Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electr	onic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to fi	le any of t	the forms							
listed	pelow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Co	ontracts. A	An extension							
reques	st for Form 8870 must be sent to the IRS in a paper format (see instrud	ctions). For more details on the elect	ronic filing	g of Form							
8868,	visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.										
Cautio	n: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879-T	E for payment						
instruc	ctions.											
All cor	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts							
<u>must ι</u>	use Form 7004 to request an extension of time to file income	e tax returi	าร.									
Part I	- Identification											
Туре	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	r identification	number (TIN)						
Print												
	THE SAINT LOUIS ZOO ASSOCIA	MOIT			43-172	7309						
due date filing you	File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. ONE GOVERNMENT DRIVE											
return. S instruction		reign addı	ress, see instructions.									
Enter	the Return Code for the return that this application is for (file	a senarat	e application for each return)			01						
Applic	eation Is For	Return	Application Is For			Return						
	200 000	Code	Farmer 4700 (ath and the are insplicitly and			Code						
	Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10											
	Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11											
	-orm 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12											
	Form 990-1 (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13											
	990-T (corporation)	07	Form 5330 (individual)			14						
	1041-A	08	Porm 3330 (other trial individual)			14						
	r you enter your Return Code, complete either Part II or Part		including signature, is applicable o	nly for an	extension of							
	o file Form 5330.	ı III. I altılı	, including signature, is applicable of	illy lot all	extension of							
	s application is for an extension of time to file Form 5330, y	OU MUST A	ater the following information									
	Plan Name	ou must ci	ner the following information.									
	Plan Number											
	Plan Year Ending (MM/DD/YYYY)											
	- Automatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)									
	books are in the care of CASSANDRA BROWN F		- mou dedictio,									
			SAINT LOUIS, MO 6	3110								
Tel	ephone No. 314-646-4693		Fax No.									
	ne organization does not have an office or place of business	in the Uni	ted States, check this box									
	nis is for a Group Return, enter the organization's four-digit (oup, check this						
box	If it is for part of the group, check this box	and atta	ch a list with the names and TINs of									
1	request an automatic 6-month extension of time until $$ $$ $$ $$ $$ $$ $$ $$ $$	OVEMBE	$\mathtt{ER} \hspace{0.1cm} \mathtt{15} \hspace{0.1cm}$, 20 $\hspace{0.1cm} \mathtt{24} \hspace{0.1cm}$, to file	the exem	npt organization	on return for						
	the organization named above. The extension is for the orga	anization's	return for:									
	X calendar year 20 23 or											
	tax year beginning	, 20 _	, and ending			, 20						
2	If the tax year entered in line 1 is for less than 12 months, cl	heck reaso	n: Initial return	Final retur	n							
	Change in accounting period											
За					1							
	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less									
	lf this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.						
				3a	\$							
b	any nonrefundable credits. See instructions.	, enter any	refundable credits and	3a 3b	\$	0.						
b	any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any ayment all	refundable credits and bowed as a credit.									

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2023 calendar year, or tax year beginning	and	ending							
B c	heck if oplicable	C Name of organization			D Employer identifie	cation number					
	Addres	THE SAINT LOUIS ZOO ASS	SOCIATION								
	Name change	5			43-17273	09					
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite							
	Final return/ termin	ONE GOVERNMENT DRIVE			314-781-						
_	ated Ameno	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$	68,320,768.					
	_return _Applic _tion	SAINT LOUIS, MO 63110 F Name and address of principal officer: CAS	CANDDA DDOWN DAY	<i>v</i>	H(a) Is this a group re						
	_tion pendin	SAME AS C ABOVE	SANDRA DROWN RA.	1	for subordinates H(b) Are all subordinates in						
	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	7 ` ′	list. See instructions					
	Vebsit		(11100111101) 10 17 (4)(1)	01 027	H(c) Group exemptio						
			sociation Other	L Year		■ State of legal domicile: MO					
	rt I	Summary		·	•	<u> </u>					
,	1	Briefly describe the organization's mission or most	significant activities: THE	SAINT	LOUIS ZOO AS	SSOCIATION					
Governance		WAS ESTABLISHED TO SUPPORT	AND ENHANCE TH	IE SAIN	NT LOUIS ZOO	ВУ					
rna	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net ass	1					
λοί		Number of voting members of the governing body	. , , , , , , , , , , , , , , , , , , ,		3	73					
∞ಶ		Number of independent voting members of the gov				73 74					
Activities		Total number of individuals employed in calendar y				2129					
tivi		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, col				0.					
Ac		Net unrelated business taxable income from Form 9				0.					
		vot difficiated business taxable moome from Form	500 1,1 (1111) 11		Prior Year	Current Year					
•	8	Contributions and grants (Part VIII, line 1h)			21,398,228.	54,378,004.					
Revenue					5,604,249.	5,763,826.					
eve	10	Investment income (Part VIII, column (A), lines 3, 4,			3,535,611.	3,171,936.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-13,287.	-2,428.					
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		30,524,801.	63,311,338.					
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		4,748,467.	4,502,899.					
		Benefits paid to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,		0.	0.					
es		Salaries, other compensation, employee benefits (F			3,991,021.	4,706,075.					
Expenses		Professional fundraising fees (Part IX, column (A), li	4 440 0		0.	0.					
Ϋ́		Total fundraising expenses (Part IX, column (D), line	· —		4,732,740.	4,844,741.					
_		Other expenses (Part IX, column (A), lines 11a-11d,			13,472,228.	14,053,715.					
		Total expenses. Add lines 13-17 (must equal Part I) Revenue less expenses. Subtract line 18 from line			17,052,573.	49,257,623.					
-Se	13	Teveriue less expenses. Subtract line 10 from line	12	Be	ginning of Current Year	End of Year					
ets (lanc	20	Total assets (Part X, line 16)		1	.88,591,684.	250,509,248.					
Net Assets or Fund Balances	21	T			6,475,250.	4,089,162.					
First	22	Net assets or fund balances. Subtract line 21 from	line 20	1	.82,116,434.	246,420,086.					
	rt II	Signature Block									
	-	lties of perjury, I declare that I have examined this return,				knowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	hich preparer	has any knowledge.						
۵.		Signature of officer			l Date						
Sigr		CASSANDRA BROWN RAY, CFO			Duto						
Her	е	Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN					
Paid			JEFF PARKER	la	08/26/24 if self-employ						
Prep		Firm's name CLIFTONLARSONALLE				1-0746749					
Use		Firm's address 475 REGENCY PARK,	SUITE 175								
	_	O'FALLON, IL 62269			Phone no. 61	8-233-1200					
May	the IF	RS discuss this return with the preparer shown above	ve? See instructions			X Yes No					

Page 2

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE SAINT LOUIS ZOO ASSOCIATION WAS ESTABLISHED TO SUPPORT AND ENHANCE
	THE SAINT LOUIS ZOO BY PROVIDING FACILITIES, FUNDS, AND ADVICE. THE
	ASSOCIATION PROVIDES DIRECT FINANCIAL SUPPORT TO THE ZOO FOR
	RENOVATIONS, NEW FACILITIES, PROGRAMS, CONSERVATION AND RESEARCH;
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$\frac{1,541,899.}{\text{penses}}\$ including grants of \$\frac{1,541,899.}{\text{penses}}\$ (Revenue \$\frac{0.}{\text{penses}}\$)
	FINANCIAL SUPPORT - DIRECT FINANCIAL SUPPORT TO THE SAINT LOUIS ZOO FOR
	RENOVATIONS, NEW FACILITIES, PROGRAMS, CONSERVATION AND RESEARCH.
4b	(Code:) (Expenses \$1,722,002. including grants of \$0. (Revenue \$5,290,443.)
	MEMBERSHIP - THE ASSOCIATION MAINTAINED A MEMBERSHIP BASE OF OVER
	55,883 HOUSEHOLDS, REPRESENTING APPROXIMATELY 195,591 INDIVIDUALS IN
	THE COMMUNITY. THIS PROGRAM GENERATED \$5,290,443 IN REVENUE IN 2023.
	THE COMMONITY THE PROCESS COMMON COMM
4-	(Code:) (Expenses \$ 2,672,697. including grants of \$ 0.) (Revenue \$ 0.
4c	(Code:) (Expenses \$ 2,672,697. including grants of \$ 0.) (Revenue \$) DEVELOPMENT ADMINISTRATION - ADMINISTERING DONOR DEVELOPMENT AND
	CULTIVATION THAT GENERATES PROCEEDS TO BE USED TO RENOVATE EXHIBITS AND
	EXPAND PROGRAMS AT THE SAINT LOUIS ZOO, EDUCATING AND BENEFITING
	MILLIONS OF VISITORS EACH YEAR.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 3,655,472. including grants of \$ 2,961,000.) (Revenue \$ 473,385.)
4e	Total program service expenses 9,592,070.
	Form 990 (2023)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,		Х	
_	Schedule D, Part III	8	Λ	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	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		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D	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		14a		X
		144		
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			
		445	Х	
4-	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Λ	
15			Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_
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		<u> </u>
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	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	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	X	

		27309	Р	age 4
Par	T IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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			l
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	- 1		
	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			,,
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3,7
	"Yes," complete Schedule L, Part IV		37	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\
	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
	Part V, line 1			Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		х	
07	If "Yes," complete Schedule R, Part V, line 2	36	Α_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		v
20	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?		Х	
Par	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. ai	Check if School II O contains a response or note to any line in this Bort V			
	Check it Schedule O contains a response of note to any line in this Part V		V	NI.
4.	Enter the number reported in box 3 of Form 1006 Enter 0 if not applicable	0	Yes	No
ıa	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			

332004 12-21-23

Form **990** (2023)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2023) THE SAINT LOUIS ZOO ASSOCIATION

Part 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 74			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for F	ccounts (FBAR).			
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			,,
	•		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts	۱		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	de la composition de la descripción de la composition della compos	_	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	
			7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.		X
٦	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		1
u e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the appropriate constitution makes and to take the distributions and a continuous 40000		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
_	organization is licensed to issue qualified health plans	13c			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

332005 12-21-23

THE SAINT LOUIS ZOO ASSOCIATION 43-1727309 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 73 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 73 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\,\,\,\,$ IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

332006 12-21-23

State the name, address, and telephone number of the person who possesses the organization's books and records

CASSANDRA BROWN RAY - 314-646-4693 ONE GOVERNMENT DRIVE, SAINT LOUIS, MO

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	box	not cl , unles	ss per	ition more rson is	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DWIGHT SCOTT PRESIDENT & CEO	32.00 8.00			x				0.	649,277.	69,311.
(2) JEFFREY P. BONNER, PH.D.	32.00							•	040,2110	05,511.
PRESIDENT EMERITUS AND SPECIAL ADVIS	8.00			х				0.	533,392.	51,126.
(3) CYNTHIA HOLTER	32.00							•	33373321	31/1200
VICE PRESIDENT - EXTERNAL	8.00	-		х				0.	356,597.	66,257.
(4) MICHAEL MACEK	6.00								,	
DIRECTOR - SAINT LOUIS ZOO	34.00			х				0.	296,539.	62,723.
(5) CASSANDRA BROWN RAY	12.00									•
CFO & VICE PRESIDENT - FINANCE	28.00			Х				0.	286,732.	54,588.
(6) DUSTIN DESCHAMP	14.00									
VICE PRESIDENT - INTERNAL RELATIONS	26.00			Х				0.	247,164.	61,513.
(7) AMY DOVE	10.00									
VICE PRESIDENT - PHILANTHROPY	30.00					X		0.	238,033.	52,369.
(8) DAVID MCGUIRE	3.00									
VICE PRESIDENT - ARCHITECTURE & PLAN	37.00			Х				0.	224,207.	56,291.
(9) JO-ELLE MOGERMAN	3.00									
DIRECTOR - WILDCARE PARK	37.00			Х				0.	238,823.	39,974.
(10) REGINA MOSSOTTI	8.00									
VICE PRESIDENT - ANIMAL OPERATIONS	32.00			Х				0.	169,570.	33,811.
(11) ALICIA S. MCDONNELL	1.00			l						•
IMMEDIATE PAST PRESIDENT	1 00	Х		Х				0.	0.	0.
(12) ROBERT B. SMITH III	1.00			,,					_	0
PRESIDENT	1 00	Х		Х				0.	0.	0.
(13) JAMES E. WILLIAMS JR.	1.00	3,7							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(14) MICHAEL J. HICKEY VICE PRESIDENT	1.00	Х		х				0.	0.	0.
(15) CHARLES HENSON	1.00	Λ		^		_		0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(16) LINDA J. HUNTER	1.00							•	0.	<u></u>
SECRETARY	1.00	Х		х				0.	0.	0.
(17) MOLLY HYLAND	1.00							†	•	•
DIRECTOR		х						0.	0.	0.
							-			Form 990 (2022)

332007 12-21-23

FORM 990 (2023)									40 1/Z	307	Г	aye v
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	E	stimat	ed
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	aı	mount	
	week	-	Cer an	lu a u	recto	i / ii us	iee)	from	from related		other	
	(list any hours for	director						the	organizations	1	npensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	1	rom th ganiza	
	organizations	ruste	ll trus		ee,	mpen		1099-NEC)	1099-NEO)	1 `	ıd rela	
	below	Individual trustee or	Institutional trustee	-	m ploy	st co	-E	1300 1.20,		1	anizat	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former					
(18) DR. MATTHEW R. MACEWAN	1.00											
DIRECTOR		Х						0.	0.			0.
(19) MELISSA MARKWORT	1.00											
DIRECTOR		Х						0.	0.			0.
(20) JENNIFER T. MCGRATH	1.00											
DIRECTOR		Х						0.	0.			0.
(21) ANGELA D. SCHAEFER	1.00											
DIRECTOR		X						0.	0.			0.
(22) HEATHER WOOD	1.00											
DIRECTOR		X						0.	0.			0.
(23) SUSAN S. BLOCK	1.00							_	_			
DIRECTOR		X						0.	0.			0.
(24) CENIA D. BOSMAN	1.00							_	_			
DIRECTOR		X						0.	0.			0.
(25) CHRISTINE BOUSHKA	1.00							_	_			
DIRECTOR		Х						0.	0.			0.
(26) DR. EDMOND B. CABBABE	1.00	_						_				
DIRECTOR		Х						0.	0.			0.
1b Subtotal								0.	3,240,334.		7,9	
c Total from continuation sheets to Part V								0.	0.			0.
d Total (add lines 1b and 1c)								0.	3,240,334.	54	7,9	63.
2 Total number of individuals (including but	not limited to th	nose	liste	d ab	ove) wh	o re	ceived more than \$100,	,000 of reportable			
compensation from the organization											1.,	1
											Yes	No
3 Did the organization list any former office			кеу е	empl	oye	e, or	higl	hest compensated emp	loyee on			1,,
line 1a? If "Yes," complete Schedule J for										3		X
4 For any individual listed on line 1a, is the s	•							•	•		37	
and related organizations greater than \$15										4	X	
5 Did any person listed on line 1a receive or												37
rendered to the organization? If "Yes." co	mplete Schedul	e J f	or su	ıch <u>ı</u>	oers.	on .				5		X
Section B. Independent Contractors				_	_) 100 000 f			
1 Complete this table for your five highest c										ation fr	om	
the organization. Report compensation for	r the calendar y	ear e	endir	ng w	ith c	or wi	thin T		ear.		<u> </u>	
(A) Name and busines	s address	NT	ONE	,				(B) Description of s	services	۱) Compe	C) ensatic	าท
- Name and busines		TAC	TAL				\dashv	2000 pilon or s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Compe	, ioaiic	
							\dashv					
							- 1					

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

Form 990 'THE SAIN'	I LOUIS	Zζ) <u>U</u>	AS	SU	CT.	A.I.	TON	43-172	7309
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi	tion			Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d emp		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	related	ee or	stee			nsate		(** 27 1033 141100)		and related
	organizations	trust	nal tru		эуее	om pe				organizations
	below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	ner			-
	line)	Indi	Inst	Officer	Key	High	Former			
(27) DEBBIE A. CAPLIN	1.00									
DIRECTOR		Х						0.	0.	0 .
(28) HAZEL ALETHEA R. DONALD	1.00									
DIRECTOR		Х						0.	0.	0 .
(29) EDWARD DURHAM	1.00									
DIRECTOR		Х						0.	0.	0 .
(30) BRAD M. EDWARDS	1.00									
DIRECTOR		Х						0.	0.	0 .
(31) CORY ELLIOTT	1.00									
DIRECTOR		Х						0.	0.	0 .
(32) KATHY S. FEDERICO	1.00	1								
DIRECTOR		Х						0.	0.	0
(33) LOGAN W. FINERTY	1.00	1								
DIRECTOR		Х						0.	0.	0 .
(34) LAUREN THOMAS FRIES	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0
(35) MATTHEW W. GEEKIE	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0 .
(36) AMY A. GILL	1.00	-							0	0
DIRECTOR	1 00	Х						0.	0.	0 .
(37) BRETT G. GILLILAND	1.00	-							0	
DIRECTOR	1 00	Х						0.	0.	0
(38) JANIS G. GOLDSTEIN DIRECTOR	1.00	х						0.	0	0
(39) DAVIDA LICHTENSTEIN GRINDSTAFF	1.00	Λ						0.	0.	0 .
OIRECTOR	1.00	х						0.	0.	0
(40) KENNETH H. HANNAH	1.00	Λ						0.	0.	U
DIRECTOR	1.00	Х						0.	0.	0
(41) RICKY L. HOPKINS SR.	1.00	Λ						0.	0.	0 .
DIRECTOR	1.00	Х						0.	0.	0 .
(42) RYAN L. HYMAN	1.00	22						0.	0.	0 .
DIRECTOR	1.00	Х						0.	0.	0 .
(43) ROBERT F. JOHNSTON	1.00								.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0 .
(44) CAROL S. KLEIN	1.00			\vdash				 	•	
DIRECTOR		Х						0.	0.	0 .
(45) LEE C. KLING	1.00	† <u></u>							3.	
DIRECTOR		Х						0.	0.	0
(46) JUDITH B. KOUCHOUKOS	1.00							·	•	3
(40) JUDITH B. ROUCHOURUS		1				ı		1	0.	0 .

Form 990 THE SAIN	I LOUIS	<u>Д</u> С	<u>'</u>	710	טט	CI	ΥI	TON	43-172	1309
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d emp		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	related	ee or	stee			nsate		(** 27 1033 141100)		and related
	organizations	trust	nal tru		oyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	ner			
	line)	Indi	Inst	Officer	Key	High	Former			
(47) JAMES P. LEONARD	1.00									
DIRECTOR		Х						0.	0.	0 .
(48) JULIE LILLY	1.00									
DIRECTOR		Х						0.	0.	0 .
(49) DR. DAN W. LUEDKE	1.00									
DIRECTOR		Х						0.	0.	0 .
(50) RYAN J. MARTIN	1.00	1								
DIRECTOR		Х						0.	0.	0 .
(51) PATRICK J. MOORE	1.00									
DIRECTOR		Х						0.	0.	0 .
(52) DR. STANLEY J. NIEMANN	1.00								_	_
DIRECTOR		Х						0.	0.	0
(53) BHAVIK R. PATEL	1.00	1								
DIRECTOR		Х						0.	0.	0
(54) PRAVINA PINDORIA	1.00									
DIRECTOR	1 00	Х						0.	0.	0 .
(55) DR. STEVEN S. POPE	1.00									•
DIRECTOR	1 00	Х						0.	0.	0
(56) DANA TUCKER REDWING	1.00	. ,							_	0
DIRECTOR	1 00	Х						0.	0.	0
(57) QUIRSIS V. RINEY	1.00	х						0.	_	0
DIRECTOR (58) JAMES G. SANSONE	1 00	Λ						0.	0.	0
DIRECTOR	1.00	х						0.	0.	0
(59) STEVEN F. SCHANKMAN	1.00	Λ						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0
(60) SHELLEY SEIFERT	1.00	Δ						0.	0.	U ,
DIRECTOR	1.00	Х						0.	0.	0
(61) TORBJORN B. SJOGREN	1.00	22						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0 .
(62) LISA K. SULLIVAN	1.00							•	•	
TREASURER	1.00	Х		х				0.	0.	0 .
(63) DIANNE SUTCLIFFE	1.00							,	•	
DIRECTOR		Х						0.	0.	0 .
(64) KEVIN TRAVERS	1.00							·	•	3
DIRECTOR		х						0.	0.	0 .
(65) VIRGIL VAN TREASE	1.00									
DIRECTOR		х						0.	0.	0
(66) LOTTIE WADE	1.00	<u> </u>								
		х	i i	ı I	1	ı	1	0.	0.	0.

Form 990 THE SAIN	T LOUIS	z_{c}	0	AS	SO	CI	PΑ	ION	43-172	7309
Part VII Section A. Officers, Directors, To	rustees, Key Er	nplo	yee	s, aı	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	or director				d em		(W-2/1099-MISC)	(***2/1099-101130)	organization
	related	ee or	stee			nsate		(** 27 1000 111100)		and related
	organizations	Individual trustee	Institutional trustee		oyee	Highest compensated employee				organizations
	below	ividua	titutio	Officer	Key employee	hest o	Former			
	line)	Pu	ısı	90	Ke	Hig	For			
(67) MATTHEW A. WAGNER	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(68) GERALD E. WILEY	1.00	1							_	
DIRECTOR		Х						0.	0.	0.
(69) ROBERT M. WILLIAMS, JR.	1.00	1							_	
DIRECTOR		Х						0.	0.	0.
(70) JOHN R. SONDAG	1.00									
DIRECTOR		Х		Х				0.	0.	0.
(71) ANNETTE L. KELLY	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(72) STEPHANIE VALIER SCHWENDINGER	1.00	.,								
DIRECTOR	1 00	Х						0.	0.	0.
(73) MARIA G. TAXMAN	1.00	.,								
DIRECTOR	1 00	Х						0.	0.	0.
(74) BARBARA C. ARCHER	1.00	Х							_	
DIRECTOR (75) KATHLEEN W. BILDERBACK	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(76) ANDREW T. MIEDLER	1.00	Δ							0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(77) JOHN NGUYEN	1.00	25						•	<u> </u>	•
DIRECTOR	1.00	х						0.	0.	0.
(78) FRANCES G. PESTELLO	1.00								•	
DIRECTOR		х						0.	0.	0.
(79) JASON D. SAPP	1.00									
DIRECTOR		Х						0.	0.	0.
(80) JAMES R. SCHNURBUSCH	1.00								-	-
DIRECTOR		Х						0.	0.	0.
(81) ZACHARY A. SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(82) JAMES TYRRELL	1.00									
DIRECTOR		Х	L	L				0.	0.	0.
(83) GEOFFREY WILSON	1.00									
DIRECTOR		Х						0.	0.	0.
		<u> </u>				$oxed{oxed}$				
		1								
		-								
Total to Part VII, Section A, line 1c										

Form 990 (2023) THE SAT
Part VIII Statement of Revenue

			Check if Schedule O	ontai	ins a res	ponse	or note to anv lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
S (0	1 4	a F	ederated campaigns		1:						
ant	1 6						2,905,275.				
Ę g			Membership dues			_	1,306,181.				
ts, Ar	•		undraising events			_	1,300,101.				
igi.	(Related organizations								
ns, Sim	•		Government grants (contri			-					
erS	f		II other contributions, gifts,				E0 466 E40				
ję t		Si	imilar amounts not included	above			50,166,548.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	g No	oncash contributions included in I	ines 1a	ı-1f 1	3 \$	5,057,053.				
<u>ö</u> 5	ŀ	h T	otal. Add lines 1a-1f					54,378,004.			
							Business Code				
ė	2 8	a <u>M</u>	EMBERSHIP				900099	5,290,443.	5,290,443.		
r Š	k	b P.	ARENT PROGRAM				900099	473,383.	473,383.		
Se	(c _									
Program Service Revenue	(d _									
Ba	•	е _									
Pro	f	f Α	II other program service i	reven	ue						
			otal. Add lines 2a-2f					5,763,826.			
	3		nvestment income (includ								
								2,966,171.			2966171.
	4		ncome from investment o					, ,			
	5		Royalties		-	-					
	Ū				(i) R		(ii) Personal				
	6 -	a G	Gross rents	6a	(-)		(.,,				
			ess: rental expenses	6b							
				6c							
			Rental income or (loss)								
			let rental income or (loss)	ш.	(i) Secu	ıritioc	(ii) Other				
	/ 6		ross amount from sales of	<u> </u>			(ii) Oti lei				
			ssets other than inventory	7a	4,040	,311.					
•	r		ess: cost or other basis	_	4 42	E 4 C					
nu			nd sales expenses	7b		,546.					
eve			Gain or (loss)	7с		,765.		205 765			205 765
her Revenue			let gain or (loss)				I	205,765.			205,765.
	8 8		ross income from fundraisir	-	-						
Ö					181. o	[†]					
			ontributions reported on		-						
			art IV, line 18								
	t	b L	ess: direct expenses			8b	574,884.				
			let income or (loss) from					-10,059.			-10,059.
	9 a		Pross income from gamin			- 1					
			art IV, line 19								
	t	b L	ess: direct expenses			9b					
	(c N	let income or (loss) from	gamir	ng activi	ties					
	10 a	a G	Gross sales of inventory, le	ess re	eturns						
		a	nd allowances			10a					
	k	b L	ess: cost of goods sold			10b					
		<u>с N</u>	let income or (loss) from	sales	of inver	tory					
							Business Code				
Miscellaneous Revenue	11 a	a M	ISCELLANEOUS				900099	7,631.	7,631.		
ne Due	k	ь [—]									
ella	(c _									
isc Be	(_	Il other revenue								
2	•		otal. Add lines 11a-11d				-	7,631.			
	12		otal revenue. See instruction					63,311,338.	5,771,457.	0.	3161877.

332009 12-21-23

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 4,478,447. 4,478,447. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 24,452. 24,452. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,683,377. 2,660,584. 908,964. 113,829. Other salaries and wages 7 Pension plan accruals and contributions (include 520,140. 374,656. 142,750. 2,734. section 401(k) and 403(b) employer contributions) <u>56,</u>536. 240,891. 184,355. Other employee benefits 9 8,703. 261,667. 188,223. 64,741. 10 Payroll taxes Fees for services (nonemployees): Management Legal 3,950. 3,950. Accounting 144,000. 144,000. Lobbying Professional fundraising services. See Part IV, line 17 395,266. 395,266. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 469,211. 99,772. 602,317. 33,334. column (A), amount, list line 11g expenses on Sch O.) 82,900. 20,401.104,016. 715. Advertising and promotion 12 926,655. 561,477. 241,149. 124,029 Office expenses 13 144,081. 75,532. 68,549. Information technology 14 15 Royalties 16 Occupancy 37,015. 1,906. 35,109. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 43,351. 7,351. 36,000. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,109,882. 204,222. 721,127. 184,533. SUPPLIES PRINTING & GRAPHICS 563,402. 183,751. 325,476. 54,175. 249,708. 96,769. 342,253. 1,500. 91,045. VISITOR ENTERTAINMENT 182,113. 21,166. 64,178. d MISCELLANEOUS EXPENSES 246,440. 45,064. 164,135. 37,241. e All other expenses 14,053,715. 9,592,070. 3,019,281. 1,442,364. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet				
	Check if Schedule O contains a response or note to any line in this Part X					
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1		
	2	Savings and temporary cash investments	63,157,766.	2	79,889,116.	
	3	Pledges and grants receivable, net		8,945,977.		36,956,432.
	4	Accounts receivable, net		1,371,186.	4	914,185.
	5	Loans and other receivables from any current or fo	rmer officer, director,			
		trustee, key employee, creator or founder, substan	tial contributor, or 35%			
		controlled entity or family member of any of these	persons		5	
	6	Loans and other receivables from other disqualified	d persons (as defined			
		under section 4958(f)(1)), and persons described in			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		25,245.	8	26,800.
₹	9	Prepaid expenses and deferred charges		93,118.	9	76,178.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation		110 501 056	10c	101 000 500
	11	Investments - publicly traded securities		113,581,356.	11	131,203,788.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		1 417 026	14	1 440 540
	15	Other assets. See Part IV, line 11	1,417,036.	15	1,442,749.	
	16	Total assets. Add lines 1 through 15 (must equal I	188,591,684.	16	250,509,248.	
	17	Accounts payable and accrued expenses	350,363.	17	245,713.	
	18	Grants payable		0.40.010	18	002 502
	19	Deferred revenue		942,818.	19	823,523.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Par			21	
ies	22	Loans and other payables to any current or former				
Liabilities		trustee, key employee, creator or founder, substan			00	
Ei.	00	controlled entity or family member of any of these			22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated the			24	
	25	Other liabilities (including federal income tax, payal			24	
	25	parties, and other liabilities not included on lines 17				
		of Schedule D		5,182,069.	25	3,019,926.
	26	Total liabilities. Add lines 17 through 25		6,475,250.	26	4,089,162.
		Organizations that follow FASB ASC 958, check	here X	3723723		
es		and complete lines 27, 28, 32, and 33.				
anc	27	• • • • • • • • • • • • • • • • • • • •		98,146,436.	27	108,268,530.
Bala	28			83,969,998.	28	138,151,556.
뒫		Organizations that do not follow FASB ASC 958				,
Ξ		and complete lines 29 through 33.	,			
ō	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or equip			30	
Ass	31	Retained earnings, endowment, accumulated income			31	
Net Assets or Fund Balances	32			182,116,434.	32	246,420,086.
	33			188,591,684.	33	250,509,248.
				-		Form 990 (2023)

Form	1 990 (2023) THE SAINT LOUIS ZOO ASSOCIATION	43-1	727309	Pa	ge 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	63,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,05		
3	Revenue less expenses. Subtract line 2 from line 1	3	49,25		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	182,11	_	
5	Net unrealized gains (losses) on investments	5	15,04	6,0	<u> 29.</u>
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	246,42	0,0	<u>86.</u>
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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	Х	$oxed{oxed}$
	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 Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

Employer identification number

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

Inspection

OMB No. 1545-0047

THE SAINT LOUIS ZOO ASSOCIATION 43-1727309 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and		• •					
	membership fees received. (Do not							
	include any "unusual grants.")	16147472.	16190827.	25261810.	21398228.	54378004.	133376341	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	2235000.	2100000.	2275000.	2300000.	2250000.	11160000.	
4	Total. Add lines 1 through 3	18382472.	18290827.				144536341	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						42850884.	
6	Public support. Subtract line 5 from line 4.						101685457	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	18382472.	18290827.	27536810.	23698228.	56628004.	144536341	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1786446.	1317237.	1409189.	2223557.	2966171.	9702600.	
9	Net income from unrelated business							
•	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	12,034.	61,081.	265.	18.	7,631.	81,029.	
11	Total support. Add lines 7 through 10		3=733=1			.,	154319970	
	Gross receipts from related activities,	etc. (see instruction	nns)			12 25	,276,638.	
	First 5 years. If the Form 990 is for the		,				, , , , , , , , , , , , , , , , , , , ,	
	organization, check this box and sto							
Sec	tion C. Computation of Publi							
	Public support percentage for 2023 (l		<u>-</u>	column (f))		14	65.89 %	
	Public support percentage from 2022					15	77.88 %	
	33 1/3% support test - 2023. If the					ore, check this bo		
	stop here. The organization qualifies							
b	33 1/3% support test - 2022. If the							
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	-						
	meets the facts-and-circumstances te				•	3		
b	10% -facts-and-circumstances test	_	•		-			
	more, and if the organization meets the	-						
	organization meets the facts-and-circ							
18	Private foundation. If the organization		-		•		3	
				,,	,		(Form 990) 2023	

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
2-		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
00		
9с		
10a		<u></u>
10b		
100		

Par	t 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		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	-		
			Yes	No
1	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 office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor 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.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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	tion 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		
2	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		
	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	tion 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 instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		
b	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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must					
Sect	on 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				
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	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	on 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) 2023

Par	't V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)				
Secti	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exem							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpos	3	3					
4	Amounts paid to acquire exempt-use assets	-		4				
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior -	rovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which t	he organization is responsive						
	(provide details in Part VI). See instructions.	3		8				
9	Distributable amount for 2023 from Section C, line 6			9				
	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
а	From 2018							
b	From 2019							
С	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
i	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
	Applied to 2023 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
-	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
	Excess from 2023							
	LAGGGG II GIII 2020							

Schedule A (Form 990) 2023

Part VI Supple		Information Describe the explanations used by Deat II line 10. Deat II line 17e or 17b Deat III line 10.				
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
SCHEDULE A,	PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:				
MISCELLANEC	OUS					
2019 AMOUNT	: \$	12,034.				
2020 AMOUNT	: \$	61,081.				
2021 AMOUNT	: \$	265.				
2022 AMOUNT	: \$	18.				
2023 AMOUNT	: \$	7,631.				
,						

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

THE SAINT LOUIS ZOO ASSOCIATION

43-1727309

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE SAINT LOUIS ZOO ASSOCIATION

43-1727309

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s 2,146,441.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,500,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$3,103,294.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$ 10,729,643.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>13,401,580</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>7,010,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE SAINT LOUIS ZOO ASSOCIATION

43-1727309

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,015,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>1,200,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 1,800,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE SAINT LOUIS ZOO ASSOCIATION

43-1727309

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	12,600 SHARES OF VALERO ENERGY		
		\$ 1,549,674.	01/06/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SHARES OF COLUMBIA SELIGMAN TECH AND INFO FUND AND SHARES		
3	OF RYDEN NASDAQ 2X STRATEGY FUND		
		\$ 1,578,294.	10/12/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	VARIOUS STOCKS		
7			
		\$\$	08/10/23
(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
		\$	
200450 40.00			Cab adula D (Farm 000) (0000)

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** THE SAINT LOUIS ZOO ASSOCIATION 43-1727309 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

Name of		zation	ions. Complete Fait III.			Fmploy	er identification number
	o. ga		NT LOUIS ZOO ASS	CCTATTON			43-1727309
Part I-	Α	Complete if the org	anization is exempt und	ler section 501(c) o	or is a section 52	7 orga	nization.
2 Polit	vide a d	description of the organiz	ation's direct and indirect polition ures gn activities	cal campaign activities ir	n Part IV.	\$ _	
Part I-	В	Complete if the org	anization is exempt und	ler section 501(c)(3	3).		
1 Ente	er the a	amount of any excise tax	incurred by the organization un	der section 4955		\$	
2 Ente	er the a	amount of any excise tax	incurred by organization manag	ers under section 4955		\$	
3 If the	e orga	nization incurred a section	n 4955 tax, did it file Form 4720	for this year?			Yes No
4a Was	a com	rection made?					Yes No
b If "Y	es," de	escribe in Part IV.					
			anization is exempt und				-
			by the filing organization for se			\$ _	
			ization's funds contributed to o	•		_	
						\$ _	
			. Add lines 1 and 2. Enter here	•		Φ.	
			1100 DOL for this year?				
5 Ente	er the r	names, addresses, and er	1120-POL for this year?nployer identification number (Etion listed, enter the amount pa	EIN) of all section 527 po	litical organizations to	which t	he filing organization
cont	tributio	ons received that were pro	omptly and directly delivered to additional space is needed, pro	a separate political orga	ınization, such as a se		•
		(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ento	n's c	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

		orm 990) 2023	THE S.	AINT LO	OUIS ZOO ASS	SOCIATION		727309 Page 2
Р	art II-A	Complete if the org	anizatio	n is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
		section 501(h)).						
Α	Check	if the filing organiza	tion belon	gs to an affil	iated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
		expenses, and share	e of exces	s lobbying e	expenditures).			
B_	Check	if the filing organiza	tion check	ed box A an	d "limited control" pro	visions apply.		-
				oying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lob	bying expenditures to influ	uence pub	ic opinion (g	grassroots lobbying)		72,000.	
	b Total lob	bying expenditures to influ	uence a leg	gislative bod	y (direct lobbying)		72,000.	
	c Total lob	bying expenditures (add li	nes 1a and	d 1b)			144,000.	
		empt purpose expenditure					12,467,351.	
	e Total exe	empt purpose expenditure	s (add line	s 1c and 1d)			12,611,351.	
	f Lobbyin	g nontaxable amount. Ente	er the amo	unt from the	following table in both	columns.	780,568.	
	If the am	ount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable amo	ount is:		
	not over	\$500,000,		20% of t	the amount on line 1e.			
	over \$50	00,000 but not over \$1,000	,000,	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
	over \$1,	000,000 but not over \$1,5	00,000,	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
	over \$1,	500,000 but not over \$17,	000,000,	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
	over \$17	7,000,000,		\$1,000,0	000.			
	g Grassroo	ots nontaxable amount (en	ter 25% of	line 1f)			195,142.	
	h Subtract	t line 1g from line 1a. If zer	o or less, e	enter -0			0.	
	i Subtract	line 1f from line 1c. If zero	or less, e	nter -0			0.	
	j If there is	s an amount other than ze	ro on eithe	r line 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
	reporting	section 4911 tax for this	year?					Yes No
		(Some organizations t		a section 50	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	of the five columns be	low.
			Lobl	ying Exper	nditures During 4-Yea	r Averaging Period		
		calendar year Il year beginning in)	(a)	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2	a Lobbyin	g nontaxable amount	1,00	0,000.	927,112.	780,939.	780,568.	3,488,619.
	,	g ceiling amount f line 2a, column(e))						5,232,929.
	c Total lob	bying expenditures	14	9,000.	144,000.	144,736.	144,000.	581,736.
	d Grassroo	ots nontaxable amount	25	0,000.	231,778.	195,235.	195,142.	872,155.

Schedule C (Form 990) 2023

72,000.

1,308,233.

294,000.

72,000.

72,000.

78,000.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023 THE SAINT LOUIS ZOO ASSOCIATION 43-17273 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or ea	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
f 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:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	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?				
ar	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	N
	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
			·· -		
3 Parl	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? n 501(c)(5)	3), or sec		3, is
art	III-B Complete if the organization is exempt under section 501(c)(4), section	e prior year? n 501(c)(5] No" OR (I	3), or sec b) Part l		3, is
ari	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	e prior year? n 501(c)(5) No" OR (I	3), or sec b) Part l		3, is
art 1 2	Complete if the organization is exempt under section 501(c)(4), section 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	e prior year? n 501(c)(5) No" OR (I	3), or sec b) Part l		3, is
art 1 2	Complete if the organization is exempt under section 501(c)(4), section 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 politic expenses for which the section 527(f) tax was paid). Current year	e prior year? n 501(c)(5) No" OR (l	3), or sec b) Part I		3, is
ari	Complete if the organization is exempt under section 501(c)(4), section 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 politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) No" OR (l	3), or sec b) Part I		3, is
1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 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 politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	e prior year? n 501(c)(5) No" OR (I	3), or sec b) Part 1 2a 2b 2c		3, is
Part 1 2 a b c 3	Complete if the organization is exempt under section 501(c)(4), section 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 politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5) 'No" OR (I	3), or sec b) Part 1 2a 2b 2c		3, is
2 a b c 3 4	Complete if the organization is exempt under section 501(c)(4), section 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 politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) No" OR (l	3), or sec b) Part 1 2a 2b 2c		3, is
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a b c c 3 4	Complete if the organization is exempt under section 501(c)(4), section 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 politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polexpenditures next year? Taxable amount of lobbying and political expenditures. See instructions IV Supplemental Information le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) No" OR (I	3), or sec b) Part 2a 2b 2c 3	II-A, line	3, is

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2023
Open to Public Inspection

Name of the organization

THE SAINT LOUIS ZOO ASSOCIATION

Employer identification number 43-1727309

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>i</i>	Accounts. Complete if the
	organization answered Tes Sitt Sitt 356,1 art iv, inite	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets he	ld in donor advised fu	ınds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes	s" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a hi	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	octure included on line 2	a	_ 2c
d	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the orga	anization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and en	forcing conservation	easements during the year
-	,		erenig concertanen	sacomeme daming and year
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne			
	organization's accounting for conservation easements.	•		
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its reve	enue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue	statement and balar	ice sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherar	ice of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			\$ 1,308,237.
2	If the organization received or held works of art, historical trea	asures, or other similar as	ssets for financial gair	n, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Sim	ilar Assets	(continu	ued)
3	Using the organization's acquisition, accession						(OOTHER)	<u> </u>
_	collection items (check all that apply).	,	.,					
а	X Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	e	Other					
c	X Preservation for future generations	J						
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's eve	mnt nu	rnose in Part	XIII	
5	During the year, did the organization solicit or	·	•	· ·		•	AIII.	
3	to be sold to raise funds rather than to be ma						Yes	X No
Pai	t IV Escrow and Custodial Arrang							ZZ NO
	reported an amount on Form 990, Par		e ii tile organization	ranswered res on	roiiii s	190, Fait IV, II	116 3, 01	
12	Is the organization an agent, trustee, custodia		iary for contribution	s or other assets no	tinclud			
ıa							Yes	☐ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a						_ 165	
b	ii res, explain the arrangement in Part Alli a	and complete the ion	owing table.				Amount	
_	Designing belongs					_	711100111	
	Beginning balance				—	C		
	Additions during the year					d		
_	Distributions during the year					e		
f	Ending balance					lf	٦,,	
	Did the organization include an amount on Fo		•		lity?	∟	Yes	∐ No
_	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds Complete if							
	•	(a) Current year	(b) Prior year	(c) Two years back	` '	ree years back		years back
	Beginning of year balance	102,902,923.	115,088,027.	97,849,247.		2,292,062.	<u> </u>	218,961.
	Contributions	5,149,430.	3,542,512.			5,266,264.	<u> </u>	636,001.
	Net investment earnings, gains, and losses	13,450,637.	-12,417,934.			,781,128.	1	913,394.
d	Grants or scholarships	2,961,001.	2,193,375.	3,324,000.		1,780,600.	1,	704,000.
е	Other expenditures for facilities							
	and programs	1,027,797.	1,116,308.	1,068,978.		709,607.		772,294.
f	Administrative expenses							
g	End of year balance	117,514,192.	102,902,923.	115,088,027.	97	,849,247.	82,	292,062.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	45.0000	_%					
b	Permanent endowment 34.0000	%						
С	Term endowment 21.0000							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered for the	he			
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	X
	(ii) Related organizations?						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizar	tions listed as require	ed on Schedule R?					\neg
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10).		
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumu	lated	(d) Book	value
	besomption of property	basis (investm		1 ' '	epreciat		(a) Book	value
12	Land	`	,	, ,				
	Buildings							
	Equipment							
	Other		V Fra 10a - : : !	(D))				0.
i otal	. Auu iiiles Ta liliouuli Te. (Collimn (d) miist ei	nual Form 990 Part)	x une luc column	(B))		I		.

Schedule D (Form 990) 2023

(a) Description of security or category securing same of securiny (b) Book value (c) Method of valuation: Cost or end of year market value (f) Francial derivatives (g) Closely wheel quality interests (g) Other (g) Closely wheel (g) Closely (g) Closely wheel (g) Closely (g) Cl	Part VII Investments - Other Securities Complete if the organization answered "Yes" or	n Form 990. Part IV. line	a 11b. See Form 990. Part X. line 12.	1,1,005 age 0
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				I-of-vear market value
	(A) Financial desiration	(-,	(0)	,
(3) Other (4) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(O) Oles als leaded a suite interest.			
(B) (C) (D) (D) (E)				
(B) (C)				
CO Complete The organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Complete The organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Collidary Co				
(5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(E) (F)				
(F) (G) (H) Total. (Col. (b) must equal form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(6) (H) Total. (Cdt. (b) must equal Form 990, Part X, line 12, cdt. (B))				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. Complete if the org				
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(3) CHARITABLE GIFT ANNUITY CONTRACTS (4) GREVY'S ZEBRA TRUST PASSTHROUGH (5) (6) (7) (8) (9)				1.086.761.
(4) GREVY'S ZEBRA TRUST PASSTHROUGH (5) (6) (7) (8) (9)		NTRACTS		
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2 010 000				
		/D))		3.019 926

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

Schedule D (Form 990) 2023

	edule D (Form 990) 2023 THE DATH! LOOTS 200 ADDOC				
Pai	t XI Reconciliation of Revenue per Audited Financial Staten	nents Wit	h Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	85,526,144.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	15,046,029.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	7,168,777.		
е	Add lines 2a through 2d			2e	22,214,806.
3	Subtract line 2e from line 1			3	63,311,338.
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.
_	Total revenue Add lines O and 4s and			I _	6 2 211 220
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	63,311,338.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements W	ith Expenses per l		
Pa ₁	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements Wi 12a.	ith Expenses per I	Retur	n
5 Pa i	rt XII Reconciliation of Expenses per Audited Financial State	ements Wi 12a.	ith Expenses per I		
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements W	ith Expenses per I	Retur	n
1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	ements W	ith Expenses per I	Retur	n
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements W	ith Expenses per I	Retur	n
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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 2b 2c	ith Expenses per I	1 1	n
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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	2a 2b 2c	ith Expenses per I	1 1	n 21,222,492.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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.) Add lines 2a through 2d	2a 2b 2c 2d	7,168,777.	1 2e	n 21,222,492. 7,168,777.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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.)	2a 2b 2c 2d	7,168,777.	Retur	n 21,222,492.
1 2 a b c d	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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.) 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:	2a 2b 2c 2d	7,168,777.	1 2e	n 21,222,492. 7,168,777.
1 2 a b c d e 3	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	7,168,777.	1 2e	n 21,222,492. 7,168,777.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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.) 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: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	7,168,777.	1 2e	7,168,777. 14,053,715.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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.) 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: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	7,168,777.	1 2e 3	7,168,777. 14,053,715.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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.) 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: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	7,168,777.	1 2e 3	7,168,777. 14,053,715.

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

PART III, LINE 4:

THE FORMER ENDOWMENT TRUST RECEIVED A BEQUEST DURING THE YEAR ENDED DECEMBER 31, 2011, WHICH INCLUDED ARTWORK AND OTHER ITEMS. AT DECEMBER 31, 2023, THE MEASURABLE VALUE OF THIS BEQUEST IS \$1,308,237. A PORTION OF THIS COLLECTION IS DISPLAYED PERIODICALLY ON THE ZOO'S CAMPUS. THIS ARTWORK IS DIRECTLY RELATED TO THE ZOO'S MISSION TO EDUCATE THE PUBLIC ABOUT WILDLIFE AND CONSERVATION. THESE ASSETS WERE TRANSFERRED TO THE ASSOCIATION AS A RESULT OF THE DISSOLUTION OF THE ENDOWMENT TRUST.

PART X, LINE 2:

PT X, LINE 2: BASED ON THE EVALUATION OF THE ASSOCIATION'S TAX POSITION,

MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

THE SAINT LOUIS ZOO ASSOCIATION 43-1727309 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region GRANTS TO RECIPIENTS IN SOUTH AMERICA 0 0 REGION 13,002. GRANTS TO RECIPIENTS IN SUB-SAHARAN AFRICA 0 0 REGION 11,450.

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

0

0

0

Schedule F (Form 990) 2023

24,452.

24,452.

and 3b)

3 a Subtotal **b** Total from continuation

sheets to Part I c Totals (add lines 3a

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	WILDLIFE CONSERVATION	13,002.	WIRE XFER	0.		
		SUB-SAHARAN AFRICA	WILDLIFE CONSERVATION	11,450.	WIRE XFER	0.		
2 Enter total number of	rocipiont organizatio	ne lieted above that are a	recognized as charities by the f	oroign country	rocognized as a tax			

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

2

3 Enter total number of other organizations or entities

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplic	pace is needed Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023 Part IV Foreign Forms

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THE HUMBOLDT PENGUIN CONSERVATION CONSORTIUM SUPPORTS THE OPERATION OF A FIELD STATION IN PUNTA SAN JUAN, PERU, INCLUDING TWO BIOLOGISTS AND A GUARD TO ASSIST WITH MAINTAINING THE WALL PROTECTING THE RESERVE. THE NORTHERN RANGELANDS TRUST (NRT) IS A MEMBERSHIP ORGANIZATION OWNED AND LED BY THE 45 COMMUNITY CONSERVANCIES IT SERVES IN KENYA (NORTHERN AND COASTAL REGIONS) AND UGANDA. NRT WAS ESTABLISHED AS A SHARED RESOURCE TO HELP BUILD AND DEVELOP COMMUNITY CONSERVANCIES, WHICH ARE BEST POSITIONED TO ENHANCE PEOPLE'S LIVES, BUILD PEACE AND CONSERVE THE NATURAL ENVIRONMENT

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number Name of the organization 43-1727309 THE SAINT LOUIS ZOO ASSOCIATION Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			ZOOFARI	MAKE TRACKS	2	col. (c))
a)			(event type)	(event type)	(total number)	
Revenue						
Şev.	1	Gross receipts	1,451,333.	195,020.	224,653.	1,871,006.
_			006 500	105 000	004 653	1 206 101
	2	Less: Contributions	886,508.	195,020.	224,653.	1,306,181.
		Overe income (line 1 minus line 0)	564,825.			564,825.
	3	Gross income (line 1 minus line 2)	304,023.			304,023.
	4	Cash prizes				
	ľ	Guerr p.1250				
	5	Noncash prizes				
es						
Direct Expenses	6	Rent/facility costs				
Exp						
ect	7	Food and beverages	62,897.	4,300.	16,794.	83,991.
ä			105 050		70 050	204 700
		Entertainment	125,858. 147,461.	88,287.	78,850. 50,437.	204,708. 286,185.
	l .	Other direct expenses Direct expense summary. Add lines 4 through			-	574,884.
						-10,059.
Pa	rt I	Gaming. Complete if the organization a		990, Part IV, line 19, or r	eported more than	20,0000
		\$15,000 on Form 990-EZ, line 6a.			•	
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4) 595	bingo/progressive bingo	(5) Surior garming	col. (a) through col. (c))
3eV						
	_1	Gross revenue				
	_	Cook prizes				
ses	_	Cash prizes				
Direct Expenses	3	Noncash prizes				
Ä						
rec	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	_	Direct supports supports Add lines O three color	F in an leasure (al)			
	′	Direct expense summary. Add lines 2 through	i 5 in column (a)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				
b	If "	No," explain:				
	_					
40	<u></u>	and the constant of the consta	contract access to the state of			
		ere any of the organization's gaming licenses re				Yes No
D	111 "	Yes," explain:				
	_					
	_					_

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 THE SAINT LOUIS ZOO ASSOCIATION 43	-1727309	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[1927]	
•	Effect the flame and address of the person who propares the organization a gamming openial events been and records.		
	Name		
	Address		
	Address		
45.	Does the experiencies have a contract with a third party from whom the experiencies received coming revenue?	Yes	No
ıba	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L 1es	NO
D	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	;	
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE SAINT	LOUIS ZOO) ASSOCIATI	ON				43-1727309
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monito	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
· · · · · · · · · · · · · · · · · · ·			1	T	(f) Method of	T	T
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. LOUIS ZOOLOGICAL PARK							ENDOWMENT HARVEST,
ONE GOVERNMENT DRIVE							CAPITAL SPENDING &
SAINT LOUIS, MO 63110	43-1027364		4,478,447.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) a	-						
3 Enter total number of other organization:	s listed in the line 1	table					

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

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
_	recipients	cash grant	cash assistance	(book, Fiviv, appraisal, other)	
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART 1, LINE 2					
MUE EINANGE OFFICE MONIMORG GRANM	EIINDC E	TIMDO ADE O	TRANSFERRED	mo mir	
THE FINANCE OFFICE MONITORS GRANT	FUNDS. F	UNDS ARE 1	TRANSFERRED	TO THE	
RELEVANT ZOO ENTITY BASED ON PRE-DI	ETERMINED	CRITERIA	THE FINA	NCE	
OFFICE DETERMINES IF ALL CRITERIA	HAVE BEEN	MET PRIOF	R TO TRANSF	ERRING	
ANY FUNDS.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

ZUZJ

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

THE SAINT LOUIS ZOO ASSOCIATION

Employer identification number 43-1727309

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			7.7
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 10 15 15 15 15 15 15 15 15 15 15 15 15 15			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	En		Х
	The organization?	5a 5b		X
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	JU		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
U	contingent on the net earnings of:			l
•	· ·	6a		х
	The organization? Any related organization?	6b		X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	05		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	•		_ - _
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			- <u>-</u>
•	Regulations section 53.4958-6(c)?	9		
	rioganation decision of the original and	_		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DWIGHT SCOTT	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO	(ii)	534,294.	0.	114,983.	48,729.	20,582.	718,588.	0.
(2) JEFFREY P. BONNER, PH.D.	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT EMERITUS AND SPECIAL ADVIS	(ii)	515,780.	0.	17,612.	51,126.	0.	584,518.	0.
(3) CYNTHIA HOLTER	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT - EXTERNAL	(ii)	315,444.	0.	41,153.	51,559.	14,698.	422,854.	0.
(4) MICHAEL MACEK	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR - SAINT LOUIS ZOO	(ii)	278,377.	0.	18,162.	45,845.	16,878.	359,262.	0.
(5) CASSANDRA BROWN RAY	(i)	0.	0.	0.	0.	0.	0.	0.
CFO & VICE PRESIDENT - FINANCE	(ii)	275,943.	0.	10,789.	43,280.	11,308.	341,320.	0.
(6) DUSTIN DESCHAMP	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT - INTERNAL RELATIONS	(ii)	237,511.	0.	9,653.	40,355.	21,158.	308,677.	0.
(7) AMY DOVE	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT - PHILANTHROPY	(ii)	236,524.	0.	1,509.	39,482.	12,887.	290,402.	0.
(8) DAVID MCGUIRE	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT - ARCHITECTURE & PLAN	(ii)	215,527.	0.	8,680.	36,288.	20,003.	280,498.	0.
(9) JO-ELLE MOGERMAN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR - WILDCARE PARK	(ii)	216,532.	0.	22,291.	35,308.	4,666.	278,797.	0.
(10) REGINA MOSSOTTI	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT - ANIMAL OPERATIONS	(ii)	169,539.	0.	31.	27,566.	6,245.	203,381.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							_
	(ii)							
	(i)							_
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART 1, LINE 3
THE COMPENSATION OF THE PRESIDENT AND CEO IS PAID BY A RELATED
ORGANIZATION. THE COMPENSATION FOR THIS POSITION IS REVIEWED ANNUALLY
BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE. THE OCCURANCE
AND/OR DEGREE OF ANY CHANGE IN THE COMPENSATION IS THE FINAL DECISION
OF THE COMPENSATION COMMITTEE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Inspection
Employer identification number

	THE SAINT LO	UIS ZO	O ASSOCIA	rion	43-1	1727	309	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermin	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	62	5,057,053.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization			1 1				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							1

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE SAINT LOUIS ZOO ASSOCIATION

Employer identification number 43-1727309

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

PROVIDING FACILITIES, FUNDS, AND ADVICE. THE ASSOCIATION PROVIDES

DIRECT FINANCIAL SUPPORT TO THE ZOO FOR RENOVATIONS, NEW FACILITIES,

PROGRAMS, CONSERVATION AND RESEARCH; ADMINISTERS FUNDRAISING CAMPAIGNS

AND ACTIVITIES FOR THE ZOO; AND MANAGES THE ZOO'S ENDOWMENT. THE SAINT

LOUIS ZOO ASSOCIATION WORKS TO ADVANCE THE SAINT LOUIS ZOO'S MISSION TO

CONSERVE ANIMALS AND THEIR HABITATS THROUGH ANIMAL MANAGEMENT,

RESEARCH, RECREATION AND EDUCATION PROGRAMS THAT ENCOURAGE THE SUPPORT

AND ENRICH THE EXPERIENCE OF THE PUBLIC.

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

ADMINISTERS FUNDRAISING CAMPAIGNS AND ACTIVITIES FOR THE ZOO; AND

MANAGES THE ZOO'S ENDOWMENT. THE SAINT LOUIS ZOO ASSOCIATION WORKS TO

ADVANCE THE SAINT LOUIS ZOO'S MISSION TO CONSERVE ANIMALS AND THEIR

HABITATS THROUGH ANIMAL MANAGEMENT, RESEARCH, RECREATION AND EDUCATION

PROGRAMS THAT ENCOURAGE THE SUPPORT AND ENRICH THE EXPERIENCE OF THE

PUBLIC.

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

ENDOWMENT HARVEST - IN 2023, THE ASSOCIATION PROVIDED FUNDING FOR THE

SAINT LOUIS ZOO WILDCARE INSTITUTE (\$960,075), VETERINARY MEDICINE

(\$81,075), EMPLOYEE AND VOLUNTEER RECOGNITION (\$15,075), EDUCATIONAL

PROGRAMS (\$88,000), AND UNRESTRICTED/ZOO OPERATIONS (\$1,558,575).

EXPENSES \$ 2,961,000. INCLUDING GRANTS OF \$ 2,961,000. REVENUE \$ 0.

PARENT PROGRAM - THIS PROGRAM ALLOWS FOR DIRECT COMPENSATION TO THE

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

Schedule O (Form 990) 2023

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Name of the organization
THE SAINT LOUIS ZOO ASSOCIATION

Employer identification number 43-1727309

ZOO'S COMMISSARY BUDGET TO OFFSET THE COSTS OF FEEDING THE ANIMALS.

THIS PROGRAM ALSO CREATES EDUCATIONAL OPPORTUNITIES FOR ITS DONORS.

ANIMAL FACT SHEETS ARE OFFERED TO DONORS, AND AN ANNUAL ZOO PARENTS

CELEBRATION IS HELD WHERE DONORS ARE WELCOME TO VISIT THE COMMISSARY

AND VETERINARY HOSPITAL.

EXPENSES \$ 358,093. INCLUDING GRANTS OF \$ 0. REVENUE \$ 473,385.

DOCENT & VOLUNTEER SERVICES - ORGANIZING AND MANAGING A BASE OF OVER

2,129 VOLUNTEERS AND DOCENTS WHO PROVIDE TIME AND SERVICES TO PROVIDE

AN ENRICHED EDUCATIONAL EXPERIENCE TO SAINT LOUIS ZOO VISITORS.

EXPENSES \$ 336,379. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S MANAGEMENT AND IS SIGNED BY

THE ORGANIZATION'S TAX ADVISOR. A DRAFT OF THE FORM 990 IS MADE AVAILABLE

TO THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS FOR THEIR REVIEW. UPON

THEIR REVIEW, ANY QUESTIONS OR CHANGES ARE COMMUNICATED AND ADDRESSED PRIOR

TO FILING WITH THE IRS.

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

EACH OF THE OFFICERS OF THE SAINT LOUIS ZOOLOGICAL PARK ARE REQUIRED BY THE
MISSOURI ETHICS COMMISSION TO COMPLETE A "PERSONAL FINANCIAL DISCLOSURE

STATEMENT" EACH YEAR. THIS FORM DOCUMENTS OTHER SOURCES OF INCOME THAT

COULD CREATE A CONFLICT OF INTEREST FOR EMPLOYMENT AT THE ZOO.

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

PART VI, LINE 15A: THE CHIEF EXECUTIVE OFFICER OF THE SAINT LOUIS

ZOOLOGICAL PARK HAS HIS COMPENSATION REVIEWED ANNUALLY. THE OCCURRENCE

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** THE SAINT LOUIS ZOO ASSOCIATION 43-1727309 AND/OR DEGREE OF ANY CHANGE IN THE COMPENSATION IS THE FINAL DECISION OF THE COMPENSATION COMMITTEE OF THE ZOOLOGICAL PARK SUBDISTRICT COMMISSION. PART VI, LINE 15B: THE DETERMINATION OF COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES IS A MULTI-STEP PROCESS. AFTER A FULL TIME POSITION BECOMES AVAILABLE, THE OPENING IS GRADED AT A CERTAIN LEVEL AND THEN MATCHED WITHIN A SPECIFIC SALARY RANGE. DETERMINING THE RATE OF PAY FOR EACH CANDIDATE INVOLVES CONSIDERATION OF COST-OF-LIVING DATA AND THAT CANDIDATE'S EXPERIENCE LEVEL, EDUCATION AND CURRENT SALARY. THIS JOB IS WEIGHED AGAINST COMPARABLE POSITIONS AT SIMILAR INSTITUTIONS AND THE LOCAL MARKET. A DISCUSSION IS HELD WITH THE DIRECTOR OF HUMAN RESOURCES, THE HIRING MANAGER AND THE DIVISION VICE PRESIDENT. FINALLY, AFTER ALL OF THESE STEPS ARE COMPLETED, AN OFFER IS TENDERED. FORM 990, PART VI, SECTION C, LINE 19: PART VI, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT-OF-INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REOUEST THROUGH THE PUBLIC RELATIONS OFFICE. FORM 990, PAGE 12, PART XII, LINE 2C PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE SAINT LOU	IS ZOO ASSOCIATION				43	-17273	09	
Part I Identification of Disregarded Entities. Comp	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		ets Direct co)
Identification of Related Tax-Exempt Organic	zations. Complete if the organizatio	n answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more relate	ted tax-exer	mpt	
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	(t	f) ontrolling tity	Section 5	(b)(13) olled ity?
Ç		Toroigh oddinay)		501(c)(3))		,	Yes	No
ST. LOUIS ZOOLOGICAL PARK - 43-1027364 ONE GOVERNMENT DRIVE SAINT LOUIS, MO 63110	TO CONSERVE ANIMALS & THEIR HABITATS THROUGH MANAGEMENT & RESEARCH	MISSOURI	GOVERNMENTAL UNIT		N/A			Х

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

Schedule R (Form 990) 2023

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	gal Direct controlling Predominant income Share	ct controlling Predominant income	Share of total	ome Share of total Share of	Share of	Disprop	ortionata		General (Percentage ownership
		country)		sections 512-514)		255015	Yes	No	K-1 (Form 1065)	Yes No			
										+	+		
										$\perp \perp$			

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) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
	-								

1a

Yes No

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b	X			
c Gift, grant, or capital contribution from related organization(s)				1c		Х		
		1d		Х				
				1e		Х		
f Dividends from related organization(s)				1f		X		
				1g		X		
h Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)				1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses								
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 								
				10	Х			
p Reimbursement paid to related organization(s) for expenses				1p	Х	<u> </u>		
				1q	Х	<u> </u>		
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		
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.					
(a)	(b)	(c)	(d)					
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization m Performance of services or membership or fundraising solicitations by related organization n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) lf the answer to any of the above is "Yes," see the instructions for information on who muse (a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved				
	type (a-s)							
1) ST. LOUIS ZOOLOGICAL PARK	В	4,502,899.	GRANT CRITERIA					
		4 506 055						
2) ST. LOUIS ZOOLOGICAL PARK	0	4,706,075.	AMT EXPENDED					
3)								
4)								
-1								
ວງ								
6)								
υ <u>ງ</u>	<u> </u>		Calcadula	D /F	000			

Schedule R (Form 990) 2023

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

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000