| Form 9 | 90 |
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В

EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

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



No

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Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change JOHN BALL ZOO Name change 38-6076879 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1300 WEST FULTON STREET 616-336-4300 26,677,684. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 49504 GRAND RAPIDS, MI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PETER D'ARIENZO Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.JBZOO.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1950 M State of legal domicile: MI Part I Summary Briefly describe the organization's mission or most significant activities: **INSPIRING OUR COMMUNITY TO BE** 1 Activities & Governance ENGAGED IN CONSERVATION OF WILDLIFE AND OUR NATURAL ENVIRONMENT. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 6 -59,506. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Current Year** Prior Year <u>5,514,256.</u> 9,895,247. Contributions and grants (Part VIII, line 1h) 8 Revenue <u>7,99</u>9,802. 10,182,469. 9 Program service revenue (Part VIII, line 2g) 10,027. 17,042. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,398,314. 2,510,652. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 14,922,399. 22,605,410. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13,000. 10,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,233,087. 8,263,665. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 713.047. 9,574,510. 5,413,690. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 16,820,597. 13,687,355. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -1,898,198. 8,918,055. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year 25 15,603,805. 23,779,071 20 Total assets (Part X, line 16) 3,078,714. 2,103,181. 21 Total liabilities (Part X, line 26) let 12,525,091. 21,675,890 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

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

| Sign Here | Signature of officer PETER D'ARIENZO, CEO Type or print name and title | | | | Date | | | | | | |
|--------------|---|-----------------------|--------------|----|----------------|-----------------|--------|--|--|--|--|
| | Print/Type preparer's name | Check | PTIN | | | | | | | | |
| Paid | JEFFREY E. HERT, CPA | JEFFREY E. | HERT, | | | P0006671 | | | | | |
| Preparer | Firm's name 🕒 REHMANN ROBSON L | LC | | | Firm's EIN 🕨 3 | 8-3567911 | L | | | | |
| Use Only | Firm's address 2330 EAST PARIS | AVE SE | | | | | | | | | |
| | GRAND RAPIDS, MI 49546 Phone no. 616-97 | | | | | | | | | | |
| May the IF | RS discuss this return with the preparer shown abo | ove? See instructions | | | | X Yes | No | | | | |
| 132001 12-0 | 9-21 LHA For Paperwork Reduction Act Notion | ce, see the separate | instructions | 5. | | Form 990 | (2021) | | | | |

| orm | 990 (2021) JOHN BALL ZOO 38-6076879 Page |
|---|--|
| Pai | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| I | Briefly describe the organization's mission: |
| | WE INSPIRE OUR COMMUNITY TO BE ACTIVELY ENGAGED IN THE CONSERVATION OF |
| | WILDLIFE AND OUR NATURAL ENVIRONMENT. |
| | |
| <u>, </u> | Did the exception undertake any elemificant pregram can liese during the year which were not listed on 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? |
| | prior Form 990 or 990-EZ? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 1 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| la | (Code:) (Expenses \$2, 362, 076. including grants of \$) (Revenue \$6, 806, 364. |
| | GUEST SERVICES-THE ZOO INCURS EXPENSES RELATED TO THE OPERATION AND |
| | MANAGEMENT OF ITS FOOD SERVICE, GIFT SHOP, VISITOR EXPERIENCES AND |
| | ADMISSION SALES. |
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| | |
| ŀb | (Code:) (Expenses \$ 3,290,649. including grants of \$ 10,000.) (Revenue \$ |
| | ANIMAL CARE-THE ZOO INCURS EXPENSES RELATED TO THE SUPPORT IN CARING |
| | FOR THEIR ANIMAL COLLECTION. THIS INCLUDES FOOD, VETERINARY SERVICES, |
| | ANIMAL ENRICHMENT, EQUIPMENT AND APPROPRIATE STAFFING. |
| | |
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| | |
| ŀc | (Code:) (Expenses \$ 3,202,885. including grants of \$) (Revenue \$ 5,589,613. |
| - | ZOO OPERATIONS-THE ZOO INCURS EXPENSES RELATED TO THE MANAGEMENT AND |
| | MAINTENANCE OF THE BUILDINGS, EQUIPMENT, AND ZOO AND PARK OUTDOOR |
| | SPACES. THIS INCLUDES REPAIRS, RENOVATIONS, EXHIBIT DEVELOPMENT AND |
| | EXHIBIT CONSTRUCTION. |
| | |
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| 1.4 | Other program convises (Describe on Schoolule O) |
| 1d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ 1,353,990. including grants of \$) (Revenue \$ 210,080.) |
| ld le | |

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| Form | 990 | (2021) |
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 Form 990 (2021)
 JOHN
 BALL
 ZOO

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|--------|---|------|-------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | 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, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | _X_ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | 77 | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X | |
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| Form | 990 | (2021) |
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| Form | 990 (2021) JOHN BALL ZOO 38-607 | 6879 | Р | _{aqe} 4 |
|--------|--|------------|---------|-------------------------|
| | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | 37 | |
| ••• | Schedule J | 23 | X | <u> </u> |
| 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 | 24a | | x |
| h | Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | - 23 |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | |
| Ū | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | v |
| 00 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| a | | 28a | | x |
| b | "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | |
| • | "Yes." complete Schedule L. Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <u>35a</u> | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 0.51 | | |
| 00 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 200 | | x |
| 27 | <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| 00 | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | <u></u> | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 | 4 | | |
| | | 0 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | L |
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| Form | <u>990 (2021)</u> JOHN BALL ZOO 38-6076 | 879 | Р | age 5 | | | | | | |
|---------|--|----------|-------|--------------|--|--|--|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | | |
| | | | Yes | No | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2b | х | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | | | | | | | |
| 20 | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions. | 3a | х | | | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | X | <u> </u> | | | | | | |
| | It "Yes," has it filed a Form 990-1 for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 30 | | <u> </u> | | | | | | |
| ти | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x | | | | | | |
| b | If "Yes," enter the name of the foreign country | 14 | | | | | | | | |
| ~ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x | | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Х | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | | | | | | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | | |
| | to file Form 8282? | 7c | | X | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> | | | | | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | <u> </u> | | | | | | |
| 8 | 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 | | <u> </u> | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0.0 | | | | | | | | |
| a L | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 9b | | <u> </u> | | | | | | |
| ь 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | 90 | | | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | - | | | | | | | | |
| a | Gross income from members or shareholders | | | | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | |
| b | 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 | - | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X X | | | | | | |
| | 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 | | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | v | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | | | |
| 4- | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | 4- | | | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | | |
| 10000 | If "Yes," complete Form 6069. | Eor~ | 990 | (2021) | | | | | | |
| 132005 | 5 12-09-21 D | FULL | , 300 | (2021) | | | | | | |

| - orm | JOHN BALL ZOO | | | 8-6076 | | Р | age |
|----------|---|------------|------------|--------------|-----------|--------|----------|
| Pa | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to | hrough | 7b below | , and for a | "No" r | espor | ise |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | X |
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | | | | Yes | N |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | | 27 | | | |
| | 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 | | | 27 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with ar | ny other | | | | |
| | officer, director, trustee, or key employee? | | | | 2 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direct | supervis | ion | | | |
| | | | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | | |
| | more members of the governing body? | | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockholo | lers, or | | | | |
| | persons other than the governing body? | | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | - | | | | |
| а | The governing body? | | | | <u>8a</u> | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | Х | \vdash |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched at | the | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | 9 | | X |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue C | Code.) | | | | |
| | | | | | | Yes | |
| | Did the organization have local chapters, branches, or affiliates? | | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body | / before | filing the | e form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? // "> | 'es," de | scribe | | | | |
| | on Schedule O how this was done | | | | 12c | X | <u> </u> |
| 3 | Did the organization have a written whistleblower policy? | | | | 13 | X | |
| 4 | Did the organization have a written document retention and destruction policy? | | | | 14 | Х | |
| 5 | Did the process for determining compensation of the following persons include a review and approva | l by ind | ependen | t | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | | 15a | Х | |
| b | Other officers or key employees of the organization | | | | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent wit | ha | | | | |
| | taxable entity during the year? | | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | e its pa | rticipatio | n | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ization's | 5 | | | | |
| | exempt status with respect to such arrangements? | | | | 16b | | |
| ec | tion C. Disclosure | | | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MI | | | | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990-1 | (sectior | n 501(c)(3)s | only) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | X Own website X Another's website X Upon request Other (explain | on Sch | edule O) |) | | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict of | interest | policy, and | finano | 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 boo | ks and | records | ▶ | | | |
| | LARRY JONGEKRIJG - 616-336-4620 | | | | | | |
| | 1300 FULTON NW, GRAND RAPIDS, MI 49504 | | | | | | |
| 2006 | 5 12-09-21 | | | | Form | 990 | (202 |
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| Form 990 (2021) JOHN BALL ZOO | 38-6076879 | Page 7 |
|--|-------------|--------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest | Compensated | |
| Employees, and Independent Contractors | | |
| Check if Schedule O contains a response or note to any line in this Part VII | | X |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

TOHN BALL ZOO

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| Name and title Average hours per restrict most base week Description betweek Peoptable compension betweek Peoptable compension from the organization from the organization Reportable compension from the organization Estimated and other (1) PETER F. D'ARLENZO 40.00 X 289,110. 0. 22,285. (2) ANDREW D. MCINTYRE 40.00 X 145,563. 0. 22,155. (3) ANDREW D. MCINTYRE 40.00 X 145,563. 0. 22,155. (3) ANDREW D. MCINTYRE 40.00 X 148,388. 0. 6,973. (4) MICHAEL H. GANTT 40.000 X 139,015. 0. 15,943. (5) KELLI A SMITH 40.000 X 128,586. 0. 18,213. (7) LARK JONESCHER 1.000 X 128,586. 0. 18,213. (7) LARK JONESCHER 1.000 X X 0. 0. 0. (4) MICHAEL H. GANTT 40.000 X 107,330. 0. | (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
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| hous per veck week (its any neuronal sectors and an out of the mark and antervalues organizations below by ine) compensation the organizations (W2/1099-NISC/ 1099-NEC) compensation the organizations (W2/1099-NISC/ 1099-NEC) annount of the organizations (W2/1099-NISC/ 1099-NEC) (1) PETER F. D'ARIENZO 40.00 X 145,563. 0. 22,285. (3) JANDREW D. MCINTYRE 40.00 X 1440,557. 0. 8,443. (4) MICRAEL F. GANTT 40.00 X 128,586. 0. 18,213. (7) JARRENES J. MANTING 4.S Y 100,39,7771. 0. 4,701. (7) JARRENE J. MARYSON 10.00 X X 0. <td< td=""><td></td><td></td><td>(do</td><td colspan="4">Position</td><td>ne</td><td>Reportable</td><td>Reportable</td><td></td></td<> | | | (do | Position | | | | ne | Reportable | Reportable | |
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| (6) ALLMON J. FORRESTER 40.00 X 128,586. 0. 18,213. (7) LAWRENCE J. MATTSON 40.00 X 107,330. 0. 2,000. DIRECTOR OF GUEST SERVICES X 107,330. 0. 2,000. (8) LARRY JONGEKRIJG 40.00 X 37,771. 0. 4,701. (9) TRACEY HORNBECK 1.00 X X 0. 0. BOARD CHAIR X X 0. 0. 0. (10) MAT BECKER 1.00 X X 0. 0. 0. VICE CHAIR X X 0. 0. 0. 0. 0. (11) GARY MILLIGAN 1.00 X X 0. 0. 0. 0. (12) KYLE SMITH IRWIN 1.00 X X 0. 0. 0. 0. 0. 0. (13) LORI COOK 1.00 X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. </td <td>(5) KELLI A SMITH</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | (5) KELLI A SMITH | 40.00 | | | | | | | | | |
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| | Form 990 (2021) JOHN BALL ZOO 38-6076879 Page 8 | | | | | | | | | | Page 8 | |
|---|---|---|--------------------|---------|--------------|---------------------------------|------------|---------------------------|-------------------|----------------|---|---------------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
| (A) | (B) | | | (C | | | | (D) | (E) | | (F) | |
| Name and title | Position (do not check more than one | | | | | ne | Reportable | Reportable | le Estimate | | | |
| | hours per | box, unless person is both an officer and a director/trustee) | | | | | n an | compensation | compensation | 6 | amoun | t of |
| | week | | cer ar I | | recto | r/trus I | tee) | from | from related | | othe | r |
| | (list any | ector | | | | | | the | organizations | | mpens | |
| | hours for related | or di | 8 | | | ated | | organization | (W-2/1099-MISC/ | | from t | |
| | organizations | istee | trustee | | e | pens | | (W-2/1099-MISC/ | 1099-NEC) | | rganiza | |
| | below | ual tru | onal | | ploye | ee com | | 1099-NEC) | | | and rela | |
| | line) | Individual trustee or director | In stit utio nal 1 | Officer | ƙey employee | Highest compensated employee | Former | | | or | ganiza | tions |
| (18) DAN MOLHOEK | 1.00 | = | = | 9 | Ke | 포핑 | 9 | | | + | | |
| DIRECTOR | 1.00 | х | | | | | | 0. | 0 | | | 0. |
| (19) RACHEL MRAZ | 1.00 | | | | | | | | • | · | | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0 | | | 0. |
| (20) TIM MROZ | 1.00 | | | | | | | | | | | |
| DIRECTOR | 1.00 | х | | | | | | 0. | 0 | | | 0. |
| (21) DEAN PACIFIC | 1.00 | | | | | | | | 0 | • | | |
| DIRECTOR | 1.00 | х | | | | | | 0. | 0 | | | 0. |
| (22) HAROLD VOORHEES | 1.00 | ^ | | | | | | 0. | 0 | • | | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0 | | | 0. |
| (23) TY COOK | 1.00 | | | | | | | | 0 | • | | |
| DIRECTOR | | x | | | | | | 0. | 0 | | | 0. |
| (24) CHRIS GLASS | 1.00 | | | | | | | | | + | | |
| DIRECTOR | | x | | | | | | 0. | 0 | | | 0. |
| (25) DR DAVID ALFONSO | 1.00 | | | | | | | | | + | | |
| DIRECTOR | | x | | | | | | 0. | 0 | | | 0. |
| (26) DEBORAH PHILLIPS | 1.00 | | | | | | | | | + | | |
| DIRECTOR | | х | | | | | | 0. | 0 | | | 0. |
| 1b Subtotal | | | | | | | | 1,136,320. | 0 | . 10 | 00,7 | |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | 0 | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,136,320. | 0 | . 10 | 00.7 | 713. |
| 2 Total number of individuals (including but no | | | | | | | o re | · · · | 000 of reportable | | <u> </u> | |
| compensation from the organization | | | | | , | , | | | | | | 7 |
| | | | | | | | | | | | Yes | s No |
| 3 Did the organization list any former officer, | director, trust | ee. k | ev e | empl | ove | e. or | hia | hest compensated empl | ovee on | | | |
| line 1a? If "Yes," complete Schedule J for su | - | | | • | | | • | | • | 3 | | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | + |
| and related organizations greater than \$150 | | | | | | | | | | 4 | x | - |
| 5 Did any person listed on line 1a receive or a | , | | • | | | | | | | | | + |
| | | | | | - | | | - | | 5 | | x |
| rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors | plete Schedule | JI | or si | icn p | berse | on . | | | | 5 | | |
| 1 Complete this table for your five highest con | monested inc | lono | ndo | nt co | ontro | | co th | ant received more than \$ | 100 000 of compon | | from | |
| the organization. Report compensation for t | | | | | | | | | | Sation | TOTT | |
| (A) | ne calendar ye | | nui | ig wi | | | | (B) | | | (C) | |
| (A) Name and business | address | | | | | | | (Description of s | ervices | | (C) pensati | on |
| WOLVERINE BUILDING GROUP | | | | | | | | CONSTRUCTION | | | | |
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| CLR DESIGN | KAPIDS, | м | <u> </u> | 49. | <u>. 1 (</u> | <u> </u> | - | | | 2,02 | 40,3 | /05. |
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| 415 W. KALEY ST, ORLANDO, | FL 328 | 00 | | | | | i | SERVICES | | <u> </u> | <u>95, c</u> | 391. |
| JOE MALCHOW PO BOX 817, ADAIR, OK 743 | 30 | | | | | | | CAMEL RIDES | | 1 (| 95 6 | 548. |
| 2 Total number of independent contractors (ir | | at lin | nitor | 1 + ^ + | thee | | | | ore than | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .40. |
| \$100,000 of compensation from the organiz | - | 51 III | me | | 9 | | ισu | | | | | |
| SEE PART VII, SECTION | | IN | UA | TI | - | | HE | ETS | I | Forr | n 990 | (2021) |
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| | mployees, and Highest Compensated Employ | | | | est (| | | | | |
| (A) | (C) | | | | | | (D) | (E) | (F) | |
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| | organizations | Individual trustee or director | Institutional trustee | | oyee | Highest compensated employee | | | | organizations |
| | below | vidual | itutior | Cer | Key employee | nest c | Former | | | |
| | line) | Indi | Insti | Officer | Key | High | Forn | | | |
| (27) JIM KRZEMINSKI | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (28) JEFF LUMPP | 1.00 | | | | | | | | | - |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (29) LORI SMITH | 1.00 | | | | | | | | - | _ |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (30) SAM MOORE | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (31) MARK JANES | 1.00 | | | | | | | | • | • |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (32) KYLE VAN ANDEL | 1.00 | | | | | | | 0 | 0 | 0 |
| DIRECTOR | 1 00 | Х | | | | <u> </u> | | 0. | 0. | 0. |
| (33) ROB VERHEULEN | 1.00 | v | | | | | | 0 | 0 | 0 |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (34) TOM WELCH | 1.00 | v | | | | | | 0 | 0 | 0 |
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| Total to Part VII, Section A, line 1c | <u></u> | | | | | | | | | |
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132201 04-01-21

| ar | t VIII | Statement of Rev | ven | ue | | | | | | _ |
|---------------------------|----------|---|-----------|---------------|-------------------|---------------------|---------------------|---------------------------------|-------------------------|-----------------------------|
| | | Check if Schedule O c | onta | ains a respon | se | or note to any line | | (5) | (<u>)</u> | |
| | | | | | | | (A) Tatal museus | (B) Related or exempt | (C) Unrelated | (D) Revenue exclu |
| | | | | | | | Total revenue | | business revenue | from tax und |
| _ | | | | | | | | | | sections 512 - |
| and Other Similar Amounts | | • • • • • | | | | 1 502 417 | | | | |
| nou | | Membership dues | | | | 1,503,417. | | | | |
| An | | Fundraising events | | | | 53,500. | | | | |
| ilar | | | | | | 6 197 076 | | | | |
| Sim | | Government grants (contri | | | | 6,187,076. | | | | |
| er | T | All other contributions, gifts, | | | | 2,151,254. | | | | |
| 0 t | | similar amounts not included | | | | 7,884. | | | | |
| pu | - | Noncash contributions included in I Total. Add lines 1a-1f | | | | | 9,895,247. | | | |
| g | | Total. Add lines 1a-11 | | | | Business Code | 5,055,21,. | | | |
| | 2 a | VOTER APPROVED MILLA | GE | | | 713990 | 5,589,613. | 5,589,613. | | |
| | z a b | VISITOR EXPERIENCE | | | _ | 713990 | 4,382,776. | 4,382,776. | | |
| ant | u D | EDUCATION | | | _ | 611710 | 210,080. | 210,080. | | |
| ver | d | | | | _ | · · | ,, | ,, | | |
| Revenue | e | | | | _ | | | | | |
| | | All other program service | rever | านย | _ | | | | | |
| | | Total. Add lines 2a-2f | | | | | 10,182,469. | | | |
| | 3 | Investment income (includ | | | | | | | | |
| | | other similar amounts) | · · | - | | | 17,999. | | | 17,9 |
| | 4 | Income from investment o | | | | | | | | |
| | 5 | Royalties | . <u></u> | | | ► | | | | |
| | | | | (i) Real | | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | 532,03 | 31. | | | | | |
| | b | Less: rental expenses | 6b | 584,33 | 33. | | | | | |
| | с | Rental income or (loss) | 6c | -52,30 |)2. | | | | | |
| | d | Net rental income or (loss) | | | | ► | -52,302. | | -59,506. | 7,2 |
| | 7 a | Gross amount from sales of | | (i) Securitie | es | (ii) Other | | | | |
| | | assets other than inventory | 7a | 2,173,96 | 53. | | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| | | and sales expenses | 7b | 2,174,92 | | | | | | |
| | С | Gain or (loss) | 7c | -95 | 57. | | | | | |
| | d | Net gain or (loss) | | | | > | -957. | | | - 9 |
| D | 8 a | Gross income from fundraisin | | | | | | | | |
| 5 | | including \$ | | | | | | | | |
| | | contributions reported on | | ' | | | | | | |
| | | Part IV, line 18 | | | 8a | 153,406. | | | | |
| | | Less: direct expenses | | | 8b | 45,007. | 100.200 | | | 100.0 |
| | | Net income or (loss) from t | | - | s | ····· ► | 108,399. | | | 108,3 |
| | 9 a | Gross income from gamin | - | | - | | | | | |
| | | Part IV, line 19 | | | <u>9a</u> | | | | | |
| | | Less: direct expenses | | | 9b | | | | | |
| | | Net income or (loss) from (| | - 1 | | | | | | |
| | iu a | Gross sales of inventory, le | | | 10- | 3,691,602. | | | | |
| | h | and allowances | | | <u>10a</u> 10b | | | | | |
| | | Less: cost of goods sold | | | | | 2,423,588. | 2,423,588. | | |
| + | C | Net income or (loss) from | sales | SUNIVERIORY | | Business Code | 2,123,300. | 2,123,300. | | |
| | 11 - | MISC | | | | 713990 | 30,967. | | | 30,9 |
| Revenue | n a b | | | | _ | | | | | ,,, |
| ver | u c | | | | _ | | | | | |
| Be | | All other revenue | | | _ | | | | | |
| | u | , ou loi 1000100 | | | | | | | | |
| | <u>م</u> | Total. Add lines 11a-11d | | | | | 30,967. | | | |

 Form 990 (2021)
 JOHN BALL ZOO

 Part IX
 Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organization | ns must complete column (A) |
|---|------------------------------|
| | 13 mast complete column (79. |

| Da | Check if Schedule O contains a response | (A) | | (C) | (D) |
|------------------|--|----------------------|---|---------------------------------|---|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | (B) Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | 10 000 | 10 000 | | |
| - | and domestic governments. See Part IV, line 21 | 10,000. | 10,000. | | |
| 2 | Grants and other assistance to domestic | | | | |
| ^ | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| - | trustees, and key employees | 1,237,033. | 423,847. | 664,186. | 149,000. |
| 6 | Compensation not included above to disqualified | | , | | • |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 5,401,526. | 4,567,494. | 562,301. | 271,731. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 268,855. | 214,280. | <u>42,992.</u> 290,380. | <u> 11,583</u> 42,222. |
| 9 | Other employee benefits | 881,526. | 548,924. | 290,380. | 42,222. |
| 10 | Payroll taxes | 474,725. | 367,338. | 76,759. | 30,628. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | <u> </u> | | | |
| | Legal | 6,235. | | 6,235. | |
| | Accounting | 25,515. | | 25,515. | |
| | Lobbying | 45,500. | | 45,500. | |
| | Professional fundraising services. See Part IV, line 17 | 516. | | 516. | |
| f | Investment management fees | 510. | | .010 | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 34,803. | 9,309. | 25 372 | 122. |
| 12 | column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion | 417,576. | 415,401. | <u>25,372.</u> 2,175. | 122• |
| 12 13 | Office expenses | 32,324. | 11,869. | 10,593. | 9,862. |
| 13 14 | Information technology | 288,279. | 28,054. | 245,338. | 14,887. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 664,284. | 604,964. | 59,320. | |
| 17 | Travel | 23,014. | 2,440. | 19,914. | 660. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 22,534. | 5,986. | 11,958. | 4,590. |
| 20 | Interest | 3,647. | | | 3,647. |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 318,628. | 247,544. | 71,084. | |
| 23 | Insurance | 102,390. | | 102,390. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule O.) | 000 701 | 000 701 | | |
| a | EXHIBITS | 828,781. | 828,781. | 265 712 | 00 054 |
| b | CONTRACTUAL SERVICES REPAIRS | 575,464. 525,264. | 209,897. 513,140. | <u>265,713.</u> 12,124. | 99,854. |
| ر بر | CREDIT CARD PROCESSING | 307,523. | 276,081. | 7,141. | 24,301. |
| d | All other expenses | 1,191,413. | 924,251. | 217,202. | 49,960. |
| е 25 | Total functional expenses. Add lines 1 through 24e | 13,687,355. | 10,209,600. | 2,764,708. | 713,047. |
| 2 <u>5</u> 26 | Joint costs. Complete this line only if the organization | ,, | | , | , _ , , , , , , , , , , , , , , , , , , |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | | | | | |

446456.1

JOHN BALL ZOO

38-6076879 Page 11 ٦

| Check if Schedule O contains a response or note to a Check if Schedule O contains a response or note to a Check if Schedule O contains a response or note to a Check if Schedule O contains a response or note to a Check if Schedule O contains a response or note to a Check if Schedule O contains a response or note to a Check if Schedule O contains a response or note to a Check if Schedule O contains a response or note to a Savings and temporary cash investments Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per Loans and other receivables from other disqualified p | er officer, director, contributor, or 35% sons | (A) Beginning of year 5,602. 862,642. 4,801,825. 19,776. | 1 2 3 4 | (B) End of year 9,602. 1,615,056. 3,554,645. | | |
|---|--|---|------------------|--|--|--|
| Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per | er officer, director, contributor, or 35% sons | 862,642. 4,801,825. | 2 3 | 1,615,056. | | |
| Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per | er officer, director, contributor, or 35% sons | 4,801,825. | 3 | 1,615,056. 3,554,645. | | |
| 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per | er officer, director, contributor, or 35% sons | 4,801,825. 19,776. | | 3,554,645. | | |
| 4 Accounts receivable, net 5 Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per | er officer, director, contributor, or 35% sons | 19,776. | 4 | | | |
| 5 Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per | er officer, director, contributor, or 35% sons | | | 490,322. | | |
| trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per | contributor, or 35% sons | | | | | |
| controlled entity or family member of any of these per | sons | | | | | |
| | | | 5 | | | |
| | ersons (as defined | | | | | |
| under section 4958(f)(1)), and persons described in se | | | 6 | | | |
| 7 Notes and lases used in not | | | 7 | | | |
| 8 Inventories for sale or use Propaid expenses and deferred charges | | 132,108. | 8 | 145,166. | | |
| 9 Prepaid expenses and deferred charges | | 221,358. | 9 | 483,657. | | |
| 10a Land, buildings, and equipment: cost or other | | | | | | |
| basis. Complete Part VI of Schedule D 10a | 4,474,824. | | | | | |
| b Less: accumulated depreciation 10k | 4,474,824. 2,347,530. | 2,204,382. | 10c | 2,127,294. | | |
| 11 Investments - publicly traded securities | | 2,350,835. | 11 | 7,226,000. | | |
| 12 Investments - other securities. See Part IV, line 11 | | 99,201. | 12 | 109,533. | | |
| | Investments - program-related. See Part IV, line 11 | | | | | |
| | Intangible assets | | | | | |
| | Other assets. See Part IV, line 11 | | | | | |
| 16 Total assets. Add lines 1 through 15 (must equal line | | <u>4,892,909.</u> 15,603,805. | 16 | 23,779,071. | | |
| 17 Accounts payable and accrued expenses | | 1,005,770. | 17 | 1,604,365. | | |
| | Grants payable | | | | | |
| | | | | | | |
| | Tax-exempt bond liabilities | | | | | |
| | | | | | | |
| o 22 Loans and other payables to any current or former of | ïcer, director, | | | | | |
| trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per Secured metagage and actes payable to unrelated the secure of the secure of | contributor, or 35% | | | | | |
| controlled entity or family member of any of these per | controlled entity or family member of any of these persons | | | | | |
| 23 Secured mortgages and notes payable to unrelated th | Secured mortgages and notes payable to unrelated third parties | | | | | |
| 24 Unsecured notes and loans payable to unrelated third | l parties | 1,700,000. | 24 | 0. | | |
| 25 Other liabilities (including federal income tax, payable | s to related third | | | | | |
| parties, and other liabilities not included on lines 17-2 | 4). Complete Part X | | | | | |
| of Schedule D | | | 25 | | | |
| 26 Total liabilities. Add lines 17 through 25 | | 3,078,714. | 26 | 2,103,181. | | |
| Organizations that follow FASB ASC 958, check he | ere 🕨 🔀 | | | | | |
| ອິອິ and complete lines 27, 28, 32, and 33. | | | | | | |
| <u><u><u></u></u></u> E Z7 Net assets without donor restrictions | | 8,287,429. | 27 | 18,166,278. | | |
| 28 Net assets with donor restrictions | | 4,237,662. | 28 | 3,509,612. | | |
| Organizations that do not follow FASB ASC 958, cl | neck here 🕨 📃 | | | | | |
| للَّهِ and complete lines 29 through 33. | | | | | | |
| 29 Capital stock or trust principal, or current funds | | | 29 | | | |
| 30 Paid-in or capital surplus, or land, building, or equipm | | | 30 | | | |
| and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, cl and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipm 31 Retained earnings, endowment, accumulated income 32 Total net assets or fund balances | | | 31 | | | |
| | | 12,525,091. | 32 | 21,675,890. | | |
| 33 Total liabilities and net assets/fund balances | | 15,603,805. | 33 | 23,779,071. Form 990 (2021) | | |

Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

| | <u>JOHN BALL ZOO</u> | 38-6 | 5076879 | 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 | | | | X | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 22,605 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,687 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 8,918 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 12,525 | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 222 | 2,43 | 12. | |
| 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 | 10 |),3: | 32. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| _ | column (B)) | 10 | 21,675 | 5,8 | <u>90.</u> | |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | |
| | | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | x | |
| 2a | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | 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 | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | <u>2</u> c | X | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | 1 | |
| | Act and OMB Circular A-133? | | <u>3a</u> | X | <u> </u> | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | ., | 1 | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | X | L | |

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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.

| ĺ | OMB No. 1545-0047 |
|---|------------------------------|
| | 2021 |
| | Open to Public Inspection |

| Name of th | e organization |
|------------|----------------|
|------------|----------------|

| | | | | | | | | identification number | | | |
|------|--|----------------------------------|--|--|-------------------------------------|----------------------------------|------------------|-----------------------|----------------------------|--|--|
| _ | | | BALL ZOO | | | | | 3 | 8-6076879 | | |
| Ра | rt I | Reason for Public | Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | S. | | | |
| The | orga | nization is not a private found | lation because it is: (| For lines 1 through 12, c | heck only o | one box.) | | | | | |
| 1 | | A church, convention of ch | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | |
| 2 | | A school described in sect | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | i). | | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A) | (iii). Enter | the hospital's name, | | |
| | | city, and state: | | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | l or operate | ed by a go | vernmental u | nit describe | ed in | | |
| | | section 170(b)(1)(A)(iv). (0 | Complete Part II.) | | | | | | | | |
| 6 | | A federal, state, or local go | vernment or governn | nental unit described in | section 17 | ′0(b)(1)(A) | (v). | | | | |
| 7 | | An organization that norma | ally receives a substa | ntial part of its support fr | om a gove | ernmental | unit or from th | ie general p | oublic described in | | |
| | | section 170(b)(1)(A)(vi). (C | complete Part II.) | | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | | |
| 9 | | An agricultural research or | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college | | |
| | | or university or a non-land- | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or | | |
| | | university: | | | | | | | | | |
| 10 | X | An organization that norma | ally receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | ip fees, and | d gross receipts from | | |
| | | activities related to its exen | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its | s support fi | rom gross investment | | |
| | | income and unrelated busi | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the org | anization a | ifter June 30, 1975. | | |
| | | See section 509(a)(2). (Co | mplete Part III.) | | | | | | | | |
| 11 | | An organization organized | and operated exclus | ively to test for public sat | fety. See | section 50 |)9(a)(4). | | | | |
| 12 | | An organization organized | and operated exclus | ively for the benefit of, to | perform tl | ne functio | ns of, or to ca | rry out the | purposes of one or | | |
| | | more publicly supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section & | 509(a)(3). (| Check the box on | | |
| | | lines 12a through 12d that | describes the type o | f supporting organizatior | n and com | plete lines | 12e, 12f, and | 12g. | | | |
| а | | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | orted org | anization(s), ty | pically by | giving | | |
| | | the supported organization | on(s) the power to re | gularly appoint or elect a | majority o | f the direc | tors or trustee | es of the su | ipporting | | |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | | | |
| b | | Type II. A supporting org | anization supervised | l or controlled in connect | ion with its | s supporte | d organizatio | n(s), by hav | ring | | |
| | | control or management of | of the supporting org | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | ported | | |
| | | organization(s). You mus | st complete Part IV, | Sections A and C. | | | | | | | |
| с | | Type III functionally inte | grated. A supportin | g organization operated | in connect | ion with, a | and functional | ly integrate | d with, | | |
| | | its supported organizatio | n(s) (see instructions |). You must complete I | Part IV, Se | ctions A, | D, and E. | | | | |
| d | | Type III non-functionally | y integrated. A supp | porting organization oper | ated in cor | nnection w | ith its suppor | ted organiz | zation(s) | | |
| | | that is not functionally inf | tegrated. The organiz | zation generally must sat | isfy a distri | ibution rec | quirement and | an attentiv | /eness | | |
| | | requirement (see instruct | ions). You must cor | nplete Part IV, Sections | A and D, | and Part | v . | | | | |
| е | | Check this box if the orga | anization received a | written determination from | m the IRS | that it is a | Type I, Type I | I, Type III | | | |
| | | functionally integrated, o | r Type III non-functio | nally integrated supportin | ng organiz | ation. | | | | | |
| f | En | ter the number of supported of | organizations | | | | | | | | |
| g | g Provide the following information about the supported organization(s). | | | | | | | | | | |
| | | (i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (IV) Is the orga in your governi | inization listed ng document? | (v) Amount of | - | (vi) Amount of other | | |
| | | organization | | above (see instructions)) | Yes | No | support (see in | istructions) | support (see instructions) | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| Tota | h | | | | | | | | | | |
| | | | | | | | 1 | | 1 | | |

| | Schedule A | Form 990 |) 202 |
|--|------------|----------|-------|
|--|------------|----------|-------|

JOHN BALL ZOO

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.)

| See | ction A. Public Support | | | | | | |
|-------------|--|----------------------|-----------------------|--------------------------|----------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| See | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) | |
| | organization, check this box and stop | phere | | | | | |
| See | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| 14 | Public support percentage for 2021 (I | ine 6, column (f), c | livided by line 11, o | column (f)) | | 14 | % |
| | Public support percentage from 2020 | | | | | 15 | % |
| 16 a | 33 1/3% support test - 2021. If the o | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or n | nore, check this be | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | |
| b | 33 1/3% support test - 2020. If the o | organization did no | ot check a box on I | ine 13 or 16a, and | l line 15 is 33 1/3% | 6 or more, check t | his box |
| | and stop here. The organization qual | lifies as a publicly | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2021. If the org | anization did not o | check a box on lin | e 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | st. The organization | on qualifies as a pu | blicly supported o | organization | | |
| b | 10% -facts-and-circumstances test | - 2020. If the or | anization did not o | check a box on lin | e 13, 16a, 16b, or | 17a, and line 15 is | s 10% or |
| | more, and if the organization meets the | ne facts-and-circur | nstances test, che | ck this box and s | top here. Explain | in Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | ne organization qua | alifies as a publicly | / supported organi | zation | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | and see instruction | ns Þ |
| | | | | | | Schodulo / | (Form 990) 2021 |

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

JOHN BALL ZOO

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

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

Section A. Public Support (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1685923 5025324. 9585014. 5514256. 9895247.31705764. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 9352805.10882583.10425917.14027477.54381897. 9693115. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 11379038.14378129.20467597.15940173.23922724.86087661.6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 420,423. 108,586. 101,015. 44,060. 358,125. 1032209. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Ο. c Add lines 7a and 7b 44,060. 358,125. 420,423. 108,586. 101 .015. 1032209 85055452 Public support. (Subtract line 7c from line 6.) Section B. Total Support (c) 2019 Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 14378129.20467597.15940173.23922724.86087661. 11379038. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, -45,090. 288,358. -35,260.-304,966. 41,505. 22,237. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 41,505. 22,237. -45,090. -288,358. -35,260.-304,966. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11420543.14400366.20422507.15651815.23887464.85782695. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 99.15 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 98.99 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) % 17 18 18 Investment income percentage from 2020 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22 16

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

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9a

9b

Yes No

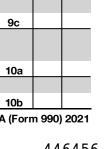
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

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|---------|-----------------|---------------|-----------|----|
| Part IV | Supporting Or | ganizations (| continueo | /) |

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V. N

| | | | Yes | No |
|-----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> | | | |

| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |
|---|--|
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |
| 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. | |
|--|--|
| Section C. Type II Supporting Organizations | |

 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
 Image: Control organization was vested in the same persons that controlled or managed

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 Image: Control organization was vested in the same persons that controlled or managed
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| Section D. All Type III Supporting Organizations | |
|--|--|
| | |

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the | e Integral Part Test during the year | (see instructions). |
|---|--|--------------------------------------|---------------------|
| • | | | |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| С | | The organization supported a governmental entity. | Describe in Part VI how | you supported a governmental entity | (see instruction <u>s).</u> |
|---|--|---|-------------------------|-------------------------------------|-----------------------------|
|---|--|---|-------------------------|-------------------------------------|-----------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No
Yes No
Yes
No

Schedule A (Form 990) 2021

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|------|--|----------------|-----------------------------------|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organi | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ng trust on N | lov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | st complete s | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrate | d Type III supporting org | anization (see |

instructions).

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| _ | dule A (Form 990) 2021 JOHN BALL ZOO | | · | 3 | 8-6076879 Page 7 |
|----------|--|-------------------------------|---------------------------------------|---------|---|
| Pa | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continu | ued) | |
| Sect | on D - Distributions | | | _ | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | - | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (<i>describe in</i> Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 9 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 10 | |
| 10 | Line 8 amount divided by line 9 amount | (i) | (;;) | | (:::) |
| Sect | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | าร | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | From 2017 | | | | |
| C | From 2018 | | | | |
| d | From 2019 | | | | |
| e | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2017 | | | | |
| b | Excess from 2018 | | | | |
| с | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |
| е | Excess from 2021 | | | | |
| | | | | | |

Schedule A (Form 990) 2021

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|---|---|---|
| Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 line 1; Part IV, Section D, lines 2 and 3; Part IV | ne explanations required by Part II, line 10; Part II, line 17a c a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines /, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part on E, lines 2, 5, and 6. Also complete this part for any additio | r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, |
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| If the organization answered "Yes," or | | | e 46 (Political Campaign A | ctivities), then |
|---|---------------------------------------|--------------------------|---|---|
| Section 501(c)(3) organizations: Corr | plete Parts I-A and B. Do not com | plete Part I-C. | | |
| Section 501(c) (other than section 50 | 01(c)(3)) organizations: Complete P | arts I-A and C below. I | Do not complete Part I-B. | |
| Section 527 organizations: Complete | e Part I-A only. | | | |
| If the organization answered "Yes," or | n Form 990, Part IV, line 4, or For | m 990-EZ, Part VI, lin | e 47 (Lobbying Activities) | , then |
| Section 501(c)(3) organizations that I | have filed Form 5768 (election und | ler section 501(h)): Cor | nplete Part II-A. Do not con | nplete Part II-B. |
| Section 501(c)(3) organizations that I | have NOT filed Form 5768 (election | n under section 501(h) |): Complete Part II-B. Do no | t complete Part II-A. |
| If the organization answered "Yes," or | n Form 990, Part IV, line 5 (Proxy | Tax) (See separate in | structions) or Form 990-E | Z, Part V, line 35c (Proxy |
| Tax) (See separate instructions), then | | | | |
| Section 501(c)(4), (5), or (6) organization | tions: Complete Part III. | | | |
| Name of organization | | | Empl | oyer identification number |
| JOHN BA | | | | 38-6076879 |
| Part I-A Complete if the org | anization is exempt under | r section 501(c) o | r is a section 527 org | janization. |
| 1 Provide a description of the organiz | ation's direct and indirect political | campaign activities in | Part IV. | |
| 2 Political campaign activity expendit | ures | | ► \$ | |
| 3 Volunteer hours for political campai | gn activities | | | |
| Part I-B Complete if the org | anization is exempt under | r section 501(c)(3 |). | |
| 1 Enter the amount of any excise tax | incurred by the organization unde | r section 4955 | ▶\$ | |
| 2 Enter the amount of any excise tax | incurred by organization managers | | | |
| 3 If the organization incurred a sectio | n 4955 tax, did it file Form 4720 fo | or this year? | | Yes No |
| 4a Was a correction made? | | | | |
| b If "Yes," describe in Part IV. | | | | |
| Part I-C Complete if the org | anization is exempt under | r section 501(c), e | except section 501(c) | (3). |
| 1 Enter the amount directly expended | d by the filing organization for sect | ion 527 exempt function | on activities >\$ | |
| 2 Enter the amount of the filing organ | ization's funds contributed to othe | er organizations for sec | | |
| exempt function activities | | | ▶\$ | |
| 3 Total exempt function expenditures | | | | |
| line 17b | | | ▶\$ | |
| 4 Did the filing organization file Form | | | | |
| 5 Enter the names, addresses and en | | | | |
| made payments. For each organiza | tion listed, enter the amount paid | from the filing organiza | tion's funds. Also enter the | amount of political |
| contributions received that were pro- | omptly and directly delivered to a s | separate political orgar | nization, such as a separate | e segregated fund or a |
| political action committee (PAC). If | additional space is needed, provid | e information in Part IV | Ι. | |
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | 1 | 1 | 1 |

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

16.11 990 EZ Bart V line 46 (Bolitical Ca Ξ. **.**....

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

Schedule C (Form 990) 2021

OMB No. 1545-0047

ZUZ

Open to Public

Inspection

132041 11-03-21

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990)

| | JOHN BALL Z | | | | 076879 Page 2 | | | | | | |
|--|--|---|---------------------|-------------------------|-----------------------|--|--|--|--|--|--|
| Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under | | | | | | | | | | | |
| section 501(h)). | | | | | | | | | | | |
| A Check Lift if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). | | | | | | | | | | | |
| | , , | nd "limited control" prov | visions apply | | | | | | | | |
| | | • | | (a) Filing | (b) Affiliated group | | | | | | |
| | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | | | | | | | | | |
| (inc term expend | | | | totals | | | | | | | |
| 1a Total lobbying expenditures to influ | ence public opinion (| grassroots lobbying) | | | | | | | | | |
| b Total lobbying expenditures to influ | 45,500. | | | | | | | | | | |
| c Total lobbying expenditures (add lin | 45,500. | | | | | | | | | | |
| d Other exempt purpose expenditure | | · · · · · · · · · · · · · · · · · · · | | 13,641,855. | | | | | | | |
| e Total exempt purpose expenditures | | | | 13,687,355. 834,368. | | | | | | | |
| f Lobbying nontaxable amount. Enter If the amount on line 1e, column (a) o | | | | 054,500. | | | | | | | |
| Not over \$500,000 | • • • | bying nontaxable amo the amount on line 1e. | | | | | | | | | |
| Over \$500,000 but not over \$1,000 | | 00 plus 15% of the exce | ess over \$500.000 | | | | | | | | |
| Over \$1,000,000 but not over \$1,50 | · · · · · · · · · · · · · · · · · · · | 00 plus 10% of the exce | | | | | | | | | |
| Over \$1,500,000 but not over \$17,0 | | | | | | | | | | | |
| Over \$17,000,000 | | | | | | | | | | | |
| | | | | | | | | | | | |
| g Grassroots nontaxable amount (en | 208,592. | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero | 0. | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero | | | | 0. | | | | | | | |
| j If there is an amount other than zer | | line 1i, did the organiza | tion file Form 4720 | Г | ─ | | | | | | |
| reporting section 4911 tax for this | | | | L | Yes No | | | | | | |
| (Some organizations th | | eraging Period Under : 01(h) election do not h | | of the five columns be | low. | | | | | | |
| (00 | | ate instructions for lin | | | | | | | | | |
| | Lobbying Expe | nditures During 4-Yea | r Averaging Period | | | | | | | | |
| Calendar year | | | | | | | | | | | |
| (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total | | | | | | |
| | | | | | | | | | | | |
| | 702 115 | 752 011 | 001 020 | 021 260 | 2 272 654 | | | | | | |
| 2a Lobbying nontaxable amount b Lobbying ceiling amount | 793,445. | 753,811. | 991,030. | 034,300. | 3,372,654. | | | | | | |
| (150% of line 2a, column(e)) | | | | | 5,058,981. | | | | | | |
| | | | | | 0,000,001 | | | | | | |
| c Total lobbying expenditures | 38,652. | 42,000. | 21,011. | 45,500. | 147,163. | | | | | | |
| | • | | · | | | | | | | | |
| d Grassroots nontaxable amount | 198,361. | 188,453. | 247,758. | 208,592. | 843,164. | | | | | | |
| e Grassroots ceiling amount | | | | | | | | | | | |
| (150% of line 2d, column (e)) | | | | | 1,264,746. | | | | | | |
| | | | | | | | | | | | |
| f Grassroots lobbying expenditures | | | | | | | | | | | |
| | | | | Schedu | ıle C (Form 990) 2021 | | | | | | |

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | | (a) | | (b) | |
|---|--|-------------------|-----------|------------|-------|
| | e lobbying activity. | Yes | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | |
| a b | Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| | Paid start or management (include compensation in expenses reported on lines 1c through 1)? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| | Other activities? | | | | |
| i | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | t III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(5) | , or sec | tion | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | . 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | e prior year? | 3 | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section | | | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' | 'No" OR (b |) Part I | II-A, line | 3, is |
| | answered "Yes." | | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | al | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| b | Carryover from last year | | 2b | | |
| | Total | | 2c | | |
| 3 | | | . 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | ess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | olitical | | | |
| | expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | <u></u> | . 5 | | |
| Par | t IV Supplemental Information | | | | |
| Prov | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II-A, | lines 1 a | nd 2 (See | |

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

| 38-6076879 |
|------------|
|------------|

| | JOHN BALL ZOO | | 38-6076879 |
|--------|--|---|-----------------------------------|
| Par | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds or A | Accounts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advised fu | nds |
| - | are the organization's property, subject to the organization's | - | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| Ŭ | for charitable purposes and not for the benefit of the donor o | | |
| | | | |
| Par | | | |
| | Purpose(s) of conservation easements held by the organization | | , |
| • | Preservation of land for public use (for example, recrea | | storically important land area |
| | Protection of natural habitat | | rtified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form of a c | conservation essement on the last |
| 2 | day of the tax year. | | Held at the End of the Tax Year |
| • | | | |
| | | | |
| b | Number of conservation easements on a certified historic stru | ucture included in (a) | |
| | Number of conservation easements included in (c) acquired a | | |
| u | | | 2d |
| 2 | listed in the National Register Number of conservation easements modified, transferred, rel | | |
| 3 | | eased, extinguished, or terminated by the orga | |
| 4 | year | amont is located | |
| 4 | Number of states where property subject to conservation eas | | |
| 5 | Does the organization have a written policy regarding the per | | Yes |
| 6 | violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 6 | Stan and volunteer nours devoted to monitoring, inspecting, | narioning of violations, and emorcing conservat | tion easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing concernation o | ecomente during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand \$ | ing of violations, and emorcing conservation e | asements during the year |
| 0 | Does each conservation easement reported on line 2(d) abov | a satisfy the requirements of section $170/b)(4)/b$ | B)(i) |
| 8 | | | |
| • | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | - | |
| | balance sheet, and include, if applicable, the text of the footr | | nat describes the |
| Par | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | Art. Historical Treasures. or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 12 | If the organization elected, as permitted under FASB ASC 95 | | alance sheet works |
| 14 | of art, historical treasures, or other similar assets held for put | • | |
| | service, provide in Part XIII the text of the footnote to its finar | | |
| h | If the organization elected, as permitted under FASB ASC 95 | | co shoot works of |
| D. | art, historical treasures, or other similar assets held for public | | |
| | provide the following amounts relating to these items: | exhibition, education, or research in furtherand | |
| | | | * |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | N A |
| 2 | (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree | asures or other similar assets for financial gain | |
| 2 | - | | i, provide |
| - | the following amounts required to be reported under FASB A | - | ► ¢ |
| | Revenue included on Form 990, Part VIII, line 1 | | |
| | Assets included in Form 990, Part X | | |
| | For Paperwork Reduction Act Notice, see the Instructions | 0 101 FUITH 990. | Schedule D (Form 990) 2021 |
| 132051 | 10-28-21 | 4.0 | |



| Sche | dule D (Form 990) 2021 JOHN BAI | | | | | 38-60 | <u>7687</u> | 9 Р | _{age} 2 | |
|---------|--|---|-------------------------|-----------------------|--------------------------|-------------|----------------|--------|------------------|--|
| Pa | t III Organizations Maintaining Co | ollections of Art | , Historical Tre | asures, or Othe | er Simila | r Assets | contin | nued) | | |
| 3 | Using the organization's acquisition, accession | on, and other records | , check any of the f | ollowing that make | significant | use of its | | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | | |
| b | Scholarly research | e | Other | | | | | | | |
| С | | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further th | e organization's exe | empt purpo | se in Part | XIII. | | | |
| 5 | During the year, did the organization solicit or | receive donations of | f art, historical treas | ures, or other simila | ir assets | | _ | | _ | |
| _ | to be sold to raise funds rather than to be ma | | | | | | Yes | | No | |
| Pa | t IV Escrow and Custodial Arrang | | te if the organizatio | n answered "Yes" o | n Form 990 | 0, Part IV, | line 9, or | | | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | | | | | | - | | - | |
| | on Form 990, Part X? | | | | | L | Yes | | No | |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the follo | owing table: | | | 1 | • | | | |
| | | | | | | | Amoun | t | | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| - | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| | Did the organization include an amount on Fo | | | | • • • • • • • | L | Yes | | _ No | |
| - | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if | | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | | years back | (a) Fou | vears | hack | |
| 10 | Beginning of year balance | 99,201. | 96,797. | 87,997. | () | 98,678. | (0) 1 001 | | 169. | |
| 1a 5 | | | | | | 50,070. | | , - 2 | 105. | |
| u o | Contributions Net investment earnings, gains, and losses | 14,287. | 6,419. | 12,830. | | -6,706. | | 11 | 459. | |
| d | Grants or scholarships | 3,955. | 4,015. | 4,030. | | 3,975. | | | 950. | |
| | Other expenditures for facilities | -, | -, | _, | | -, | | - , | | |
| U | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 109,533. | 99,201. | 96,797. | | 87,997. | | 98. | 678. | |
| 2 | Provide the estimated percentage of the curre | , | · · | , | | , . | | , | | |
| a | Board designated or quasi-endowment | - | % | | | | | | | |
| b | Permanent endowment | % | _/- | | | | | | | |
| c | | /· | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | ıld equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posses | | tion that are held ar | d administered for t | he organiz | ation | | | | |
| | by: | - | | | - | | | Yes | No | |
| | (i) Unrelated organizations | | | | | | 3a(i) | Х | | |
| | (ii) Related organizations | | | | | | 3a(ii) | | X | |
| b | If "Yes" on line 3a(ii), are the related organizat | ions listed as require | ed on Schedule R? | | | | 3b | | | |
| 4 | Describe in Part XIII the intended uses of the | organization's endow | vment funds. | | | | | | | |
| Pa | rt VI Land, Buildings, and Equipme | ent. | | | | | | | | |
| | Complete if the organization answered | I "Yes" on Form 990, | Part IV, line 11a. S | ee Form 990, Part X | , line 10. | | | | | |
| | Description of property | (a) Cost or ot basis (investm | • • • | | Accumulat epreciatior | | (d) Boo | k valu | е | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| с | Leasehold improvements | | | 1,691. | 10,5 | | | | 27. | |
| | Equipment | | | | 220,8 | | 2,04 | | | |
| | Other | | 17 | 5,165. | 116,1 | | | 9,0 | | |
| Tota | I. Add lines 1a through 1e. (Column (d) must ea | qual Form 990, Part X | (, column (B), line 10 | Dc.) | | | 2,12 | 7,2 | 94. | |

Schedule D (Form 990) 2021

14071108 759633 446456.00000

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-c | of-year market value |
|--|--------------------------|---|----------------------|
| 1) Financial derivatives | | | |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (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 | (b) Book value | (c) Method of valuation: Cost or end-c | of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | |
| | Description | | (b) Book value |
| (1) CONSTRUCTION IN PROGRESS | | | 8,006,629 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) Table and the second | | | 0 006 620 |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | 15.) | | 8,006,629 |
| Complete if the organization answered "Yes" | on Form 000 Part IV line | 110 or 11f Soo Form 000 Port V line 25 | |
| (a) Description of lightlity | | The of Th. See Form 390, Fait A, line 23. | (b) Book value |
| | | | (b) BOOK value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) (5) | | | |
| | | | |
| | | | |
| (6) | | | |
| (6) (7) | | | |
| (6) | | | |

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

Schedule D (Form 990) 2021

132053 10-28-21

X

| Sche | dule D (Form 990) 2021 JOHN BALL ZOO | | | 38- | 6076879 Page 4 |
|----------------------------|---|------------|------------------|---------|-----------------------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statem | nents With | n Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 24,689,983. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 222,412. | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | | | | |
| d | | | 1,862,677. | | |
| е | Add lines 2a through 2d | | | 2e | 2,085,089. |
| 3 | Subtract line 2e from line 1 | | | 3 | 22,604,894. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 516. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 516. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 22,605,410. | | |
| Pa | t XII Reconciliation of Expenses per Audited Financial State | ments Wit | h Expenses per F | Retur | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 15,539,184. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2 a | | - | |
| b | Prior year adjustments | 2b | | | |
| С | | | | | |
| | Other losses | | | | |
| d | Other losses | | 1,852,345. | | |
| d e | Other (Describe in Part XIII.) | 2d | | 2e | 1,852,345. |
| d e 3 | Other (Describe in Part XIII.) | 2d | | 2e 3 | 1,852,345. 13,686,839. |
| | Other (Describe in Part XIII.) Add lines 2a through 2d | 2d | | 2e 3 | 1,852,345. 13,686,839. |
| 3 | Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2d | | 2e 3 | 1,852,345. 13,686,839. |
| 3 4 | Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2d | | 2e 3 | 13,686,839. |
| 3 4 a | Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2d | 516. | 3 4c | <u>13,686,839</u> . 516. |
| 3 4 a b c 5 | Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2d | 516. | 3 | 13,686,839. |

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

PART V, LINE 4:

TO PROVIDE ONGOING SUPPORT OF CURRENT AND FUTURE PROGRAMS OF THE

ORGANIZATION.

PART X, LINE 2:

THE ZOO IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES

UNDER SECTION 501(C)(3) AND 509(A)(2) OF THE INTERNAL REVENUE CODE, EXCEPT

ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE ZOO'S RENTAL

INCOME IS SUBJECT TO TAX AS UNRELATED BUSINESS INCOME. THE ZOO RECORDED \$0

IN TAX EXPENSE FOR THIS UNRELATED BUSINESS ACTIVITY FOR THE YEARS ENDED

DECEMBER 31, 2021 AND 2020.

14071108 759633 446456.00000

132054 10-28-21

| Schedule D (Form 990) 2021 JOHN BALL ZOO Part XIII Supplemental Information (continued) | 38-6076879 Page 5 |
|---|-------------------|
| THE ZOO EVALUATES TAX POSITIONS TAKEN ON ITS FEDERAL EXEMP | T ORGANIZATION |
| BUSINESS INCOME TAX RETURNS IN ACCORDANCE WITH ACCOUNTING | PRINCIPLES |
| GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, WHICH | REQUIRE THAT TAX |
| POSITIONS TAKEN BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED. M | ANAGEMENT |
| BELIEVES THAT THE ZOO HAS NO SIGNIFICANT UNRECOGNIZED TAX | BENEFITS UNDER |
| THAT CRITERIA. THE ZOO'S FEDERAL EXEMPT ORGANIZATION BUSIN | ESS INCOME TAX |
| RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAXING AUT | HORITIES FOR |
| FOUR YEARS AFTER THEY WERE FILED (2018 - 2021). | |
| | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
| COST OF GOODS SOLD | 1,268,014. |
| RENTAL EXPENSE | 584,331. |
| CHANGE IN BENEFICIAL INTEREST | 10,332. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 1,862,677. |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| RENTAL EXPENSE | 584,331. |
| COST OF GOODS SOLD | 1,268,014. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 1,852,345. |
| | |
| | |
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| | |

132055 10-28-21

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctiv | rities | OMB No. 1545-0047 | |
|---|--|--|---|--|---|-------|--|---|--|
| (Form 990) | 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. | | | | | | | 2021 | |
| Department of the Treasury | | | Open to Public | | | | | | |
| Internal Revenue Service | | to www.irs.gov/Form990 for instru | uction | s and | the latest informati | on. | | Inspection | |
| Name of the organization | JOHN BA | | | | | | 38-6076 | | |
| 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. | | | | | | | | | |
| a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list | tions email solicitations itations blicitations on have a written o red in Form 990, Pa) highest paid indiv | f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu | tion of tion of fundra (incluc | non-g gover aising ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | - | Ye: | | |
| (i) Name and addres or entity (fund | | (ii) Activity | fundr have c | ustody itrol of | (iv) Gross receipts from activity | tò (| Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization | |
| | | | Yes | No | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | ich the organizatio | n is registered or licensed to solicit c | ontrib | ▶ utions | or has been notified | it is | exempt from re | gistration | |
| or licensing. | | | | | | | | | |
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| LHA For Paperwork R | eduction Act Noti | ice, see the Instructions for Form 9 | 90 or | 990-E | Z. | | Schedul | e G (Form 990) 2021 | |

132081 10-21-21

JOHN BALL ZOO

38-6076879 Page 2

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 ADULT NIGHT | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
|-----------------|----------|---|-----------------------------|--|------------------|---|
| | | | OUT (event type) | (event type) | (total number) | - col. (c)) |
| Ple | | | (event type) | (event type) | (total humber) | |
| Revenue | 1 | Gross receipts | 206,906. | | | 206,906 |
| | 2 | Less: Contributions | 53,500. | | | 53,500 |
| _ | 3 | Gross income (line 1 minus line 2) | 153,406. | | | 153,406 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| bense: | 6 | Rent/facility costs | | | | |
| Ulrect Expenses | 7 | Food and beverages | 24,693. | | | 24,693 |
| _ | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | 20,314 |
| | 10 | Direct expense summary. Add lines 4 through | | | ▶ | 45,007 |
| | 11 | Net income summary. Subtract line 10 from li | ine 3, column (d) | | ► | 108,399 |
| | rt I | Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered fes on Form | | | |
| Levelue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c |
| r | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Lindri | 3 | Noncash prizes | | | | |
| UIRECT EXPENSES | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % | Yes% | │ | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1 column (d) | | • | |
| | <u> </u> | Het gaming meene summary. Subtract inte 7 | | | | |
| | | ter the state(s) in which the organization condu | | | | |
| | | he organization licensed to conduct gaming a | ctivities in each of these | states? | | Ves No |
| b | lf " | No," explain: | | | | |
| | We | ere any of the organization's gaming licenses re | evoked, suspended, or te | erminated during the tax | year? | Yes N |
| Ja | | Yes," explain: | | | | |
| | | | | | | |
| | | | | | | |

| Sch | edule G (Form 990) 2021 | JOHN | BALL | ZOO | 38-60 | 76879 | Page 3 |
|-------|-------------------------------------|---------------|---------------|---|---------------|-----------------|-----------|
| 11 | Does the organization conduct ga | iming activ | rities with I | onmembers? | | Yes | No |
| 12 | Is the organization a grantor, bene | eficiary or t | rustee of a | trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | | | | Yes | No No |
| 13 | Indicate the percentage of gaming | g activity c | onducted | ז: | | | |
| а | The organization's facility | | | | | 13a | % |
| | | | | | | 13b | % |
| 14 | Enter the name and address of th | e person w | ho prepa | es the organization's gaming/special events books and reco | ords: | | |
| | | | | | | | |
| | Name 🕨 | | | | | | |
| | | | | | | | |
| | Address | | | | | | |
| 15a | Does the organization have a con | tract with a | a third par | / from whom the organization receives gaming revenue? | | Yes | No No |
| b | If "Yes," enter the amount of gam | ing revenu | e received | by the organization 🕨 \$ and the ar | nount | | |
| | of gaming revenue retained by the | | | | | | |
| с | If "Yes," enter name and address | | | | | | |
| | | | | | | | |
| | Name | | | | | | |
| | | | | | | | |
| | Address ► | | | | | | |
| 16 | Gaming manager information: | | | | | | |
| | | | | | | | |
| | Name 🕨 | | | | | | |
| | | | | | | | |
| | Gaming manager compensation | ► \$ | | | | | |
| | Description of services provided | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Director/officer | Emp | loyee | Independent contractor | | | |
| | | | | | | | |
| | Mandatory distributions: | | | | | | |
| а | • | | | aritable distributions from the gaming proceeds to | 1 | Yes | |
| | retain the state gaming license? | | | | | | No No |
| D | organization's own exempt activit | | | aw to be distributed to other exempt organizations or spen | t in the | | |
| Pa | | | | e explanations required by Part I, line 2b, columns (iii) and (| v): and Part | III lines 9 | 9b 10b |
| | | | | vide any additional information. See instructions. | r), and r are | in, in ioo o, i | , |
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| 12200 | 33 10-21-21 | | | | Schedul | e G (Form | 990) 2021 |
| 10208 | JU 10-21-21 | | | 47 | Concudi | | 2007 2021 |

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| 132084 11-18-21 | Schedule G (Form 990) |
| | |

| SCHEDULE I (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | OMB No. 1545-0047 | |
|---|-------------------|----------------|--|--------------------------|--|--|---------------------------------------|---|
| | | | | | | 2021 | | |
| Department of the Treasury | | | | Attach to For | | , | | Open to Public |
| Internal Revenue Service | | | Go to www.ir | rs.gov/Form990 fo | r the latest inforr | nation. | | Inspection |
| Name of the organization | JOHN BALL | Z00 | | | | | | Employer identification number $38-6076879$ |
| Part I General Inform | ation on Grants a | nd Assistance | | | | | | |
| 1 Does the organization criteria used to award | | | - | | | - | | |
| 2 Describe in Part IV the | | | | | | | | |
| | | - | ations and Domestic be duplicated if addition | | | anization answered "Y | es" on Form 990, Parl | IV, line 21, for any |
| 1 (a) Name and address or governm | • | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| RED PANDA NETWORK 494 W 10TH ST EUGENE, OR 97401 | | | | 10,000. | 0. | FMV | | CONSERVATION |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Enter total number of3 Enter total number of | | | | | | | | └ |
| | | | | | | | | 0 1 1 1 (5 000) 0001 |

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

132102 10-26-21

JOHN BALL ZOO Schedule I (Form 990) 2021

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| SC | HEDULE J | Compensation Information | 1 | OMB No. 1 | 545-004 | 47 | |
|------|---|---|----------------|--------------|----------------|------|--|
| (Fo | (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest | | | | 2021 | | |
| | | | 2021 | | | | |
| Dena | tment of the Treasury | | Open to Public | | | | |
| | al Revenue Service | | Inspection | | | | |
| Nam | e of the organization | | Employer i | | | nber | |
| | | JOHN BALL ZOO | 38-6 | 507687 | 9 | | |
| Ра | rt I Question | s Regarding Compensation | | | | | |
| _ | | | | | Yes | No | |
| 1a | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | First-class or c | , i i i i i i i i i i i i i i i i i i i | | | | | |
| | Travel for com | | | | | | |
| | _ | cation and gross-up payments Health or social club dues or initiation fee | | | | | |
| | | spending account Personal services (such as maid, chauffer | ir, chet) | | | | |
| l. | | | | | | | |
| D | - | on line 1a are checked, did the organization follow a written policy regarding payment or | | 41. | | | |
| • | | | | <u>1b</u> | | | |
| 2 | - | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | 0 | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | |
| 3 | Indicato which if a | ny, of the following the organization used to establish the compensation of the organization's | | | | | |
| U | | ector. Check all that apply. Do not check any boxes for methods used by a related organization of | | | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | 51110 | | | | |
| | X Compensation | | | | | | |
| | | compensation consultant Compensation survey or study | | | | | |
| | · | ther organizations X Approval by the board or compensation c | ommittee | | | | |
| | | | Ommittee | | | | |
| 4 | During the year, did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| - | organization or a re | | | | | | |
| а | - | e payment or change-of-control payment? | | 4a | | x | |
| b | | eive payment from a supplemental nonqualified retirement plan? | | | | X | |
| с | | | | | | X | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | |
| | | | | | | | |
| | Only section 501(c | :)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | |
| 5 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | | |
| | contingent on the revenues of: | | | | | | |
| а | The organization? | | | 5a | | X | |
| | | ation? | | | | X | |
| | | or 5b, describe in Part III. | | | | | |
| 6 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | | |
| | contingent on the net earnings of: | | | | | | |
| а | The organization? | | | 6a | | X | |
| | | ation? | | | | X | |
| | | or 6b, describe in Part III. | | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | |
| | not described on lir | | 7 | | X | | |
| 8 | Were any amounts | ıe | | | | | |
| | initial contract exce | | 8 | | X | | |
| 9 | If "Yes" on line 8, d | id the organization also follow the rebuttable presumption procedure described in | | | | | |
| | Regulations section | 1 53.4958-6(c)? | | 9 | | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Sched | lule J (Forn | n 990) | 2021 | |

132111 11-02-21

38-6076879

Page 2

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

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

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

| | | (B) Breakdown of W | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|----------------------------|------|--------------------------|---|---|----------------|-------------------------|------------------------------------|---|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) PETER F. D'ARIENZO | (i) | 257,006. | 32,104. | 0. | 7,200. | 15,085. | 311,395. | 0. | |
| CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) ANDREW D. MCINTYRE | (i) | 145,563. | 0. | 0. | 7,070. | 15,085. | 167,718. | 0. | |
| <u>coo</u> | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (3) LAURA A. DAVIS | (i) | 148,388. | 0. | 0. | 3,783. | 3,190. | 155,361. | 0. | |
| DIRECTOR ORGANIZATIONAL DE | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (4) MICHAEL H. GANTT | (i) | 139,015. | 0. | 0. | 7,200. | 8,743. | 154,958. | 0. | |
| CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

(Form 990)

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



Employer identification number 38-6076879

JOHN BALL ZOO

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

EDUCATION-THE ZOO OFFERS EDUCATION PROGRAMS WHICH INCLUDE CLASSES,

TOURS, CAMPS, TEEN PROGRAMS, SCOUT PROGRAMS, SCHOOL PROGRAMS, FAMILY

PROGRAMS, EDUCATIONAL EXHIBIT GRAPHICS AND EXHIBIT INTERPRETATION.

EXPENSES \$ 550,699. INCLUDING GRANTS OF \$ 0. REVENUE \$ 210,080.

INSTITUTIONAL ADVANCEMENT-THE ZOO INCURS COSTS RELATED TO THE OPEATION

AND MANAGEMENT OF MEMBERSHIP SALES, EVENTS, PROMOTIONS AND RENTALS.

EXPENSES \$ 803,291. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS REVIEWED WITH THE FINANCE COMMITTEE OF THE BOARD AND A COPY

IS PROVIDED TO THE BOARD MEMBERS PRIOR TO FILING THE 990 AND 990-T.

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

A CONFLICT OF INTEREST FORM IS COMPLETED ANNUALLY TO REPORT ANY CONFLICT OF INTEREST AND IS MONITORED BY THE BOARD OF DIRECTORS.

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

THE COMPENSATION FOR THE CEO AND SENIOR MANAGEMENT ARE DETERMINED BY THE

BOARD COMPENSATION COMMITTEE AND APPROVED BY THE BOARD EXECUTIVE COMMITTEE.

THE BOARD HIRES AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST WITH WAGE

COMPARISONS TO MARKET RATES.

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

DOCUMENTS ARE AVAILABLE TO PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2021

JOHN BALL ZOO

FORM 990, PART VIII, LINE 1E

THE ZOO RECEIVED \$1,351,744 AS A LOAN (CONDITIONAL GRANT) UNDER THE

PAYROLL PROTECTION PROGRAM ("PPP") OF THE CORONAVIRUS AID, RELIEF, AND

ECONOMIC SECURITY ACT ("CARES ACT"), WHICH WAS ENACTED INTO LAW ON

MARCH 28, 2020. THIS LOAN HAS BEEN SPENT ON ELIGIBLE EXPENSES AND WAS

FULLY FORGIVEN ON AUGUST 23,2021. AS SUCH, THE ZOO HAS RECOGNIZED THIS

AMOUNT SPENT AS REVENUE ON THE FORM 990.

THE ZOO ALSO HAS CLAIMED EMPLOYER RETENTION TAX CREDITS OF \$1,070,492 FOR THE YEAR ENDING DECEMBER 31, 2021, WHICH IS RECOGNIZED AS REVENUE ON THE FORM 990.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST

10,332.

PART XII, LINE 2C

THE PROCESS OF SELECTING AND OVERSEEING THE WORK OF THE INDEPENDENT

AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.

132212 11-11-21

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

| Name JOHN BALL ZOO | Employer Identifica | ation Number 8 7 9 |
|--|---------------------|-----------------------|
| Based on the information provided with this return, the following are possible carryover amounts to next year. | | |
| FEDERAL POST-2017 NET OPERATING LOSS - RENTAL OF FACIL | ITY FO | 449,689. |
| FEDERAL PRE-2018 NET OPERATING LOSS | | 4,592. |
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119341 04-01-21

| Type Example Total Amount Monunt Amount Monunt Amount Monunt Monunt <th>Name</th> <th>: JOHN BALL ZOO</th> <th>)</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>FEIN:</th> <th>38-6076879</th> | Name | : JOHN BALL ZOO |) | | | | | | | | FEIN: | 38-6076879 |
|---|------------------------|---------------------------------|----------------|--------|--------|----------|--------------|--------|--------|--------|--------|------------|
| Value Original Chemicant Chemicant Deal Total Musci Amount Lised for | | | NTAL OF FACILI | | | DETAIL C | ARRYOVER SCH | IEDULE | | | | |
| A Image: Single state I | Year Origi nateo | Original Carryover Amount | Amount Used | Amount | Amount | | | | | | | |
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| Na | ame: | JOHN BALL ZOO | | | | | | | | | FEIN: | 38-6076879 |
|---|------------------------|--|-------------------------|--------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | | and Entity: PRE 382 Annual Limitation | -2018 NOL FED | Section 382 Carryover | | DETAIL C | ARRYOVER SCH | EDULE | | | | |
| ۲ C | 'ear Irigi- ated | Original Carryover Amount | Total Amount Used | Amount Used for 12/31/18 | Amount Used for |
| | 2017 | 13,322. | 8,730. | 8,730. | | | | | | | | |
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| | | EXTENDED TO NOVEMBER 15, 2022 | | |
|--|------------|---|--------|--|
| Form 990-T | E | Exempt Organization Business Income Tax Retur | n L | OMB No. 1545-0047 |
| | | (and proxy tax under section 6033(e)) | | |
| | For ca | lendar year 2021 or other tax year beginning, and ending | | 2021 |
| Department of the Treasury | | Go to www.irs.gov/Form990T for instructions and the latest information. | | |
| Internal Revenue Service | | Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3 | | Open to Public Inspection for 501(c)(3) Organizations Only |
| A Check box if address changed. | | Name of organization (Check box if name changed and see instructions.) | DEmplo | yer identification number |
| B Exempt under section | Print | JOHN BALL ZOO | | 8-6076879 |
| X 501(c)(3) | or Type | Number, street, and room or suite no. If a P.O. box, see instructions. | | exemption number astructions) |
| 408(e) 220(e) | light | 1300 WEST FULTON STREET | _ | |
| 408A 530(a) | | City or town, state or province, country, and ZIP or foreign postal code | | |
| 529(a) 529A | | GRAND RAPIDS, MI 49504 | F └ | Check box if |
| | | ok value of all assets at end of year > 23,779,071. | | an amended return. |
| | | X 501(c) corporation 501(c) trust 401(a) trust Other trust | | |
| H Check if filing only t | | Claim credit from Form 8941 Claim a refund shown on Form 2439 | | |
| | | ation filing a consolidated return with a 501(c)(2) titleholding corporation | | |
| | | ed Schedules A (Form 990-T) | | |
| | | e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | | Yes X No |
| | | d identifying number of the parent corporation. | 616 | |
| | | LARRY JONGEKRIJG Telephone number | 010 | 550-4020 |
| | | | | |
| | | ss taxable income computed from all unrelated trades or businesses (see | | 0. |
| | | | 1 | 0. |
| | | | 2 | |
| 3 Add lines 1 and 2 | | | | 0. |
| | | see instructions for limitation rules) | | 0. |
| | | taxable income before net operating losses. Subtract line 4 from line 3 | 6 | 0. |
| | • | ng loss. See instructions | 0 | 0. |
| 7 Total of unrelated Subtract line 6 from | | ss taxable income before specific deduction and section 199A deduction. | 7 | |
| | | o rally \$1,000, but see instructions for exceptions) | | 1,000. |
| | | duction. See instructions | 9 | 1,000. |
| 10 Total deductions | | | 10 | 1,000. |
| | | able income. Subtract line 10 from line 7. If line 10 is greater than line 7, | | 1,0000 |
| enter zero | .55 tuxt | | 11 | 0. |
| Part II Tax Com | putat | ion | | |
| 1 Organizations ta | xable a | s corporations. Multiply Part I, line 11 by 21% (0.21) | ▶ 1 | 0. |
| | | ates. See instructions for tax computation. Income tax on the amount on | | |
| Part I, line 11 fron | _ | Tax rate schedule or Schedule D (Form 1041) | 2 | |
| 3 Proxy tax. See in | | | ▶ 3 | |
| 4 Other tax amount | | | 4 | |
| 5 Alternative minim | um tax (| | 5 | |
| | | cility income. See instructions | 6 | |
| | | h 6 to line 1 or 2, whichever applies | 7 | 0. |
| LHA For Paperwork | Reduct | ion Act Notice, see instructions. | | Form 990-T (2021) |

| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a 1b 0 Ceneral Dusiness credit. Attach Form 3800 (see instructions) 1c 1d 1d 1d 1d 2 0. 3 Other areadits. Add lines 1a through 1d 2 0. 3 Other amounts due. Check if from: 1a Form 8897 3 Other amounts due. Check if form: 1a Form 8897 4 Total tax, Add lines 2 and 3 (see instructions) 1a Check if finctudes tax previously deferred under section 1393 (see instructions) 2 0. 5 Current net 885 tax liability paid from Form 985A or Form 985B, Part II, column (b), line 4 5 0. 5 2021 estimated tax payments. Check if section 6439(g) election applies 6 6 6 6 6 6 6 6 6 6 6 6 7 Total payments. Add lines 6 at through 6g 7 Total payments. Toke Xi Escino 6439(g) election applies 9 9 9 0 9 0 9 0 9 0 10 Check if finctudes tax pendit (see instructions) 6 6 7 Total payments. Add lines 6a through 6g 7 Total payment. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid 9 10 0 | Form 9 | 90-T (2021) | | | | F | Page 2 |
|---|--------|--|------------|------------------------|---------|-----|---------------|
| b Other credits (see instructions) b c General business credit. Attach Form 3800 (see instructions) 1c d Credit for prive year minium tax (attach Form 8801 or 8827) 1d e Total credits. Add lines 1a through 1d 2 0 Uher amounts due. Check if from: Form 4255 0 Other amounts due. Check if from: Form 4255 0 Other amounts due. Check if from: Form 4255 0 Other amounts due. Check if from: Form 4255 1 Other amounts due. Check if from: Other (attach statement) 3 3 - 4 Total tax. Add lines 2 and 3 (see instructions) Check if includes tax previously deferred under section 1294. Enter tax amount here | Part | III Tax and Payments | | | | | |
| c General business credit. Attach Form 3800 (see instructions) Ic d Credit for prior year minimum tax (attach Form 8801 or 8827) Id d Total credits. Add lines 1 at brough 10 Ie 2 Subtract line 1e from Part II, line 7 Z 3 Other amounts due. Ohack if from: Form 4255 - Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 5 Current net 9861 tax liability paid from Form 9865 A or Form 9865. Part II, column (b), line 4 5 6 Payments: A 2020 overpayment credited to 2021 Ba b D C 5 Current net 9861 tax islability paid from Form 9865. Part II, column (b), line 4 5 6 G G 6 Backup withholding (see instructions) Ge 6 C G 6 G 7 Total payments. Add lines 6a through 6g 7 Total payments. Add lines 6a through 6g 8 Estimated tax panalty (see instructions). Check if form 220 is attached 9 Total tax and II line 7 is singler than the total of lines 4, 5, and 8, enter amount overpaid 10 Overpayment. Tile 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 Overpayment. The 20 Se using tax and the organization may have to file 11 Fort tax and tax panting the 202 | 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1 a | | | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) 1d 1e e Total credits. Add lines 1a through 1d 1e 3 Other amounts due. Check if from: Form 8611 Form 8697 Form 8869 3 Other amounts due. Check if form: Check if includes tax previously deferred under section 1294. Enter tax amount here 4 0. 5 Current net 965 tax liability paid form Form 965-8. Part II, column (k), line 4 5 0. 6a Payments: A 2020 overpayment credited to 2021 6a 6c 6c 6 Payments: A 2020 overpayment credited to 3020 ielection applies 6c 6c 6c 7 Total poyments: A 2020 overpayment credited to 3020 ielection applies 6a 6c 6c 6 Foreign organizations: Tax paid or withheld at source (see instructions) 6a 6c 7 7 Total payments. Add lines 6a through 6g 7 7 7 7 8 9 0 0 9 Total payments. Add lines 6a through 6g 7 8 9 0 0 0 0 10 Other Total b 9 0 0 | b | Other credits (see instructions) | 1b | | | | |
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| 2 Subtract line 1e from Part II, line 7 3 Other amounts due. Check if from: □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8686 1 Total tax. Add lines 2 and 3 (see instructions). □ Check if includes tax previously deterred under section 1294. Enter tax amount here 4 Total tax. Add lines 2 and 3 (see instructions). □ Check if includes tax previously deterred under section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-8 or Form 965-8, Part II, column (k), line 4 6 Payments: A 2020 overpayment credited to 2021 6 6 6 6 6 6 7 Tax deposited with Form 8868 6 6 6 6 6 6 7 Total tax add lines 6 a through 6g 8 Estimated tax payments: and payments: □ Form 2220 is attached 9 10 9 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ 9 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ 9 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ 9 10 11 Enter the amount of the rorganization neave an interest in or a signature or other authority over a financial account (bark, securities, or other) in a foreign country II. "Yes," enter the amount of the organization may have to file 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ 11 Enter the amount of the organization recei | d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | | | |
| 2 Subtract line 1e from Part II, line 7 3 Other amounts due. Check if from: 4 Total tax. Add lines 2 and 3 (see instructions). b Check if includes tax previously deterred under section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-8 or Form 965-8, Part II, column (k), line 4 6 Payments: A 2020 overpayment credited to 2021 b 2021 estimated tax payments. Check if section 643(g) election applies b 66 c 66 c 66 d Foreign organizations: Tax paid or withheld at source (see instructions) c 66 d Foreign organizations: Tax paid or withheld at source (see instructions) c 66 d Foreign organizations: Tax paid or withheld at source (see instructions) c 66 d Foreign organizations: Tax paid or withheld at source (see instructions) c 66 d Form 4136 g Other credits, adjustments, and payments: f Form 220 is attached g Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid g 10 c 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax be made (see instructions) 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN For | е | Total credits. Add lines 1a through 1d | | | 1e | | |
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| b 2021 estimated tax payments. Check if section 643(g) election applies b 2021 estimated tax possible with form 8868 d Foreigin organizations: Tax paid or withheld at source (see instructions) d Ge d Foreigin organizations: Tax paid or withheld at source (see instructions) d Ge d Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 4136 0 ther 7 Total payments. Add lines 6a through 6g g Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid 9 Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," enter the name of the foreign country here ▶ 1 At any time during the 2021 calendar year, did the organization may have to file. 1 Foreign trust? 1 At any time during the count (bank, securities on or accrued during the tax year 1 No 2 During the tax year, did the organization may have to file. < | 5 | Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), lin | ne 4 | | 5 | | 0. |
| c Tax deposited with Form 8868 6c d Foreign organizations: Tax paid or withheld at source (see instructions) 6d e Backup withholding (see instructions) 6d f Credit for small employer health insurance premiums (attach Form 8941) 6d g Other credits, adjustments, and payments: Form 2439 6g g Other credits, adjustments, and payments: Form 2220 is attached 8 g Total payments. Add lines 6a through 6g 7 g Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 g Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid 10 l Enter the amount of line 10 you want: Credited to 2022 estimated tax > Refunded > 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) Yes No 1 Att any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file X 2 During the tax year, did the organization may have to file. X X 2 During the tax year, did th | 6a | Payments: A 2020 overpayment credited to 2021 | 6a | | | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) 6d e Backup withholding (see instructions) 6d f Credit for small employer health insurance premiums (attach Form 8941) 6d g Other credits, adjustments, and payments: Form 2439 6g i Form 4136 0 7 g Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 9 Tax due. If line 7 is samaller than the total of lines 4, 5, and 8, enter amount overpaid 9 10 Overpayment, If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (sank, securities, or other) in a foreign country? If "Yes," the organization may have to file X 1 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country ihres," enter the amount of tax exempt interest received or accrued during the tax year \$ 2 During the tax year, did | b | 2021 estimated tax payments. Check if section 643(g) election applies | 6b | | | | |
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| g Other credits, adjustments, and payments: Form 2439 | е | Backup withholding (see instructions) | 6e | | | | |
| □ Form 4136 □ Other Total payments. Add lines 6a through 6g 7 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount ower 9 10 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded 11 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 11 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 16 "Yes," see instructions for other forms the organization may have to file. \$ X 2 During the tax year, did the organization may have to file. \$ \$ 3 Enter available pre-2018 NOL carryovers here > \$ \$ \$ \$ 4 Enter available pre-2018 NOL car | f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | | | | |
| 7 Total payments. Add lines 6a through 6g 7 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 11 11 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Yes No FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the amount of tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 1 If "Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$ X 4 Enter the amount of tax-exempt interest received on accrued during the tax year. \$ \$ \$ \$ 4 Enter the amount | g | | | | | | |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due, If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 A tany time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | □ Form 4136 Other Total ► | 6g | | | | |
| 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 11 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) Yes No 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Yes No FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X 16 "Yes," see instructions for other forms the organization may have to file. X X 2 During the tax year, did the organization may have to file. X X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$\$ \$\$ X | 7 | Total payments. Add lines 6a through 6g | | <u></u> | 7 | | |
| 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 1 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 1f "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ | 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | ► | 8 | | |
| 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) I At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ Yes No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$\$ X 4 Enter available pre-2018 NOL carryovers here ▶ \$\$ 4.592. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. \$\$ Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryover. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. \$\$ 6a Did the organization change its method of accounting? (see instructions) \$\$ \$\$ | 9 | | | | 9 | | |
| Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ Yes No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$ | 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa | id | ► | 10 | | |
| 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here Yes No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 1 "Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$ | - | | | | 11 | | |
| over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year 4 Enter available pre-2018 NOL carryovers here ▶ \$ 4 Enter available pre-2018 NOL carryovers here ▶ \$ 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. 6a Did the organization change its method of accounting? (see instructions) | Part | IV Statements Regarding Certain Activities and Other Informatio | on (se | e instructions) | | | |
| FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X Point Poi | 1 | At any time during the 2021 calendar year, did the organization have an interest in or a | ı signat | ure or other authority | | Yes | No |
| here ▶ X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ | | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the or | rganiza | tion may have to file | | | |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ | | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the | name o | f the foreign country | | | |
| foreign trust? X If "Yes," see instructions for other forms the organization may have to file. \$ 3 Enter the amount of tax-exempt interest received or accrued during the tax year > \$ 4 Enter available pre-2018 NOL carryovers here > \$ | | here | | | | _ | X |
| If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year 4 Enter available pre-2018 NOL carryovers here ▶ \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover 532000 \$ 6a Did the organization change its method of accounting? (see instructions) X | 2 | During the tax year, did the organization receive a distribution from, or was it the granted | or of, o | r transferor to, a | | | |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year | | foreign trust? | | | | | X |
| 4 Enter available pre-2018 NOL carryovers here ▶ \$ | | | | | | | |
| shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover 532000 \$ 390, 183. 6a Did the organization change its method of accounting? (see instructions) | 3 | | | | | | |
| 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover 532000 \$ 6a Did the organization change its method of accounting? (see instructions) X | 4 | Enter available pre-2018 NOL carryovers here ▶ \$4,592. Do not in | clude a | ny post-2017 NOL ca | rryover | | |
| the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover 532000 \$ 390, 183. \$ \$ 6a Did the organization change its method of accounting? (see instructions) X | | | | | • | | |
| Business Activity Code Available post-2017 NOL carryover 532000 \$ 6a Did the organization change its method of accounting? (see instructions) X | 5 | Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL | . carryo | vers. Don't reduce | | | |
| 532000 \$ 390,183. \$ \$ 6a Did the organization change its method of accounting? (see instructions) X | | the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for t | he tax | year. See instructions | | | |
| 6a Did the organization change its method of accounting? (see instructions) X | | | Avai | | | | |
| 6a Did the organization change its method of accounting? (see instructions) | | | | 3 | 90,183. | | |
| | | | | | | | |
| h If 6a is "Ves." has the organization described the change on Form 990, 990, F7, 990, PE, or Form 11282 If "No." | 6a | | | | | | X |
| | b | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF | F, or Fo | rm 1128? If "No," | | | |
| explain in Part V Part V Supplemental Information | | explain in Part V | | | | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| | Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other the second | | ch preparer has any knowled | | May the the pre | and belief, it is true, e IRS discuss this return with eparer shown below (see tions)? XYes No |
|------------------|--|---|-----------------------------|------------------------|-----------------|---|
| Paid Preparer | Print/Type preparer's name JEFFREY E. HERT, CPA | Preparer's signature JEFFREY E. HERT, CPA | Date 11/08/22 | Check self- employe | | PTIN P00066715 |
| Use Only | | SON LLC | | Firm's EIN | | 38-3567911 |
| occ only | 2330 EAST | PARIS AVE SE | | | | |
| | Firm's address 🕨 GRAND RAP | IDS, MI 49546 | | Phone no. | 616 | 5-975-4100 |
| 123711 01-31-2 | 22 | | | | | Form 990-T (2021) |
| | | 61 | | | | |

2021.05000 JOHN BALL ZOO

| FORM 990-T | PRE-2018 | NET OPERATING | LOSS DEDUCTION | STATEMENT 1 |
|-------------|---------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/17 | 13,322. | 8,730. | 4,592. | 4,592. |
| NOL CARRYOV | ER AVAILABLE THIS Y | EAR | 4,592. | 4,592. |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for

1

| | partment of the Treasury rnal Revenue Service | |
|---|--|---|
| A | Name of the organization | n |

JOHN BALL ZO

| В | Employer identification number |
|---|--------------------------------|
| | 38-6076879 |

D Sequence:

532000 C Unrelated business activity code (see instructions)

Describe the unrelated trade or business ▶RENTAL OF FACILITY FOR NON-MISSION RELATED AC

| ΕI | Describe the unrelated trade or business NENTAL OF FA | CIL | ITY FOR NON-M | IISSION RELAT | ED AC |
|-----|---|-----|---------------|---------------|----------|
| Pa | rt I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
| 1a | Gross receipts or sales | | | | |
| b | Less returns and allowances c Balance ► | 1c | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4 a | Capital gain net income (attach Sch D (Form 1041 or Form | | | | |
| | 1120)). See instructions | 4a | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | | | |
| с | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) | 5 | | | |
| 6 | Rent income (Part IV) | 6 | 524,827. | 584,333. | -59,506. |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Part VI) | 8 | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | |
| | organizations (Part VII) | 9 | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 | Advertising income (Part IX) | 11 | | | |
| 12 | Other income (see instructions; attach statement) | 12 | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 524,827. | 584,333. | -59,506. |

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| _ | | | | | |
|-----|--|------|-------------|--------|------------------------|
| 1 | Compensation of officers, directors, and trustees (Part X) | | | 1 | |
| 2 | Salaries and wages | 2 | | | |
| 3 | Repairs and maintenance | | | 3 | |
| 4 | Bad debts | | | 4 | |
| 5 | Interest (attach statement). See instructions | | | 5 | |
| 6 | Taxes and licenses | | | 6 | |
| 7 | | | | | |
| 8 | Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return | 8a | | 8b | |
| 9 | Depletion | | | 9 | |
| 10 | Contributions to deferred compensation plans | | | 10 | |
| 11 | Employee benefit programs | | | 11 | |
| 12 | Excess exempt expenses (Part VIII) | | | 12 | |
| 13 | Excess readership costs (Part IX) | | | 13 | |
| 14 | Other deductions (attach statement) | | | 14 | |
| 15 | Total deductions. Add lines 1 through 14 | | | 15 | 0. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from | Part | I, line 13, | | |
| | column (C) | 16 | -59,506. | | |
| 17 | Deduction for net operating loss. See instructions | 17 | 0. | | |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | | 18 | -59,506. |
| LHA | For Paperwork Reduction Act Notice, see instructions. | | ; | Schedu | le A (Form 990-T) 2021 |

14071108 759633 446456.00000

501(c)(3) Organizations Only er

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of

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| | | |

| art | ıle A (Form 990-T) 2021 | | | | | Page |
|--------------|--|--|--|-----------------|---|---------|
| IT C | III Cost of Goods Sold Enter met | hod of inventory valuati | on 🕨 | | | |
| | | , | | | 1 | |
| | Purchases | | | | 2 | |
| ; | Cost of labor | | | | 3 | |
| ŀ | Additional section 263A costs (attach statement) | | | | 4 | |
| ; | Other costs (attach statement) | | | | 5 | |
| ; | Total. Add lines 1 through 5 | | | | 6 | |
| , | Inventory at end of year | | | | 7 | |
| 3 | Cost of goods sold. Subtract line 7 from line 6. Enter | | | | 8 | |
|) | Do the rules of section 263A (with respect to property | | | | <u> </u> | |
| rt | | | | | v) | |
| | Description of property (property street address, city, s | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| | A TREEHOUSE RENTAL INCOME | | | | GRANE | RAPIDS, |
| | в | | | | | |
| | c 🗌 | | | | | |
| | D | | | | | |
| | | A | В | С | | D |
| 2 | Rent received or accrued | | | | | |
| а | From personal property (if the percentage of | | | | | |
| a | | | | | | |
| | rent for personal property is more than 10% | 0. | | | | |
| | but not more than 50%) | 0. | | | | |
| b | From real and personal property (if the | | | | | |
| | percentage of rent for personal property exceeds | E24 027 | | | | |
| | 50% or if the rent is based on profit or income) | 524,827. | | | | |
| С | Total rents received or accrued by property. | E 24 0 27 | | | | |
| | Add lines 2a and 2b, columns A through D | 524,827. | | | | |
| | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er | 584,333. | and on Part I, line 6, c | | | 524,827 |
| rt | in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 4 Total deductions. Add line 4 columns A through D. Er | 584,333. Inter here and on Part I, ee instructions) | line 6, column (B) | | > | |
| rt | in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 4 Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, d | 584,333. Inter here and on Part I, ee instructions) | line 6, column (B) | | | |
| rt | in lines 2(a) and 2(b) (attach statement) <u>STMT 4</u> Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A | 584,333. Inter here and on Part I, ee instructions) | line 6, column (B) | | | |
| rt | in lines 2(a) and 2(b) (attach statement) <u>STMT 4</u> Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B | 584,333. Inter here and on Part I, ee instructions) | line 6, column (B) | | | |
| rt | in lines 2(a) and 2(b) (attach statement) <u>STMT 4</u> Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C | 584,333. Inter here and on Part I, ee instructions) | line 6, column (B) | | | |
| rt i | in lines 2(a) and 2(b) (attach statement) <u>STMT 4</u> Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C | 584,333. hter here and on Part I, ee instructions) city, state, ZIP code). Cl | line 6, column (B) heck if a dual-use. See | e instructions. | | 584,333 |
| rt | in lines 2(a) and 2(b) (attach statement) <u>STMT 4</u> Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C D D D D | 584,333. hter here and on Part I, ee instructions) city, state, ZIP code). Cl | line 6, column (B) heck if a dual-use. See | e instructions. | | 584,333 |
| rt 2 | in lines 2(a) and 2(b) (attach statement) <u>STMT 4</u> Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A | 584,333. hter here and on Part I, ee instructions) city, state, ZIP code). Cl | line 6, column (B) heck if a dual-use. See | e instructions. | | 584,333 |
| rt 2 | in lines 2(a) and 2(b) (attach statement) <u>STMT 4</u> Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B | 584,333. hter here and on Part I, ee instructions) city, state, ZIP code). Cl | line 6, column (B) heck if a dual-use. See | e instructions. | | 584,333 |
| <u>rt</u> | in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B | 584,333. hter here and on Part I, ee instructions) city, state, ZIP code). Cl | line 6, column (B) heck if a dual-use. See | e instructions. | | 584,333 |
| a b | in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) | 584,333. hter here and on Part I, ee instructions) city, state, ZIP code). Cl | line 6, column (B) heck if a dual-use. See | e instructions. | | 584,333 |
| a | in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | 584,333. hter here and on Part I, ee instructions) city, state, ZIP code). Cl | line 6, column (B) heck if a dual-use. See | e instructions. | | 584,333 |
| rt a b | in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | 584,333. | line 6, column (B) heck if a dual-use. See | e instructions. | | 584,333 |
| a b c | in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A | 584,333. | line 6, column (B) heck if a dual-use. See | e instructions. | | 584,333 |
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| rt a b | in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | 584,333. | line 6, column (B) heck if a dual-use. See | e instructions. | | 584,333 |
| a b c | in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | 584,333. | line 6, column (B) heck if a dual-use. See B | e instructions. | | 584,333 |
| a b c | in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | 584,333. Inter here and on Part I, ee instructions) city, state, ZIP code). Cl A A 9 % | line 6, column (B) heck if a dual-use. See | e instructions. | | 584,333 |
| a b c | in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o A | 584,333. Inter here and on Part I, ee instructions) city, state, ZIP code). Cl A A 9% | line 6, column (B) heck if a dual-use. See B B | e instructions. | % | D |
| a b c | in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | 584,333. Inter here and on Part I, ee instructions) city, state, ZIP code). Cl A A 9% | line 6, column (B) heck if a dual-use. See B B | e instructions. | % | 584,333 |
| a b c | in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o A | 584,333. Inter here and on Part I, ee instructions) city, state, ZIP code). Cl A A 9% | line 6, column (B) heck if a dual-use. See B B | e instructions. | % | D |
| a b c | in lines 2(a) and 2(b) (attach statement) STMT 4 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D) | 584,333. atter here and on Part I, ee instructions) city, state, ZIP code). Cl A A . | line 6, column (B) heck if a dual-use. See B B t I, line 7, column (A) | e instructions. | % | |

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| | | | | | | | | | 1 |
|------------------|-----------------------------------|--|------------------|-------------------------------|-----------|--|---|----------------------|---|
| Schedu | e A (Form 990-T) 2021 | ities, Royalties, and | d Donto from | n Control | | agnization | N (and in the | | Page 3 |
| Part | I interest, Annu | | | | | - | 6 (see instru lled Organization | , | |
| | 1. Name of controlled 2. Employer | | er 3. Net | | | al of specified | 5. Part of co | | 6. Deductions directly |
| organization | | | | ne (loss) | | nents made | ents made that is included i | | connected with |
| | | number | (see ins | nstructions) | | | controlling organiza- tion's gross income | | income in column 5 |
| (1) | | | | | | | 0 | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | |
| | | | Nonexempt (| | - | | | | |
| 7. | Taxable Income | 8. Net unrelated income (loss) | | otal of specif syments mad | | that is inc | of column 9 luded in the organization's | 11. | Deductions directly connected with |
| | | (see instructions) | | | | | income | in | come in column 10 |
| (1) | | | | | | | | | |
| (2) | | | | | | | | _ | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | | | | | Enter here | and on Part I, | Ent | d columns 6 and 11. er here and on Part I, |
| | | | | | | line o, c | column (A) | | line 8, column (B) |
| Totals | /// | | <u> </u> | (4 = 1) | <u> </u> | <u> </u> | 0 | • | 0. |
| Part V | | ncome of a Section | n 501(c)(7), (| | | | ee instructions | / | E Tatal da da da e |
| | 1. Desc | ription of income | | 2. Amou incor | | 3. Deduction directly connormal (attach stater | ected (attach | et-asides stateme | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | | | Add amou | | | | | Add amounts in column 5. Enter |
| | | | | here and o | n Part I, | | | | here and on Part I, |
| | | | | line 9, colu | - | | | | line 9, column (B) |
| Totals Part V | | | | Flace Adve | 0. | | | | 0. |
| | | xempt Activity Inco | ome, other | | rusinę | y income | see instructior | 1S) | |
| | Description of exploite | | husinggo Ento | r bara and a | o Dort I | line 10 colum | ~ (A) | | |
| | | ess income from trade or nected with production o | | | | | | 2 | |
| | | | | | | | | 3 | |
| | | unrelated trade or busin | | | | | | | |
| | | | | | | | | 4 | |
| | | tivity that is not unrelated | | | | | | | |
| | | to income entered on line | | | | | | | |
| | | ses. Subtract line 5 from | | | | | | | |
| | 4. Enter here and on Pa | art II, line 12 | | | | | | 7 | |

Schedule A (Form 990-T) 2021

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| | ule A (Form 990-T) 2021 | | | | Page 4 |
|--------------|---|------------------------------------|---------------------|-----------------|--------------------|
| Part | U | | | | |
| 1 | Name(s) of periodical(s). Check box if reportin | ng two or more periodicals on a | consolidated basis | S. | |
| | A [| | | | |
| | В | | | | |
| | c 🔄 | | | | |
| | D | | | | |
| Enter a | amounts for each periodical listed above in the | corresponding column. | 1 | | |
| | | A | В | С | D |
| 2 | Gross advertising income | | | | |
| | Add columns A through D. Enter here and or | n Part I, line 11, column (A) | | ► | 0. |
| а | | | 1 | | |
| 3 | Direct advertising costs by periodical | - | | | |
| а | Add columns A through D. Enter here and or | n Part I, line 11, column (B) | | ► | 0. |
| | | | 1 | Г | |
| 4 | Advertising gain (loss). Subtract line 3 from li | ine | | | |
| | 2. For any column in line 4 showing a gain, | | | | |
| | complete lines 5 through 8. For any column i | | | | |
| | line 4 showing a loss or zero, do not complet | | | | |
| | lines 5 through 7, and enter zero on line 8 \dots | | | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | |
| | line 5, subtract line 6 from line 5. If line 5 is le | | | | |
| | than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a | | | | |
| | deduction. For each column showing a gain | | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the g | greater of the line 8a, columns to | tal or zero here an | d on | 0 |
| Part | Part II, line 13 X Compensation of Officers, Di | waatawa and Twuataaa | | > | 0. |
| Part | Compensation of Officers, Di | | ee instructions) | | |
| | | | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | | of time devoted | attributable to |
| (4) | | | | to business | unrelated business |
| (<u>1</u>) | | | | % | |
| <u>(2)</u> | | | | % | |
| <u>(3)</u> | | | | % | |
| <u>(4)</u> | | | | % | |
| Total | . Enter here and on Part II, line 1 | | | | 0. |
| Part | | | | | 0. |
| Tart | | | | | |
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Schedule A (Form 990-T) 2021

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| FORM 990-T | DESCRIPTION OF ORGANIZATION'S | UNRELATED | STATEMENT 2 |
|------------|-------------------------------|-----------|-------------|
| SCHEDULE A | BUSINESS ACTIVIT | Y | |

RENTAL OF FACILITY FOR NON-MISSION RELATED ACTIVITIES

TO FORM 990-T, SCHEDULE A, LINE E

| 990-т SCH | A POST-201 | 7 NET OPERATING | LOSS DEDUCTION | STATEMENT 3 |
|----------------------|---------------------|-------------------------------|---------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/19 12/31/20 | 84,056. 306,127. | 0.0. | 84,056. 306,127. | 84,056. 306,127. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 390,183. | 390,183. |

| FORM 990-T (A) | DEDUCTIONS | CONNECTED | WITH RENTAL | INCOME | STATEMENT 4 |
|----------------|------------|-----------|-------------|--------|-------------|
|----------------|------------|-----------|-------------|--------|-------------|

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|--|--------------------|--|----------|
| SALARIES, WAGES, AND BENEFITS PAYROLL TAXES CREDIT CARD FEES CONTRACTUAL SERVICES DESIGN, PRINTING, AND PHOTOGRAPHS PROFESSIONAL AND LICENSING FEES SUPPLIES TRAVEL UNIFORMS UTILITIES DEPRECIATION OVERHEAD INSURANCE SMALL EQUIPMENT STAFF DEVELOPMENT - SUBTOTAL - | 1 | $\begin{array}{c} 211,845.\\ 15,253.\\ 16,761.\\ 142,535.\\ 476.\\ 212.\\ 9,835.\\ 1,815.\\ 194.\\ 41,986.\\ 23,064.\\ 104,965.\\ 13,354.\\ 1,896.\\ 142. \end{array}$ | 584,333. |
| TOTAL TO FORM 990-T, SCHEDULE A, PART IV | , LINE 4 | - | 584,333. |