### \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

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

Inspection

OMB No. 1545-0047

<u>A</u> I	For the	e 2019 calendar year, or tax year beginning JU	L 1, 2019 and	ending ਹਾ	JN 30, 20	20		
	Check if applicabl	C Name of organization			D Emplo	yer identifi	cation number	
	Addre	TULSA ZOO MANAGEMENT, INC.						
F	Name				73	-0930870		
F	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite		one numbe	·	
	Final return	6421 EAST 36TH STREET NORTH	voica to stroot address)	Troomy care		669-66		
	termin ated	City or town, state or province, country, and 2	ZIP or foreign postal code		<b>G</b> Gross red	eipts \$	16,878,524.	
	Amen		3 1		H(a) Is thi	s a group re		
	Applic tion	F Name and address of principal officer: #1805	AY HUTCHISON		1	ubordinates		
	pendii	SAME AS C ABOVE			H(b) Are all	subordinates in	cluded? Yes No	
Τ.	Tax-ex	empt status: X 501(c)(3) 501(c) ( )		or 527	lf "No	o," attach a	list. (see instructions)	
		te: > WWW.TULSAZOO.COM			H(c) Grou	p exemptio	n number 🕨	
		organization:	sociation Other >	L Year	of formation:	1971 N	State of legal domicile: OK	
Pa	art I							
a)	1	Briefly describe the organization's mission or most			EMENT, I	NC		
ů		FORMERLY TULSA ZOO FRIENDS, INC, WAS F	ORMED FOR THE PURPOSES	OF				
Governance	2	Check this box  if the organization discor	•	sed of more	than 25% c	1 1		
Š	3	Number of voting members of the governing body (					14	
		Number of independent voting members of the gov					14 254	
Activities &	5	Total number of individuals employed in calendar ye					104	
Ę	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, col					0.	
Ą	h	Net unrelated business taxable income from Form §				1	0.	
_	<u> </u>	Net differenced business taxable income from Forms	990-1, iiile 09		Prior Y		Current Year	
	8	Contributions and grants (Part VIII, line 1h)				635,215.	4,118,966.	
nue	9	D ' 'D ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				843,022.	9,445,214.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,				835,240.	347,947.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				411,507.	592,131.	
	1	Total revenue - add lines 8 through 11 (must equal I			15,	724,984.	14,504,258.	
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		1,	655,251.	1,149,407.	
	1	Benefits paid to or for members (Part IX, column (A)				0.	0.	
ģ	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		7,	259,168.	7,269,442.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin	ne 11e)			0.	0.	
x	. b	Total fundraising expenses (Part IX, column (D), line	•					
Ú	''	Other expenses (Part IX, column (A), lines 11a-11d,				530,294.	3,846,585.	
	1	Total expenses. Add lines 13-17 (must equal Part IX				444,713.	12,265,434.	
	19	Revenue less expenses. Subtract line 18 from line 1	2			280,271.	2,238,824.	
Net Assets or				Be	ginning of Cu		End of Year	
Sset	20	Total assets (Part X, line 16)				527,308.	14,712,798.	
et A	21	Total liabilities (Part X, line 26)				266,233. 261,075.	1,392,111.	
P	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	lne 20		11,	201,075.	13,320,007.	
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	ents and to th	ne hest of my	knowledge and helief it is	
		t, and complete. Declaration of preparer (other than office				-	Milowidago ana bonoi, it io	
	,	Lance to the composition of property (care man of the care)	7 10 20000 011 011 1110 1110 110 110 11	non proparor		ugu.		
Sig	n	Signature of officer			Da	nte		
Her		LINDSAY HUTCHISON, PRESIDENT/CEO						
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	1	Date	Check	PTIN	
Paid	d		ASHLEY M. FOGLE	0:	3/23/21	if self-employ	P01258800	
Pre	parer	Firm's name HOGANTAYLOR LLP		Fir	m's EIN 🕨	73-1413977		
Use	Only	Firm's address 1225 N BROADWAY AVENUE,	SUITE 200					
		OKLAHOMA CITY, OK 73103			Pt	none no.405	-848-2020	
Ma	v the II	RS discuss this return with the preparer shown above	ve? (see instructions)				X Yes No	

	1990 (2019) TULSA ZOO MANAGEMENT, INC.	73-0930870	Page 2
	rt III Statement of Program Service Accomplishments		<u>-</u>
	Check if Schedule O contains a response or note to any line in this Part III		х х
1	Briefly describe the organization's mission:		
•	TULSA ZOO MANAGEMENT, INC FORMERLY TULSA ZOO FRIENDS, INC, WAS FORMED		
	FOR THE PURPOSES OF PROMOTING AND SUPPORTING THE IMPROVEMENT OF THE		
	TULSA ZOO. THE ZOO GROUNDS AND PHYSICAL STRUCTURES ARE OWNED BY THE		
	CITY OF TULSA. TULSA ZOO MANAGEMENT, WORKING IN PARTNERSHIP WITH THE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vos	X No
3	If "Yes," describe these changes on Schedule O.	1 es	INO
4	· · · · · · · · · · · · · · · · · · ·	accounted by every	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, trie total expenses, a	na
_	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 9,553,121. including grants of \$ 1,149,407. ) (Revenue)	. 0 55	E 220 \
4a	(Code:) (Expenses \$9,553,121. including grants of \$1,149,407. ) (Revenue TULSA ZOO MANAGEMENT, INC FORMERLY TULSA ZOO FRIENDS, INC, WAS FORMED		<u> </u>
	· · · ·		
	FOR THE PURPOSES OF PROMOTING AND SUPPORTING THE IMPROVEMENT OF THE		
	TULSA ZOO. THE ZOO GROUNDS AND PHYSICAL STRUCTURES ARE OWNED BY THE		
	CITY OF TULSA. TULSA ZOO MANAGEMENT, WORKING IN PARTNERSHIP WITH THE		
	CITY OF TULSA, IS COMMITTED TO SUPPORTING AND PROMOTING THE GROWTH AND		
	QUALITY OF THE TULSA ZOO THROUGH OUR DAY TO DAY OPERATIONS AND		
	EDUCATION AND CONSERVATION PROGRAMS. THE ZOO'S MISSION OF CONNECTING,		
	CARING, ADVOCATING FOR WILDLIFE, PEOPLE AND WILD PLACES IS WOVEN INTO		
	AN EXCITING VISITOR EXPERIENCE THAT ALSO SERVES TO FOSTER COMMUNITY		
	ENGAGEMENT, CONSERVE WILD ANIMALS AND CREATE ENJOYABLE RECREATIONAL		
	OPPORTUNITIES FOR FAMILIES, SCHOOL GROUPS, RESIDENTS AND TOURISTS.		
4b	(Code:) (Expenses \$) (Revenue	*	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	, ¢	1
70	(Vode:) (Expenses #		<i>'</i>
	·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ▶ 9,553,121.		000 (
		(	M M 1 / · ·

# Form 990 (2019) TULSA ZOO MANAGEMENT, INC. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			•
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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,	44.	х	
<b>h</b>	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 21	
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f		1.0		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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		Х
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	17		х
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	Х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	L

# Form 990 (2019) TULSA ZOO MANAGEMENT, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Pid the second of the bound of the second of	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
C		24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Chack if Schedula O contains a response or note to any line in this Part V			
	Officer if Schedule O contains a response of note to any line in this hait v		Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 53	1.40
	Enter the number reported in Box 3 of Form 1030. Enter 40-in not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	Annual Park Control of the Control o	1c	Х	
-	(gambling) winnings to prize winners?	וו	<del></del>	

Form 990 (2019)

TULSA ZOO MANAGEMENT, INC.

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 254			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		x
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
'' a	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	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 Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			,
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019)

TULSA ZOO MANAGEMENT, INC.

73-0930870

Pag
Part VI Governance, Management, and Disclosure
For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 1b to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1	4		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1		
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5		
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 -		
	(This occion b regards with mation about policies not required by the internal nevertide dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			•
17	List the states with which a copy of this Form 990 is required to be filed ▶OK			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	. ,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (918) 669-6600			
	6/21 FAST 36TH STREET NORTH THISS OF 7/115			

# 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average		not cl	neck i		than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	au			ted		organization	(W-2/1099-MISC)	from the
	related	ıstee (	truste		90	beusa		(W-2/1099-MISC)		organization
	organizations below	ual tri	tional		ploye	st com	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN STAVA	0.50									
CHAIR		Х						0.	0.	0.
(2) BRAD MUELLER	0.50									
VICE CHAIR		Х						0.	0.	0.
(3) JASON VAN VALKENBURG	0.50									
TREASURER		Х						0.	0.	0.
(4) JEFF JAMES	0.50									
SECRETARY		Х						0.	0.	0.
(5) HANNA BENTLEY	0.50									
BOARD MEMBER		Х						0.	0.	0.
(6) MONTY BUTTS	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) MIKE HARRELL	0.50									
BOARD MEMBER		Х						0.	0.	0.
(8) KENNETH K KLEIN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(9) SUZANNE KNEALE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) JOEL-LYN MCCORMICK	0.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(11) HANNAH ROBSON	0.50	-						_	_	_
BOARD MEMBER		Х						0.	0.	0.
(12) SCOTT VANDERGRIFF	0.50									
BOARD MEMBER	0.50	Х						0.	0.	0.
(13) TOM C VINCENT II	0.50								_	
BOARD MEMBER	0.50	Х						0.	0.	0.
(14) SHANE FERNANDEZ	0.50	,							_	
BOARD MEMBER	40.00	Х						0.	0.	0.
(15) TERRIE LYNN CORRELL PRESIDENT/CEO	40.00			37				164 771	_	10 700
(16) DONALD D HAMMONS	40.00			Х				164,771.	0.	10,729.
	40.00	ł		х				104 427	_	16 001
VP OF FINANCE & ADMININISTRATION (17) JOSEPH BARKOWSKI	40.00	-		Λ	-	$\vdash$	-	104,437.	0.	16,801.
VP OF ANIMAL CONSERVATION & SCIENCE	+0.00	ł		Х				99 110	0.	β 321
VI OF ANIMAL CONSERVATION & SCIENCE			l	Λ		<u> </u>		99,119.	υ.	8,321.

932007 01-20-20 Form **990** (2019)

Form 990 (2019) TULSA ZOO MAN	NAGEMENT, I	NC.							73-093	3087	0	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos		<b>)</b> than o	one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	า	an	nount	of
	week		Cerai	la a a	recio	r/trus	iee)	from	from related			other	
	(list any hours for	irecto						the	organizations			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		om th anizat	
	organizations	ruste	ll trus		ee.	mpen		(***2/1033*****100)				d relat	
	below	ndividual trustee or director	Institutional trustee	_	nploy	st col	in 100					anizati	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) LINDSAY P HUTCHISON	40.00												
VP OF PHILANTHROPY & COMMUNITY ENGAG				Х				103,193.		0.		3,	348.
			_										
			_										
1b Subtotal								471,520.		0.		39,	199.
c Total from continuation sheets to Part VI								471,520.		0.		2.0	0. 199.
d Total (add lines 1b and 1c)							0 rc	· · · · · · · · · · · · · · · · · · ·	000 of roportable	٥.		39,	133.
compensation from the organization	ot illilited to til	036	liste	ual	JOVE	;) vvii	016	eceived more man proo,	ooo or reportable				3
dempendation from the organization												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	empl	loye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a					-						_		v
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or sı	ıch <u>i</u>	oers	on .					5		Х
Complete this table for your five highest contains the second secon	mpensated ind	lene	nde	nt co	ontra	acto	rs th	nat received more than \$	100 000 of comp	ensa	tion fro	om.	
the organization. Report compensation for t	· ·	-							· · · · · ·	01100			
(A)	•							(B)			(0	;)	
Name and business	address	NO	NE					Description of s	ervices	С	ompe	nsatio	n
							$\dashv$		-				
2 Total number of independent contractors (in	ncluding but no	ot lin	nite	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation >				(	0							

Form 990 (2019) TULSA ZOO 1
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a r	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tariotion Tovonas	Buomicoo revenue	sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b					
Å,G		С	Fundraising events			1c	81,357.				
a ii		d	Related organizations			1d					
s, ( mil		е	Government grants (contr	ibutio	ons)	1e	778,445.				
r Si		f	All other contributions, gifts,	grant	s, and						
the the			similar amounts not included	abov	'e	1f	3,259,164.				
달		g	Noncash contributions included in	lines 1	a-1f	1g \$	14,129.				
a S		h	Total. Add lines 1a-1f				<b></b>	4,118,966.			
							Business Code				
စ္ပ	2	а	MANAGEMENT FEE				713110	6,376,618.	6,376,618.		
e <u>K</u>		b	ADMISSIONS				713110	1,323,484.	1,323,484.		
Series		С	MEMBER SALES				713110	1,152,821.	1,152,821.		
am		d	TRAIN & CAROUSEL				713110	371,345.	371,345.		
Program Service Revenue		е	TEMPORARY EXHIBITS	& E			713110	211,317.	211,317.		
ᇫ		f	All other program service	rever	nue		713110	9,629.	9,629.		
		g	Total. Add lines 2a-2f				<b></b>	9,445,214.			
	3	3 Investment income (including dividends, interes					st, and				
			other similar amounts)					138,268.			138,268.
	4		Income from investment of	of tax	-exemp	ot bond p	roceeds				
	5		Royalties				<u></u>				
					<del></del>	Real	(ii) Personal				
	6	а	Gross rents	6a		47,195.					
		b	Less: rental expenses	6b	_	40,589.					
		С	Rental income or (loss)	6с	1	06,606.					
		d	Net rental income or (loss)	)			<u> </u>	106,606.			106,606.
	7	а	Gross amount from sales of		<del>- ` '</del>	ecurities	(ii) Other				
			assets other than inventory	7a	1,7	48,553.					
		b	Less: cost or other basis								
ther Revenue			and sales expenses	7b		38,874.					
Ş.			Gain or (loss)	7с		09,679.					
~			Net gain or (loss)				<u> </u>	209,679.			209,679.
ige	8	а	Gross income from fundraising	-	-						
Ò			including \$								
			contributions reported on		-		60 155				
			Part IV, line 18				62,177.				
			Less: direct expenses				72,322.	10 145			10 145
	_		Net income or (loss) from				·····	-10,145.			-10,145.
	9	а	Gross income from gamin								
			Part IV, line 19								
			•								
	40		Net income or (loss) from				<b>P</b>				
	10	а	Gross sales of inventory, I				408,027.				
		<b>L</b>	and allowances				· ·				
			Less: cost of goods sold		of inv		22, 401.	385,546.			385,546.
_		C	Net income or (loss) from	saies	אחו וט	entory	Business Code	303,340.			303,340.
ns	44	_	INSURANCE PROCEEDS				713110	75,492.	75,492.		
Jeo Tue	11	_	MISC REVENUE				713110	32,237.	32,237.		
ellar Ven		~	VENDING SALES				713110	2,395.	2,395.		
Miscellaneous Revenue		•	A.II 41						2,333.		
Σ			Total. Add lines 11a-11d				<b></b>	110,124.			
	12		Total revenue. See instruction	ns				14,504,258.	9,555,338.	0.	829,954.
								, , ,	, , , , , ,		

### 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 responsinclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
	ants and other assistance to domestic organizations			, , , , , , , , , , , , , , , , , , ,	
an	d domestic governments. See Part IV, line 21	1,091,627.	1,091,627.		
<b>2</b> Gr	rants and other assistance to domestic				
ind	dividuals. See Part IV, line 22				
<b>3</b> Gr	rants and other assistance to foreign				
or	ganizations, foreign governments, and foreign				
ind	dividuals. See Part IV, lines 15 and 16	57,780.	57,780.		
<b>4</b> Be	enefits paid to or for members				
<b>5</b> Co	ompensation of current officers, directors,				
tru	ustees, and key employees	512,662.	430,547.	58,763.	23,352
<b>6</b> Co	mpensation not included above to disqualified				
pe	rsons (as defined under section 4958(f)(1)) and				
pe	rsons described in section 4958(c)(3)(B)				
<b>7</b> Ot	ther salaries and wages	5,448,049.	4,571,743.	628,098.	248,208
<b>8</b> Pe	ension plan accruals and contributions (include				
se	ction 401(k) and 403(b) employer contributions)				
9 Ot	ther employee benefits	924,505.	783,802.	98,689.	42,014
<b>10</b> Pa	ayroll taxes	384,226.	319,256.	42,530.	22,440
<b>11</b> Fe	ees for services (nonemployees):				
a Ma	anagement				
<b>b</b> Le	egal	28,286.		28,286.	
c Ad	counting	39,180.		39,180.	
<b>d</b> Lo	bbbying				
<b>e</b> Pr	ofessional fundraising services. See Part IV, line 17				
f In	vestment management fees	19,693.		19,693.	
g Ot	ther. (If line 11g amount exceeds 10% of line 25,				
CO	lumn (A) amount, list line 11g expenses on Sch 0.)	606,470.	422,881.	178,904.	4,685
<b>12</b> Ad	dvertising and promotion	358,656.	358,610.		46
<b>13</b> Of	ffice expenses	46,237.	41,323.	2,754.	2,160
<b>14</b> Int	formation technology	149,027.	95,455.	53,373.	199
<b>15</b> Ro	oyalties				
<b>16</b> O	ccupancy	802,521.	49,229.	753,292.	
<b>17</b> Tr	avel	41,934.		41,934.	
<b>18</b> Pa	ayments of travel or entertainment expenses				
fo	r any federal, state, or local public officials				
<b>19</b> Co	onferences, conventions, and meetings	1,097.		1,097.	
	terest	3,309.		3,309.	
	ayments to affiliates				
<b>22</b> De	epreciation, depletion, and amortization	51,124.	50,035.	1,089.	
	surance	272,183.	91,536.	180,186.	461
ab lin	her expenses. Itemize expenses not covered ove (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A) nount, list line 24e expenses on Schedule 0.)				
	OO EXPENSE	344,012.	344,012.		
	JPPLIES	320,848.	286,135.	24,497.	10,216
_	EPAIRS AND MAINTENANCE	235,381.	228,621.	6,760.	,
_	OOLS AND EQUIPMENT	94,347.	84,953.	8,272.	1,122
	I other expenses	432,280.	245,576.	173,796.	12,908
	tal functional expenses. Add lines 1 through 24e	12,265,434.	9,553,121.	2,344,502.	367,811
	int costs. Complete this line only if the organization	, , ,	, ,	, ,	,
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X Balance Sheet

Га	ILA	Chack if Schodula O contains a response or	noto to any	line in this Part Y			
		Check if Schedule O contains a response or	note to any	IIII E III LIIIS PAILA	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	269,886.	1	1,482,950.		
	2	Savings and temporary cash investments			4,622,901.	2	3,573,138.
	3	Pledges and grants receivable, net			4,183,301.	3	5,128,321.
	4	Accounts receivable, net		316,559.	4	133,199.	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in secti	on 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		ı		8	
As	9	Prepaid expenses and deferred charges			205,624.	9	280,652.
	1	Land, buildings, and equipment: cost or other			·		·
		basis. Complete Part VI of Schedule D		2,187,211.			
	b	Less: accumulated depreciation		2,082,723.	121,271.	10c	104,488.
	11	Investments - publicly traded securities	2,807,766.	11	4,010,050.		
	12	Investments - other securities. See Part IV, lir	ı	, ,	12	, ,	
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e	12,527,308.	16	14,712,798.		
	17	Accounts payable and accrued expenses		1,150,873.	17	665,827.	
	18	Grants payable		, ,	18	,,	
	19	Deferred revenue		108,692.	19	43,061.	
	20	Tax-exempt bond liabilities		,	20	,	
	21	Escrow or custodial account liability. Comple			6,668.	21	6,668.
	22	Loans and other payables to any current or form			,		<u>,                                     </u>
Liabilities		trustee, key employee, creator or founder, su					
i		controlled entity or family member of any of t				22	
<u>e</u> .	23	Secured mortgages and notes payable to un	· ·			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	1100 17 2-1).	Complete Fair X	0.	25	676,555.
	26	T-4-1 U-1-190- A-1-1 U-1-47 U-1-1-60			1,266,233.	26	1,392,111.
		Organizations that follow FASB ASC 958, o			, ,		, ,
es		and complete lines 27, 28, 32, and 33.	J.1001 1101 0				
ž	27	Net assets without donor restrictions			7,100,825.	27	6,956,106.
3ale	28	Net assets with donor restrictions	4,160,250.	28	6,364,581.		
٦		Organizations that do not follow FASB AS	, ,		. ,		
Ξ		and complete lines 29 through 33.	<i>-</i> 000, 000				
ō	29	Capital stock or trust principal, or current fun			29		
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,261,075.	32	13,320,687.
Z	33	Total liabilities and net assets/fund balances			12,527,308.	33	14,712,798.
	00	TOTAL HADIIILIES AND HEL ASSELS/TUNIO DAIANICES			==,02.,000.	<b>55</b>	==,:==,;;50;

Form **990** (2019)

Form **990** (2019)

Form	1990 (2019) TULSA ZOO MANAGEMENT, INC.	73-0930	870	Pag	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		,504,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	,265,	434.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,238,	824.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,261,	075.
5	Net unrealized gains (losses) on investments	5		-179,	212.
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	13	,320,	687.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				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 in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	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	
	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:				
	X Separate basis 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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 Sing	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	an analita, annalain nulan an Calandula O and describe annu atoma talum to maderna annala andita		ا م		1

#### SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** TULSA ZOO MANAGEMENT INC. 73-0930870 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I 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 or 990-EZ).) 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). 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 X 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 in 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

## 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) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	-			•		. —
<u>S0/</u>	organization, check this box and stop						<u></u>
	etion C. Computation of Public		<u>-</u>	-1 (0)			
	Public support percentage for 2019 (li					14	<u>%</u>
	Public support percentage from 2018 33 1/3% support test - 2019. If the contract of the contra					15	% « and
10a	stop here. The organization qualifies						. $\square$
h	33 1/3% support test - 2018. If the o		-			or more check thi	
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test		•			and line 14 is 10% (	
., .	and if the organization meets the "fact	-					
	meets the "facts-and-circumstances"		•	-	•	ŭ	. $\square$
h	10% -facts-and-circumstances test	_	•		-		
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ				-		• • • • • • • • • • • • • • • • • • •
18	Private foundation. If the organization		· ·	•			······································

# Schedule A (Form 990 or 990-EZ) 2019 TULSA ZOO MANAGEMENT, INC. 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 uslify under the tests listed below please complete Part II \

Sec	ction A. Public Support	elow, please compl	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(b) 2010	(6) 2017	(u) 2010	(e) 2019	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")	2,458,376.	4,188,311.	4,261,700.	2,635,215.	4,118,966.	17,662,568.
2		2,200,070	1,100,011.		2,000,220.	1,110,500.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11,307,793.	11,469,640.	11,849,719.	11,608,022.	9,915,419.	56,150,593.
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	13,766,169.	15,657,951.	16,111,419.	14,243,237.	14,034,385.	73,813,161.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	55,624.	214,968.	38,500.	159,000.	60,500.	528,592.
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						0.
c	Add lines 7a and 7b	55,624.	214,968.	38,500.	159,000.	60,500.	528,592.
	Public support. (Subtract line 7c from line 6.)	,	,	,	,	,	73,284,569.
Sec	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	13,766,169.	15,657,951.	16,111,419.	14,243,237.	14,034,385.	73,813,161.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	688,075.	1,073,443.	1,370,748.	1,315,350.	985,463.	5,433,079.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	600 075	1 052 442	1 250 540	1 215 250	005 463	F 422 0F0
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	688,075.	1,073,443.	1,370,748.	1,315,350.	985,463.	5,433,079.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			118,445.	767,023.	110,124.	995,592.
13	Total support. (Add lines 9, 10c, 11, and 12.)	14,454,244.	16,731,394.	17,600,612.	16,325,610.	15,129,972.	80,241,832.
14	First five years. If the Form 990 is for	the organization's	first, second, third	I, fourth, or fifth tax	x year as a section	501(c)(3) organiza	tion,
	check this box and <b>stop here</b>						<b>.</b>
Sec	tion C. Computation of Public						<u>,                                      </u>
	Public support percentage for 2019 (li			olumn (f))		15	91.33 %
	Public support percentage from 2018		•			16	91.91 %
	tion D. Computation of Inves						-
	Investment income percentage for 20			ne 13, column (f))		17	6.77 %
	Investment income percentage from 2					18	6.42 %
	33 1/3% support tests - 2019. If the						
		-					
	more than 33 1/3%, check this box an	ia <b>stop nere.</b> The c	organization qualit	ies as a publiciý st	ipported organiza	lion	<b>▶</b> X
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. If the						

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

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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		
_		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

Par	rt 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 supported organization,			
	describe how the powers to appoint and/or remove 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		
2	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		
Sec	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			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		
Sec	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 instruction	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	).	
2	Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	or no supported organizations: If IES, UESCHIPCHI I unit in the Follower by the organization in this regard	1 30	1	

ng Organi	zations	
ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. Al
omplete Sec	tions A through E.	
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
ally integrate	d Type III supporting orga	anization (see
	1 2 3 4 5 6 7 8 8 1 2 3 4 5 6 7 8 8 1 2 3 4 5 6 6 7 8 8 1 2 3 4 5 5 6 6 7 8 8 1 2 3 3 4 5 5 6 6 7 8 8 1 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 5 5 6 6 7 8 8 1 5 5 6 6 7 8 8 1 5 5 6 6 7 8 8 1 5 5 6 6 7 8 8 1 5 5 6 6 7 8 8 1 5 5 6 6 7 8 8 1 5 5 6 6 7 8 8 1 5 5 6 6 7 8 8 1 5 5 6 6 7 8 8 1 5 5 6 6 7 8 8 1 5 5 6 6 7 7 8 1 5 5 6 7 7 8 1 5 6 7 7 8 1 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 2 3 3 4 4 5 5 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8

Schedule A (Form 990 or 990-EZ) 2019

Page 6

instructions).

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	9		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
-10	Elife o amount divided by line o amount	(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
-	line 7:			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

TUL	73-0930870					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $^3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from				
year, total contribu	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, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), at 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 ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Name of organization

Employer identification number

TULSA ZOO MANAGEMENT, INC.

73-0930870

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,003,000.	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
2		\$500,055.	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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions  \$126,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$85,286.	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		\$778,445.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

TULSA ZOO MANAGEMENT, INC.

73-0930870

Partii	Noticasti Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	organization		Employer identification number			
TULSA ZO	OO MANAGEMENT, INC.		73-0930870			
Part III		through (e) and the following line e charitable, etc., contributions of \$1,000 c	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of g	gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of g	gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
( ) ) !						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			

#### SCHEDULE 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.

Inspection

OMB No. 1545-0047

Name of the organization

TULSA ZOO MANAGEMENT, INC.

**Employer identification number** 

73-0930870 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? \_\_\_\_\_\_ Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	t III   Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	er Sim	nilar Assets	(contin	ued)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that make	signific	ant use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt pu	urpose in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other simila	r asset	ts		
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes	☐ No
Par	t IV Escrow and Custodial Arrang						ine 9, or	
	reported an amount on Form 990, Par		-					
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets not	includ	led		
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance				[	1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					X	Yes	No
b	If "Yes," explain the arrangement in Part XIII.							X
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Tr	ree years back	(e) Four	years back
1a	Beginning of year balance	2,925,207.	4,134,118.	3,903,671.		3,437,744.	3,	581,343.
b	Contributions	528,781.	200,000.					
С	Net investment earnings, gains, and losses	71,193.	301,223.	349,479.		484,280.	-	119,919.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	4,075.	1,689,763.	97,482.				
f	Administrative expenses	15,618.	20,371.	21,550.		18,353.		23,680.
g	End of year balance	3,505,488.	2,925,207.	4,134,118.		3,903,671.	3,	437,744.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	100.00	%	•				
b	Permanent endowment	%	_					
С	Term endowment	<del></del> %						
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	nd administered for t	he org	anization		
	by:							Yes No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations						3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organizate						3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 1	0.		
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accum	ulated	(d) Bool	ς value
		basis (investm	nent) basis	(other) d	eprecia	ation		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment		2	,187,211.	2,0	82,723.		104,488.
	Other							
	. Add lines 1a through 1e. (Column (d) must ed		X column (R) line 1	nc )		<b>—</b>		104,488.

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
( <b>3)</b> Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (I	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"  (a) Description of investment	on Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end	-f
	(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description	114. 3351 3111 335,1 4127, 1116 15.	(b) Book value
(1)	( )	<u> </u>		(4)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	
Part X	Other Liabilities.	•		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) Fed	eral income taxes			
(2) SBA	LOAN PPP SHORT TERM			676,555.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	676,555.
	for uncertain tax positions. In Part XIII, provide	•	the organization's financial statements th	at 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

Par	<b>TXI</b> Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lii		evenue per Re	turn.	
1	T. 1	ne iza.		1	15,078,423.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	, , .
a	Net unrealized gains (losses) on investments	2a	-179,212.		
b	Donated services and use of facilities		10,000.	-	
	Recoveries of prior year grants		•	-	
	Other (Describe in Part XIII.)		763,070.	-	
	Add lines <b>2a</b> through <b>2d</b>		•	2e	593,858.
3	Subtract line <b>2e</b> from line <b>1</b>			3	14,484,565.
4	Amounts included on Form 990. Part VIII. line 12. but not on line 1:				, , .
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,693.		
	Other (Describe in Part XIII.)		,		
	Add lines <b>4a</b> and <b>4b</b>			4c	19,693.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.			5	14,504,258.
	t XII   Reconciliation of Expenses per Audited Financial St	atements With E	xpenses per F	_	, , .
	Complete if the organization answered "Yes" on Form 990, Part IV, Iii	ne 12a.			
1	Total expenses and losses per audited financial statements			1	13,018,811.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	10,000.		
	Prior year adjustments				
	Other losses				
d	Other (Describe in Part XIII.)		763,070.		
е	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	•	2e	773,070.
3	Subtract line 2e from line 1			3	12,245,741.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,693.		
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	19,693.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	12,265,434.
Par	t XIII Supplemental Information.	•			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional informa	tion.		
PART	IV, LINE 2B:				
помт	COLLECTS AND RETAINS ALL ADMISSION PROCEEDS PURSUANT TO	mur			
12111	COULECTS AND RETAINS ALL ADMISSION PROCEEDS PORSOANT TO	Ing			
MANA	GEMENT AGREEMENT WITH THE CITY. TZMI ALSO OPERATES CONCE	SSIONS.			
		,			
NOVE	LTY SHOPS AND PARK RIDES AT THE ZOO, AND CONDUCTS A NUMBER	ER OF SPECIAL			
EVEN	TS AND PROMOTIONS AT AND FOR THE ZOO. AT JUNE 30, 2020 A	ND 2019, THE			
ВАЬА	NCE DUE TO (RECEIVABLE FROM) THE CITY WAS \$6,668 AND \$6,	668,			
RESD	ECTIVELY. AMOUNTS DUE TO (RECEIVABLE FROM) THE CITY ARE 1	REFLECTED AS			
KESI	Bellvani, Amounts but to (Katchivable Prom) the efficient	KEPBECIED AS			
CUST	ODIAL ACCOUNTS ON THE STATEMENTS OF FINANCIAL POSITION.				
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
TNAE	NTORY EXPENSES	22,481.			
RENT	AL EXPENSES	740,589.			
		•			

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

TULSA ZOO MANAGEMENT, INC. 73-0930870 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No 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.) (b) Number of (e) If activity listed in (d) (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 CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA, ARUBA, BAHAMAS 0 0 GRANTMAKING N/A 12,000. EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA 0 0 GRANTMAKING N/A 5,000. SUB-SAHARAN AFRICA -ANGOLA, BENIN, BOTSWANA, BURKINA FASO 0 0 GRANTMAKING 40,780. N/A 0 0 57,780. 3 a Subtotal

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

0

0

0

0

Schedule F (Form 990) 2019

57,780.

and 3b)

**b** Total from continuation

sheets to Part I ........

Totals (add lines 3a

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	GROUND-HORNBILL					
		AFRICA	PROJECT	16,780.	BANK DRAFT	0.		
			SEABIRD RANGER PROGRAM	2 500	BANK DRAFT	0.		
		AFRICA	ROGRAM	2,300.	DANK DRAFT	0.		
			AFRICAN PRIMATE					
		AFRICA	PROJECT	7,000.	BANK DRAFT	0.		
		CENTRAL AMERICA	CHINCHILLA HABITAT					
		AND THE CARIBBEAN	PRJECT	7,000.	EFT	0.		
		GUD GAUADAN	GEOD DONGUING NOW					
		SUB-SAHARAN AFRICA	STOP POACHING NOW CAMPAIGN	5,000.	CHECK	0.		
		III KTCII	CILII III GIV	3,000.	CILLOR	· ·		
		EAST ASIA AND THE						
		PACIFIC	MALAYAN TIGER AZA/SSP	5,000.	CHECK	0.		
		SUB-SAHARAN	NORTHAFRICAN OSTRICH					
		AFRICA	RECOVERY PROJECT	2,500.	СНЕСК	0.		
		GUD GAUADAN	OTDARRE CONCEDUARTON					
			GIRAFFE CONSERVATION PARTNER	7,000.	CHECK	0.		
2 Enter total number of				,				<u> </u>
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt  by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

3 Enter total number of other organizations or entities

Part II Continuation	n of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	on (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GUATEMAL SCARLET					
		AND THE CARIBBEAN	MACAW PROJECT	5,000.	BANK DRAFT	0.		

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.							
Part III can be duplicated  (a) Type of grant or assistance	if additional space is neede	(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) 2019 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 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 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 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 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 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 Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

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.
(commence management), as approached, the complete the provide any according to the management.
PART I, LINE 2:
IT IS REQUIRED THAT THEY SUBMIT JUSTIFICATION FOR FUNDING AND BASED UPON
THAT FUNDING IS GRANTED OR NOT. ONCE FUNDS ARE GRANTED, RECIPIENTS ARE
REQUIRED TO PROVIDED PERIOD REPORTING ON THE PROGRESS OF THEIR PROGRAM.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **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

2019

Open to Public Inspection

Name of the organization						Employer identification number			
TULSA ZOO MANAGEMENT, INC.						73-0930870			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a  Mail solicitations									
<ul> <li>d</li></ul>									
(ii) Activity have custody from activity fundraiser to (or retained by						(vi) Amount paid to (or retained by) organization			
		Yes	No						
			<b>•</b>						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.									

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WALTZ ON THE WILD (add col. (a) through SIDE ZOORUN col. (c)) (event type) (event type) (total number) 43,703. 98,634. 1,197. 143,534. 1 Gross receipts 2 Less: Contributions 42,750 38,607. 81,357. **3** Gross income (line 1 minus line 2) 953. 60,027. 1,197. 62,177. 4 Cash prizes 5 Noncash prizes Direct Expenses 200. 7,788. 7,988. 6 Rent/facility costs 549. 749. 7 Food and beverages 6,800. 2,550. 9,350. 8 Entertainment 4,374. 47,640. 2,221 54,235. 9 Other direct expenses 72,322. 10 Direct expense summary. Add lines 4 through 9 in column (d) -10,145. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ...... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2019 TULSA ZOO MANAGEMENT, INC.	3-0930870		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	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?	v	'es	No
12	Indicate the percentage of gaming activity conducted in:		03	140
		ا مدا		0.4
	The organization's facility			%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 Ү	'es	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name	_		
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation  \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
а	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L Y	'es	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,		, ,

Schedule G	G (Form 990 or 990-EZ)  Supplemental Infor	TULSA ZOO MANAGEMEN	T, INC.	73-0930870	Page 4
Part IV	Supplemental Infor	mation (continued)			
				_	

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2019
Open to Public

Inspection

Name of the organization	NAGEMENT, INC.						Employer identification number 73-0930870
Part I General Information on Grants							73-0330670
Does the organization maintain records criteria used to award the grants or ass     Describe in Part IV the organization's p	s to substantiate the						X Yes No
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	•					,	•
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CITY OF TULSA - TULSA ZOO 6421 EAST 36TH STREET NORTH						zoo	SUPPORT FOR THE TULSA ZOO
TULSA, OK 74115	73-6005470	CITY OF TULSA	0.	885,498.	BOOK COST	IMPROVEMENTS	AND LIVING MUSEUM
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization	· ·		ne line 1 table				1.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	quired in Part I, lin	e 2; Part III, columr	n (b); and any other ac	ditional information.	
ART I, LINE 2:					
PULSA ZOO MANAGEMENT MAKES IMPROVEMENTS TO THE TUL	SA ZOO PROPER	TY WHICH IS			
WNED BY THE CITY OF TULSA, RECORDS ARE MAINTAINED	BY TULSA ZOO	MANAGEMENT			
OF THE IMPROVEMENTS MADE TO THE PROPERTY. NO CASH	FUNDS ARE GIV	EN TO THE			
CITY OF TULSA, SO NO OTHER RECORDS ARE MAINTAINED.					

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

Name of the organization

Department of the Treasury

TULSA ZOO MANAGEMENT, INC.

Employer identification number 73-0930870

OMB No. 1545-0047

Open to Public

Inspection

**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 Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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 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. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b c Participate in, or receive payment from, an equity-based compensation arrangement? Х 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a х Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2019

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) Base compensation of compensation			(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	columns (F) Compensation D) in column (B)		
PRESIDENT/CEO (0) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(A) Name and Title		(i) Base compensation	incentive	reportable		berients	(6)(1)-(U)	reported as deferred		
PRESIDENT/CEO (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(1) TERRIE LYNN CORRELL	(i)	164,771.	0.	0.	5,183.	5,546.	175,500.	0.		
	PRESIDENT/CEO		0.	0.	0.	0.	0.	0.	0.		
		(i)									
(i)         (ii)         (iii)         (iiii)         (iii)         (iiii)         (iiii) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>											
		(i)									
(ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiiii		(ii)									
(i) (ii) (ii) (iii) (iii											
(i) (i) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiiii) (iiiiiiii											
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii											
(ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii											
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii											
(ii) (ii) (ii) (ii) (iii) (iii) (iii) (iiii) (iiiiiiii											
(i) (ii) (ii) (iii)											
(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 I, LINE 4B:
TERRIE CORRELL PARTICIPATED IN A 457(B) PLAN SET UP BY TZMI.

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** 

Inspection

Name of the organization

TULSA ZOO MANAGEMENT

Employer identification number

	TULSA ZOO MAN							3-093				
Part I Excess Be	nefit Transacti	ons (section 5	01(c)(3	3), secti	on 501(c)(4), and sec	ction 501(c)(29) orga	nizatio	ons on	ly).			
Complete if th	e organization ansv	wered "Yes" on	Form 9	990, Pa	rt IV, line 25a or 25b	, or Form 990-EZ, P	art V, I	ine 40	b.			
1 (a) Name of disqualified	d person (b)	Relationship bet			ified	c) Description of trar	eactio	'n		(d)	Corre	cted?
(a) Name of disquaimen	u persori	person and o	rganiza	ation	,,		isactic	<i>,</i> ,,		Ye	s	No
										+	$\perp$	
											_	
										-	-	
										+	-	
											-	
2 Enter the amount of ta	ax incurred by the c	rganization man	nagers	or disc	ualified persons duri	ing the vear under						
	•	_	-			•		<b>&gt;</b> \$				
3 Enter the amount of ta								<b>&gt;</b> \$				
	nd/or From Int											
•	-				Part V, line 38a or F	form 990, Part IV, lin	e 26; (	or if th	e orgar	nizatio	n	
	mount on Form 990	<del>′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ </del>	<del>-</del>	2. oan to or	( ) Octobral			N 1	(h) Anr	oroved	(-) \	
(a) Name of interested person	(b) Relationship with organization		fror	n the ization?	(e) Original principal amount	(f) Balance due		) In ault?	(h) App by boa comm	ard or	agree	ritten ment?
·			To	From				No	Yes	No	Yes	No
			1.0	110111			Yes	1	1.00	.,,		
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otal					<b>&gt;</b> \$	ı						
Part III Grants or A	Assistance Ber	nefiting Inter	este	d Per	sons.							
Complete if th	e organization ansv	wered "Yes" on	Form 9	990, Pa	rt IV, line 27.							
(a) Name of intereste	d person	(b) Relationship	betwe	en	(c) Amount of	<b>(d)</b> Type	of		(e)	Purp	ose of	

assistance

assistance

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

interested person and

the organization

Schedule L (Form 990 or 990-EZ) 2019

assistance

Page 2

# Schedule L (Form 990 or 990-EZ) 2019 TULSA ZOO MANAGEMENT, INC. Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	b, or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's nues?
				Yes	No
MIKE HARRELL	DIRECTOR ON THE BOA	4,439.	SUPPLIES -		Х
TOM C. VINCENT II	DIRECTOR ON THE BOA	24,077.	LEGAL FEES	Х	
SCOTT VANDERGRIFF	DIRECTOR ON THE BOA	36,952.	BANKING -		Х
Dort V Complemental Information					
Part V Supplemental Information.					
Provide additional information for resp	onses to questions on Schedule L (see in	structions).			
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERFETED DEPRONS.				
Dell I, TAKI IV, BODINEBO IKANDACITOND	INVOLVING INTERESTED TERSONS.				
(A) NAME OF PERSON: MIKE HARRELL					
(1.7)					
(B) RELATIONSHIP BETWEEN INTERESTED PE	RSON AND ORGANIZATION:				
DIRECTOR ON THE BOARD OF TULSA ZOO MAN	AGEMENT, INC.				
(D) DESCRIPTION OF TRANSACTION: SUPPLI	ES - MIKE HARRELL IS AN EMPLOY	EE			
OF INTERSTATE STEEL & METALS INC. TZMI	PURCHASES RAW METAL MATERIALS	FOR			
REPAIR, RENOVATION, MAINTENANCE, AND C	ONSTRUCTION FROM INTERSTATE ST	EEL &			
WEETLA THA WITE TAIL DOING WENDER TO	D MWGT 137D GW117DG MWG DWT1DT37G				
METALS INC. MIKE IS A BOARD MEMBER FO	R TMZI AND CHAIRS THE BUILDING	AND			
CDOUNDS COMMITTHEE MIVE DOES NOT HAVE	TNDIM OF MAKE DECICIONS DECAR	DING			
GROUNDS COMMITTEE. MIKE DOES NOT HAVE	INPUT OR MAKE DECISIONS REGAR	DING			
THE PURCHASE OF MATERIALS.					
THE FUNCTIONS OF MATERIALS.					
(A) NAME OF PERSON: TOM C. VINCENT II					
(B) RELATIONSHIP BETWEEN INTERESTED PE	RSON AND ORGANIZATION:				
DIRECTOR ON THE BOARD OF TULSA ZOO MAN	AGEMENT, INC.				
(D) DESCRIPTION OF TRANSACTION: LEGAL	FEES - TOM C. VINCENT II IS A	TZMI			
BOARD MEMBER AND PARTNER WITH GABLE GO	TWALS WHICH SERVES AS TZMI'S M	IAIN			
LEGAL GOUNGEL					
LEGAL COUNSEL.					
/A NAME OF DEDGON, GOODS VANDEDODIES					

- (A) NAME OF PERSON: SCOTT VANDERGRIFF
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization TULSA ZOO MANAGEMENT, INC.

Employer identification number 73-0930870

Par	t 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	<b>(d)</b> Method of det noncash contribut	•	ts
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						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	Х		14,129.	FAIR MARKET VALUE		
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	zation during	the tax year for co	ontributions			
	for which the organization completed Form 82	83, Part IV, [	Donee Acknowledg	gement <b>29</b>			
					_	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date						
	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				ions?	31	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

### **SCHEDULE O**

(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TULSA ZOO MANAGEMENT, INC.

**Employer identification number** 73-0930870

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTING AND SUPPORTING THE IMPROVEMENT OF THE TULSA ZOO. THE ZOO
GROUNDS AND PHYSICAL STRUCTURES ARE OWNED BY THE CITY OF TULSA. TULSA
ZOO MANAGEMENT, WORKING IN PARTNERSHIP WITH THE CITY OF TULSA, IS
COMMITTED TO SUPPORTING AND PROMOTING THE GROWTH AND QUALITY OF THE
TULSA ZOO THROUGH OUR DAY TO DAY OPERATIONS AND EDUCATION AND
CONSERVATION PROGRAMS. THE ZOO'S MISSION OF CONNECTING, CARING,
ADVOCATING FOR WILDLIFE, PEOPLE AND WILD PLACES IS WOVEN INTO AN
EXCITING VISITOR EXPERIENCE THAT ALSO SERVES TO FOSTER COMMUNITY
ENGAGEMENT, CONSERVE WILD ANIMALS AND CREATE ENJOYABLE RECREATIONAL
OPPORTUNITIES FOR FAMILIES, SCHOOL GROUPS, RESIDENTS AND TOURISTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CITY OF TULSA, IS COMMITTED TO SUPPORTING AND PROMOTING THE GROWTH AND
QUALITY OF THE TULSA ZOO THROUGH OUR DAY TO DAY OPERATIONS AND
EDUCATION AND CONSERVATION PROGRAMS. THE ZOO'S MISSION OF CONNECTING,
CARING, ADVOCATING FOR WILDLIFE, PEOPLE AND WILD PLACES IS WOVEN INTO
AN EXCITING VISITOR EXPERIENCE THAT ALSO SERVES TO FOSTER COMMUNITY
ENGAGEMENT, CONSERVE WILD ANIMALS AND CREATE ENJOYABLE RECREATIONAL
OPPORTUNITIES FOR FAMILIES, SCHOOL GROUPS, RESIDENTS AND TOURISTS.
FORM 990, PART VI, SECTION A, LINE 1:
THE EXECUTIVE COMMITTEE, EXCEPT TO THE EXTENT LIMITED BY THE OKLAHOMA
GENERAL CORPORATION ACT, SHALL HAVE AND EXERCISE, IN THE INTERVAL BETWEEN
MEETINGS OF THE BOARD, ALL POWERS OF THE BOARD WHICH MAY LAWFULLY BE
DELEGATED IN THE MANAGEMENT OF THE BUSINESS OF THE CORPORATION OR SUCH

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization TULSA ZOO MANAGEMENT, INC.	Employer identification number 73-0930870
LESSER POWERS AS MAY FROM TIME TO TIME BE SPECIFIED BY THE BOARD. HOWEVER,	
THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER TO REVISE, AMEND OR	
OTHERWISE ALTER THE BYLAWS OF THE CORPORATIONS. TZMI DELEGATED THE	
AUTHORITY FOR THE EXECUTIVE COMMITTEE TO ACT WITHIN CERTAIN PARAMETERS	
REGARDING THE NEGOTIATIONS OF A SETTLEMENT WITH A SURVEY COMPANY THAT MADE	
A SIGNIFICANT SURVEYING ERROR FOR THE LOST KINGDOM EXHIBIT.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FINANCE COMMITTEE REVIEWS FORM 990 AND MAKES RECOMMENDATION TO THE	
TULSA ZOO MANAGEMENT INC. BOARD OF DIRECTORS FOR ACCEPTANCE AND APPROVAL.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY, THE BOARD OF DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY AND	
EXECUTE THE CONFLICT OF INTEREST FORM DISCLOSING ANY CONFLICTS OF INTEREST	
THAT MAY EXIST.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE TZMI BOARD MAINTAINS AN EXECUTIVE COMPENSATION COMMITTEE MADE UP OF THE	
CHAIRMAN AND VICE CHAIR OF THE BOARD. THE EXECUTIVE COMPENSATION COMMITTEE	
IS AUTHORIZED TO MAKE RECOMMENDATIONS TO THE BOARD REGARDING EXECUTIVE	
COMPENSATION. ONLY THOSE MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE	
WHO ARE FREE OF CONFLICTS OF INTEREST MAY BE INVOLVED IN EVALUATION OF	
EXECUTIVE COMPENSATION. THE EXECUTVE COMPENSATION COMMITTEE OBTAINS	
APPRORIATE COMPARABLE SALARY DATA, SALARIES FOR LIKE JOBS IN THE INDUSTRIES	
IN LIKE CIRCUMSTANCES/AREAS/SITUATIONS PRIOR TO MAKING COMPENSATION	
DECISIONS AND SHOULD RELY ON THIS DATA IN MAKING ITS RECOMMENDATIONS. A	
WRITTEN PERFORMANCE EVALUATION ALONG WITH A REVIEW OF SALARY SHOULD BE DONE	
ANNUALLY. THE BOARD SHALL REVIEW AND APPROVE THE RECOMMENDATIONS OF THE	

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization TULSA ZOO MANAGEMENT, INC.	Employer identification number 73-0930870
EXECUTIVE COMPENSATION COMMITTEE. ONLY THOSE DIRECTORS THAT ARE FREE OF	
CONFLICTS MAY VOTE ON EXECUTIVE COMPENSATION. THE DECISIONS OF THE	
EXECUTIVE COMPENSATION COMMITTEE AND THE VOTE OF THE BOARD SHALL BE	
DOCUMENTED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THESE ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	

### **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** 

73-0930870

	(b)	(c)	(d)	(e)	1		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)				Direct o	controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or more	related tax-exe	mpt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
-		, or origin obtaining,		501(c)(3))			Yes	No
TULSA ZOO FRIENDS FOUNDATION - 73-1582685 6421 EAST 36TH STREET NORTH TULSA, OK 74115	RAISE FUNDS FOR THE LONG-TERM OPERATIONS AND SUCCESS OF TULSA ZOO	OKLAHOMA	501(C)(3)	LINE 12C,	TULSA MANAGE		x	
TODON, ON 17113	- TORBA 200	VALUE VIEW	501(0)(3)	111 11	MINGE	12.17.14 T	A	

TULSA ZOO MANAGEMENT, INC.

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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

Page 3

Х

Yes No

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

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	Х					
С	c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)											
е	e Loans or loan guarantees by related organization(s)										
f	f Dividends from related organization(s)										
	g Sale of assets to related organization(s)										
h	h Purchase of assets from related organization(s)										
i	i Exchange of assets with related organization(s)										
j	j Lease of facilities, equipment, or other assets to related organization(s)										
					41	Х					
	Lease of facilities, equipment, or other assets from related organization(s)				1k	X					
	Performance of services or membership or fundraising solicitations for related organ				11	X					
	Performance of services or membership or fundraising solicitations by related organ				1m 1n	X					
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	Sharing of paid employees with related organization(s)				10	X					
n	p Reimbursement paid to related organization(s) for expenses										
	q Reimbursement paid by related organization(s) for expenses										
٩	Trainbarbornont para by rolated organization(b) for expenses				1q						
r	Other transfer of cash or property to related organization(s)				1r	х					
	Other transfer of cash or property from related organization(s)				1s	х					
	If the answer to any of the above is "Yes," see the instructions for information on wi				•						
	(a) (b) (c) Name of related organization  (b)  Transaction type (a-s)  (c)  Method of determining amount in										
(1)											
(2)											
<u>(-/</u>											
(3)											
(4)											
(5)											
<b>(0)</b>											
(6)					D (E	00) 0046					
932163	09-10-19			Schedule	R (Form 9	90) 2019					

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) 0040

## EXTENDED TO MAY 17, 2021

Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) , and ending JUN 30, 2020 For calendar year 2019 or other tax year beginning  $\ JUL\ 1$ ,  $\ 2019$ ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization ( Check box if name changed and see instructions.) Check hox if address changed Print TULSA ZOO MANAGEMENT, INC. 73-0930870 B Exempt under section E Unrelated business activity code X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions.) Type 408(e) 220(e) 6421 EAST 36TH STREET NORTH ີ 408A Γ 7530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) TULSA, OK 74115 C Book value of all assets F Group exemption number (See instructions.) at end of year 14,712,799. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here ightharpoonup STATEMENT 1 \_ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation. Telephone number ► (918) 669-6600 J The books are in care of THE ORGANIZATION Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales c Balance ..... **b** Less returns and allowances 1c 2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 12 Total. Combine lines 3 through 12 13 Part II **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 20 Less depreciation claimed on Schedule A and elsewhere on return 21a 21 21b 22 22 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) 27 Total deductions. Add lines 14 through 27 28 0. 28 29 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29

Part	: 111	Total Unrelated Business Taxa	ble Income							
32	Total of	unrelated business taxable income computed	d from all unrelated trades	s or businesses (s	ee instructions)		3	32		0.
33	Amount	s paid for disallowed fringes					3	33		
34	Charitat	ole contributions (see instructions for limitation	on rules)				3	34		0.
35		related business taxable income before pre-2						35		
36	Deducti	on for net operating loss arising in tax years	beginning before January	1, 2018 (see instr	ructions)		📙	36		
37	Total of	unrelated business taxable income before sp	ecific deduction. Subtract	line 36 from line	35		🗔	37		
38	Specific	deduction (Generally \$1,000, but see line 38	instructions for exception	ns)			3	38	1,	000.
39	Unrelat	ed business taxable income. Subtract line 3	88 from line 37. If line 38 i	is greater than line	e 37,					
	enter th	e smaller of zero or line 37					8	39		0.
Part	IV 7	Гах Computation								
40	Organiz	ations Taxable as Corporations. Multiply lir	ne 39 by 21% (0.21)				<b>▶</b>	10		0.
		Taxable at Trust Rates. See instructions for								
	Ta	ax rate schedule or Schedule D (Forr	n 1041)				<b>▶</b>	11		
42		ax. See instructions					▶	12		
43	Alternat	ive minimum tax (trusts only)					4	13		
44	Tax on	Noncompliant Facility Income. See instructi	ons				4	14		
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, whic	hever applies					15		0.
Part	<b>V</b>	Гах and Payments								
46 a	Foreign	tax credit (corporations attach Form 1118; tr	usts attach Form 1116)		46a					
b	Other cr	redits (see instructions)			46b					
C	General	harden and the Attack Forms 0000			ایدا					
d	Credit fo	or prior year minimum tax (attach Form 8801								
		edits. Add lines 46a through 46d					4	6e		
47	Subtrac	t line 46e from line 45					4	17		0.
48	Other ta	xes. Check if from: Form 4255	Form 8611 Form	8697 Form	8866 🔲 01	ther (attach schedu	le)	18		
49	Total ta	x. Add lines 47 and 48 (see instructions)					4	19		0.
		et 965 tax liability paid from Form 965-A or Fo						50		0.
		its: A 2018 overpayment credited to 2019								
		timated tax payments								
C	Tax dep	osited with Form 8868			51c					
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)		51d					
		withholding (see instructions)								
		or small employer health insurance premiums								
		redits, adjustments, and payments:								
·			Other	 Total I	▶   51g					
52		ayments. Add lines 51a through 51g						52		
53	Estimate	ed tax penalty (see instructions). Check if For	m 2220 is attached				. [	53		
54		e. If line 52 is less than the total of lines 49, 5					.	54		
55		yment. If line 52 is larger than the total of line					▶ [	55		
56		e amount of line 55 you want: <b>Credited to 20</b>		•		Refunded	▶ [	56		
Part		Statements Regarding Certain		her Informa	tion (see in:	structions)	•	•		
57	At any t	ime during the 2019 calendar year, did the or	ganization have an interes	st in or a signature	e or other autho	rity			Yes	No
	over a f	inancial account (bank, securities, or other) in	n a foreign country? If "Ye	s," the organizatio	n may have to t	file				
	FinCEN	Form 114, Report of Foreign Bank and Finance	cial Accounts. If "Yes," ent	er the name of the	e foreign countr	у				
	here	<b>&gt;</b>				-				х
58	During 1	the tax year, did the organization receive a dis	stribution from, or was it t	the grantor of, or t	transferor to, a	foreign trust?				Х
	_	see instructions for other forms the organiza		,	ŕ					
59	Enter th	e amount of tax-exempt interest received or a	accrued during the tax yea	ar ▶ \$						
		nder penalties of perjury, I declare that I have examined					owledge	and belief, it is tru	ıe,	
Sign		rrect, and complete. Declaration of preparer (other tha	n taxpayer) is based on all into	rmation of which prep	parer nas any know	/leage.		IDO -1: #-:		
Here		•		PRESIDEN	IT/CEO		-	ne IRS discuss thi eparer shown belo		/itn
		Signature of officer	Date	Title				ctions)? X Y		No
	1	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN		
Paid	ı					self- employ	- I			
	oarer	ASHLEY M. FOGLE	ASHLEY M. FOGLE		03/23/21			P01258800	0	
•	Only	Firm's name ► HOGANTAYLOR LLP	•			Firm's EIN	IN ► 73-1413977			
J36	Ciny		Y AVENUE, SUITE 2	200						
		Firm's address OKLAHOMA CITY, OK 73103 Phone no.								

FOOTNOTES

STATEMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC SECTION 512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTE OF LIMITATIONS FOR REPORTING UNRELATED BUSINESS INCOME.