according to a sliding scale ranging from 50% to 150% of the target award

amounts, based on achieving financial and other non-financial goals. If the

goals are not met, the incentive award is not paid.

Part I, Line 6:

Annual cash incentive awards are based on a predetermined dollar amount and

percentage of base salary. The incentive award amounts are determined

Schedule J (Form 990) 2021

Part III Supplemental Information

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

according to a sliding scale ranging from 50% to 150% of the target award

amounts, based on achieving financial and other non-financial goals. If the

goals are not met, the incentive award is not paid.

(Form Departm	Supplemental Information on Tax-Exempt Bonds Supplemental Information on Part VI. Supplemental Information on Tax-Exempt Bonds Supplemental Information on Part VI. Supplemental Information on Information on Part VI. Supplemental Information on Information on Information. Employer ide Bond Information on Part VI. Informa													lic
Name	Inc.	-	-	-							identif 328		n num	ber
Part	I Bond Issues Se	e Part VI	for Colum	ns (a) and	<u>1 (f) (</u>	Contir	nuations							
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	(f) Descripti	on of purpose	(g) De	efeased	(h) On	behalf	(i) Po	oled
											of is	suer	finan	cing
									Yes	No	Yes	No	Yes	No
C	ity of Tampa, Florida						Construc	tion and						
ΑI	ndustrial Development R	59-1101138	None	02/20/14	6,500	,000.	equippin	g of a ne	2	X		X		Х
В														
С														
_														
D	U. Decentral													
Part	II Proceeds													
4	Amount of bonds retired			5 26	1,130.		В	С				D		
	A second of the second of the second second			5,20	<u>, 1900</u>									
-	<u> </u>			6.50	0,000.									
	Gross proceeds in reserve funds				<u>,,,,,,</u>									
	Issuance costs from proceeds													
	Credit enhancement from proceeds													
	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds			6,50	0,000.									
11 (Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion			2	015									
				Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refunding i	ssue of tax-exempt b	oonds (or,											
i	if issued prior to 2018, a current refunding issu	ıe)?			Х							\perp		
15	Were the bonds issued as part of a refunding i	ssue of taxable bond	ds (or, if											
i	issued prior to 2018, an advance refunding iss	ue)?			X							\perp		
16	Has the final allocation of proceeds been made	e?		X								\perp		
17	Does the organization maintain adequate bool	ks and records to sup	oport the											
1	final allocation of proceeds?			Х										

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

Schedule K (Form 990) 2021

Lowry Park Zoological Society of Tampa,

Sche	edule K (Form 990) 2021 Inc.			59-	2328289				Page 2
Par	t III Private Business Use			-					
			Α		В		C	[0
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		x						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of								
	bond-financed property?		x						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities		ł		•		•		
	other than a section 501(c)(3) organization or a state or local government		.00 %		%		%		%
5									,-
•	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		.00 %		%		%		%
6	Total of lines 4 and 5		.00 %		%		%		%
7	Does the bond issue meet the private security or payment test?		X		//		/0		/0
-	Has there been a sale or disposition of any of the bond-financed property to a non-								
0u	governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
h	If "Yes" to line 8a, enter the percentage of bond-financed property sold or				1		1		I
b			%		%		%		06
	disposed of If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		/0		/0		/0		70
C									
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nongualified bonds of the issue are remediated in accordance with the								
	·	х							
Dor	requirements under Regulations sections 1.141-12 and 1.145-2?	Δ							
Fai	Albitage		A		в		С	Г	<u> </u>
	Les the issuer filed Form 2000 T. Arbitrage Debate Vield Deduction and		<u> </u>					-	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Δ		1		<u> </u>		
-	If "No" to line 1, did the following apply?		x	-	1		1		
-	Rebate not due yet?	v	A						
	Exception to rebate?	X	77						
C	No rebate due?		X		1				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	Х							

Schedule K (Form 990) 2021

Lowry Park Zoological Society of Tampa,

Schedule K (Form 990) 2021 Inc.			59-2	2328289				Page 3
Part IV Arbitrage (continued)								
	4	۱	E	3	0)	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х							
Part V Procedures To Undertake Corrective Action								
	A	4	E	3	(2	D)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instr	uctions.					
Schedule K, Part I, Bond Issues:								
(a) Issuer Name:								
City of Tampa, Florida Industrial Development Rev	venue No	ote Ser	ies 201	_4				
(f) Description of Purpose:								
Construction and equipping of a new animal hospit	al and	scienc	e build	ling				

(Fo	orm 990)							20	21	
Depart	tment of the Treasury	 Complete if the org Attach to Form 990 		answered "Yes" of	n Form 990, Part IV, III	nes 29 or a	<i>s</i> 0.	Open to		-
	al Revenue Service	Go to www.irs.gov/	/Form990 fo	r instructions and	the latest information).		Inspe	ection	
Nam	e of the organizatior	□ Lowry Park Z	oologi	cal Societ	y of Tampa,		Employer ide			nber
_		Inc.					59-	2328	289	
Pa	rt I Types of	Property	1 ()					-1		
			(a) Check if	(b) Number of	(c) Noncash contributio	on	(Method of	d) Hotormir	nina	
			applicable	contributions or	amounts reported o	n I	noncash contril		•	S
				items contributed	Form 990, Part VIII, lin	e 1g				
1										
2		isures								
3		erests								
4		ations								
5 6		ehold goods								
7		nicles								
8	Intellectual propert									
9		ty ly traded								
10		y held stock								
11	Securities - Partne									
		·····p,, -·								
12		laneous								
13	Qualified conserva									
	Historic structures									
14	Qualified conserva	tion contribution - Other								
15	Real estate - Resid	lential								
16	Real estate - Comr	nercial								
17	Real estate - Other	r								
18	Collectibles		X	1	75	50.Fai	r Marke	t Va	lue	
19										
20		l supplies								
21										
22										
23		ns								
24	Archeological artif		v	1.62	77 5/	11 11	. Manles	L 17-	1	
25		<u>uction Items</u>) hino Crate	X X	163			<u>r Marke.</u> r Marke			
26	· · _	rash Cart	X	1			r Marke.			
27	· -			<u>+</u>	20	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	I Maike	L Va	<u> ue</u>	
<u>28</u> 29	Other (I ization during	the tax year for co	ontributions					
23		nization completed Form 82	-						0	
	for which the orga			onee / lenne weag		-			Yes	No
30a	During the year, di	d the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 th	hrough 28,	that it			
		ast three years from the dat								
		for the entire holding period	•					30a		X
b	If "Yes," describe t	the arrangement in Part II.								
31	Does the organizat	tion have a gift acceptance	policy that re	equires the review o	of any nonstandard con	tributions?		31	Х	
32a	Does the organizat	tion hire or use third parties	or related or	ganizations to solic	t, process, or sell non	cash				
	contributions?							32a	X	
b	,									
33	If the organization	didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is	checked,				
	describe in Part II.									

Noncash Contributions

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

Schedule M (Form 990) 2021

OMB No. 1545-0047

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SCHEDULE M

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Lowry Park	Zoological	Society	of	Tampa,	
------------	------------	---------	----	--------	--

Inc. Schedule M (Form 990) 2021

Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Line 32b:

The Organization uses a third-party vendor to manage and oversee event auctions. The vendor provides event registration services, checkout and invoicing, event reporting, bidder concierge services, item description sheets and catalogues, and customer service and support for text and internet bidding. The vendor requires a minimum number of organization volunteers to assist with auction registration, serve as runners at checkout, and to accept cash payments. The Organization is responsible for the event timeline, venue floor plan, security of auction items, electric service, internet access, tables and chairs for registration and checkout.

Schedule M (Form 990) 2021

59-2328289

132142 11-17-21

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Lowry Park Zoological Society of Tampa, Employer identification number Name of the organization 59-2328289 Inc.

Form 990, Part III, Line 1, Description of Organization Mission:

and each other in fun, immersive ways. ZooTampa's brand essence is

"Unforgettable natural connections," and the vision is that "Everyone

we reach is motivated to join us in taking action to protect and

preserve wildlife."

Form 990, Part III, Line 4a, Program Service Accomplishments:

ZooTampa has contributed to the propagation of species, in conjunction

with AZA species survival plans, to help save numerous species from

extinction and participates in species conservation efforts locally,

nationally, and internationally.

ZooTampa manages a state-of-the-art veterinary hospital that is part of

its larger medical campus that includes a nutrition center and animal

care annex. It is the only zoological or aquarium facility in the

nation that is accredited by the American Animal Hospital Association

(AAHA). ZooTampa is accredited by the Association of Zoos and Aquariums

(AZA) and licensed to operate by the United States Department of

Agriculture (USDA) and the Florida Fish and Wildlife Conservation

Commission (FWC).

The Zoo is dedicated to serving as an educational resource for the

community, and to providing an exciting, nature-based entertainment

destination for families, schools, and organizations. Up-close

experiences with the living animals at the zoo teach the value of the

living world firsthand.

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

Schedule O (Form 990) 2021

Name of the organization	Lowry H Inc.	Park Zoo	logical Soc	iety of	Tampa,	Employer identification number 59-2328289
7	roud to	list th	- following	accompl	ishments i	n fiscal year

Zoological Operations

-Expansion of ZooTampa's leadership efforts aimed at saving manatees:

--Manatee Care and Veterinary team rehabilitated 17 manatees, cared for

4 orphaned calves, and released 11 manatees back to Florida waters,

surpassing a major milestone with more than 300 manatees released back

to Florida waters since the opening the David A. Straz, Jr. Manatee

Critical Care Center.

--Aided the Florida Fish and Wildlife Conservation Commission with 16

rescues, transports, and verifications, in addition to providing

transport to critical care facilities, necropsies and carcass recovery.

--Helped with operations on the East coast during this winter's Unusual

Mortality Event (UME) by verifying animals in the wild to determine if

rescue was needed.

--Participated in several outreach events throughout the Tampa Bay

area, including Ecofest, Hillsborough County's Environmental Protection

Commission's Clean Air Fair, BlueGreen Connections; where they educated

crowds about the life-saving work at our critical care center and how

to co-exist with wildlife.

-Opened the new realm Florida Wilds, featuring up-close encounters and expanded habitats for many rescued animals, including three endangered

.

panthers and three black bears who serve as conservation ambassadors

for their species.

-Expansion of our red wolf program with an additional habitat for a

breeding pair that resulted in the birth of four pups.

-Introduction of new species and habitat for Hamadryas baboons.

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2021.06010 LOWRY PARK ZOOLOGICAL SOC 324895_1

Name of the organization Lowry Park Zoological Society of Tan Inc.	npa, Employer identification number 59-2328289								
-Release of dozens of striped newts to their nativ	e habitat.								
-Notable births: Bald Ibis (1), Binturong (2), Bornean Orangutan (1),									
Coconut Lorikeet (2), Red Wolf (4), Yellow-backed duiker (1), Marabou									
Stork (3), Striped Newt (25)									
-Notable acquisitions: Eastern Bongo (2), Hamadrya	s Baboon (6), Masai								
<u>Giraffe (2), North Sulawesi Babirusa (1), Puerto R</u>	ican Crested Toad								
(11), Pygmy Hippo (1), Red Wolf (2), Southern Whit	e Rhino (1)								
Conservation & Education									
-Partnerships with external conservation projects	including AZA's								
Wildlife Trafficking Alliance, International Rhino	Foundation, Okapi								
Conservation Project, International Elephant Found	ation, Painted Dog								
Research Trust, SANCCOB, Currumbin Wildlife Hospit	al, Bornean Orangutan								
Survival Foundation, Macaw Recovery Network and Th	e Turtle Relief fund.								
-Educational programs with the Tampa-Hillsborough	County Public								
Library, Champions for Children, Moffitt Cancer Ce	nter's Healthy Kids								
Program- I Heart Teachers program - reaching thous children.	ands of school-aged								
-Undertook numerous educational initiatives to com	municate our mission								
through Zoo School, mission-related content, Diver	sity, Equity,								
Inclusion, and Access and Pathways through Nature	outreach program.								
-Pathways through Nature outreach program focused	on caregiver/child								
activities integrating child development strategie	s of the national								
initiative, TALK, READ, SING and the correlation t	o empathy towards								
nature.									
-Partnership with Champions for Children and Tampa	Hillsborough County								
Public Library, funded by the Institute of Museum	and Library Services.								
	to under-resourced								

Schedule O (Form 990) 2021 Name of the organization Lowry Park Zoological Society of Tampa, Inc.	Employer identification number 59-2328289
program partners in Tampa Bay.	
Additional local, national, and global involvement and ac	:hievements:
-New multi-year partnership with the Tampa Bay Rays.	
-Filming of the fourth season of NatGeo Wild's Secrets of	the Zoo:
Tampa.	
-Recognized by Trip Advisor for 11 years in a row as a wi	nner of the
Traveler's Choice Award.	
-Named Tampa's 2022 Employer of the year by the Mayor's A	Alliance for
Persons with Disabilities.	
Form 990, Part VI, Section A, Line 1a:	
The Executive Committee of the Board of Trustees is autho	orized by its
charter to exercise all the powers of the Board, except a	as limited by
Executive Committee Charter, applicable law, and the byla	ws. The
Committee consists of the Board Chair, the Vice Chair of	the Board, the
Secretary, the Treasurer, the chairs of the Audit Committ	zee,
Compensation Committee, Finance Committee, and Nominating	g and
Governance Committee, and any additional members who are	appointed by
the Board Chair with the approval of the Board of Trustee	es. The
immediate past Board Chair will be a member of the Execut	ive Committee,

of the Executive Committee, if he or she is no longer a trustee of the

Society. The Board Chair shall serve as the Chair of the Executive

Committee.

The Committee keeps minutes or other written records of their actions

and meetings and regularly reports to the Board on its actions and 132212 11-11-21 Schedule O (Form 990) 2021 53 2021.06010 LOWRY PARK ZOOLOGICAL SOC 324895_1

Schedule O (Form 990) 2021 Name of the organization Lowry Park Zoological Society of Tampa,	Page 2 Employer identification number								
Inc.	59-2328289								
meetings. The Committee may act for the Board only when a	meeting of								
the Board has not been convened and is in session. The Committee does									
not have any power or authority to act on behalf of the Bo	pard to do any								
of the following:									
- Approve a voluntary dissolution of the Society;									
- Increase or decrease the required number of trustees of	the Society;								
- adopt, amend or repeal the bylaws or Articles of Incorpo	pration of the								
Society;									
- fill vacancies on the Board of Trustees or any committee	e of the Board								
of Trustees;									
- approve a plan of merger of the Society with or into and	other business								
organization;									
- amend or repeal any resolution of the Board of Trustees	that by its								
express terms cannot be so amended or repealed;									
- adopt a plan for the distribution of the assets of the S	Society								
pursuant to its dissolution, liquidation, and winding up;									
- authorize a sale, lease, exchange, or other disposition	of all or								
substantially all the assets and property of the Society;									
- approve any compensation for trustees serving on the Boa	ard of								
Trustees or any committee of the Board of Trustees;									
- appoint any other committee of the Board of Trustees (ot	ther than a								
subcommittee of the Executive Committee) or the members of	any								
committee of the Board of Trustees; and									
- authorize any compensation, fringe benefits, or other re-	emuneration to								
be provided to any officer of the Society that has not bee	en approved by								
the Board of Trustees.									

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Schedule O (Form 990) 2021	Page 2
Name of the organization Lowry Park Zoological Society of Tampa, Inc.	Employer identification number 59-2328289
Form 990, Part VI, Section B, line 11b:	
A copy of Form 990 is provided to the Board of Trustees pr	ior to filing.

The organization's CEO coordinates the review process to ensure questions

are resolved and information is accurate.

Form 990, Part VI, Section B, Line 12c:

Immediate notification is required of all persons covered under the

conflict of interest policy regarding the transaction in question.

Additionally, annual disclosure forms must be provided by persons covered

under the conflict of interest policy to document any potential conflicts

of interest.

Persons covered under the conflict of interest policy include: (a) Interested persons (officers, trustees, and employees who have decision-making authority or responsibility on behalf of the society); (b) Affiliates of interested persons (trusts for the benefit of interested persons, entities in which interested persons or their family members have a financial interest, persons for whom interested persons serve as representatives or guardians, and entities controlled by interested persons); and

(c) Family members of interested persons (child, parent, spouse, sister, brother, domestic partner, spouse of a child, or spouse of a brother or sister).

The Board of Trustees reviews and approves all potential conflicts of interest unless the Board of Trustees delegates that responsibility to the Nominating & Governance Committee, or unless a conflict-of-interest transaction (together with the cumulative amount of all similar 132212 11-11-21 Schedule O (Form 990) 2021 55

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Schedule O (Form 990) 2021	Page 2
Name of the organization Lowry Park Zoological Society of Tampa, Inc.	Employer identification number 59-2328289
transactions with the same interested person during the pa	st 12 months)
involves less than \$10,000, in which case the Nominating &	Governance
Committee has the power to review and approve the conflict	-of-interest
transaction.	

Form 990, Part VI, Section B, Line 15:

The Compensation Committee has been changed to the Human Capital Committee ("HC Committee"). The purpose of the HC Committee is to assist the Board in: (1) overseeing the overall strategic human capital goals and strategies, practices, and philosophy of the Society, (2) reviewing, approving, monitoring, and administering incentive compensation for key employees and other employee benefit and welfare plans of the Society, and (3) discharging its responsibilities relating to the compensation of the Society's Chief Executive Officer (the "CEO"), other officers who are employees of the Society, and any other executive who the Committee determines to be a "disgualified person," as defined in Section 4958(f)(1) of the Internal Revenue Code of 1986, as amended (collectively, the "Key Executives").

The HC Committee meets at least twice each fiscal year. The last meeting was on March 3, 2023.

Form 990, Part VI, Section C, Line 19: The Organization makes its governing documents, conflict of interest policy, and financial statements available to the general public upon request. Persons interested in obtaining these documents should contact the Society at (813) 935-8552.

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Schedule O (Form 990) 2021 Name of the organization Lowry Park Zoological Society of Tampa, Inc.	Page Employer identification number 59-2328289
Form 990, Part XII, Line 2C:	
The Audit Committee of the Board of Trustees assists the E	Board with its
oversight of the following: (1) the annual independent aud	lit of the
Zoo's financial statements; (2) compliance with the Zoo's	code of
conduct and conflict-of-interest policy; (3) compliance wi	th material
legal, regulatory, and governmental contractual requiremen	nts; (4) the
selection, engagement, replacement, and evaluation of the	performance,
qualifications, and independence of the Society's independ	lent auditor;
and (5) the integrity of the Society's financial statement	s, financial
reporting process, and systems of internal accounting and	financial
controls.	

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SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	2021 Open to Public Inspection
Name of the organization	Dn Lowry Park Zoological Society of Tampa, Inc.	Employer identification number 59-2328289

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Lowry Park Zoo Endowment Foundation, Inc					Lowry Park		
59-3216472, 1101 W Sligh Ave, Tampa, FL				Туре І	Zoological		
33604	Endowment Fund	Florida	501(c)(3)	Supporting	Society of Tampa	Х	
	-						
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 Inc.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	1	, , , , , , , , , ,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	managing partner?	r Percentage ownership
		country)		sections 512-514)			Yes	No		Yes No	
KML Properties, LLC -											
46-2939820, 9800 4th St N,	1										
Suite 204, St Petersburg, FL	Rental Real										
33701	Estate	FL	N/A	N/A	N/A	N/A		x	N/A	x	N/A
	1										
	1										
	1										
	1										
	-										
								1	1		

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 it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b)(c)(d)IN nPrimary activityLegal domicile (state or foreignDirect controlling (C co to controllingType (C co		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	are of total Share of		(i) Section 512(b)(13) controlled entity?		
		country)				400010		Yes	No

Lowry Park Zoological Society of Tampa,

Schedule R (Form 990) 2021 Inc.

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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	1a		Х
b Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)	1d		Х
e Loans or loan guarantees by related organization(s)		X	
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)			X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)			X
p Reimbursement paid to related organization(s) for expenses			x
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	1r		x
s Other transfer of cash or property from related organization(s)	1s		X

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Lowry Park Zoo Endowment Foundation, Inc.	Е	1,875,182.	Loan Balance
(2) Lowry Park Zoo Endowment Foundation, Inc.	с	917,755.	Cash Transferred
<u>(3)</u>			
<u>(</u> 4)			
<u>(5)</u>			
_(6)			

Lowry Park Zoological Society of Tampa,

Schedule R (Form 990) 2021 Inc.

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 total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(€ Are partne 501(i org	all rs sec.	Share of	Share of	Dispr tior alloca	opor- nate		Genera	or Percentage
of entity		(state or foreign country)	excluded from tax under	org	s.?	total income	end-of-year assets		tions?	of Schedule K-1	partne	r? ownership
		country)	sections 512-514)	Yes	No	income	235613	Yes	No	(FORM 1065)	Yes I	
											$\left \right $	

Schedule R (Form 990) 2021

Lowry	Park	Zoological	Society	of	Tampa,
Inc.					

	(Form 990) 2021	Inc.
Part VII	Supplemental	Information

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

Schedule R (Form 990) 2021

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