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Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A F	or the	2008 calendar year, or tax year beginning JUL 1, 2008 and ending	JUN 30, 2009
Вс	heck if pplicabl	e Please use IRS	D Employer identification number
	Addre	ss label or TULSA ZOO FRIENDS, INC.	
	Name chang	type	73-0930870
	]Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number
	Termir ation	Instruction of the Instruction o	(918)669-6600
	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$ 4,393,711.
L.	Application	HOUSE, OR 74115	H(a) Is this a group return
	pendir	F Name and address of principal officer KEEGAN YOUNG	for affiliates? Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates included? Yes No
		empt status X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a list (see instructions)
		te: NWW.TULSAZOO.ORG	H(c) Group exemption number
			ear of formation: 1971 M State of legal domicile: OK
Pa	rt I	Summary	O EDITENDO MODUTADO TA
ç		Briefly describe the organization's mission or most significant activities: TULSA ZO	
Governance		PARTNERSHIP WITH THE CITY OF TULSA, IS COMMI	
/err	ľ	Check this box  If the organization discontinued its operations or disposed of n	
gò		Number of voting members of the governing body (Part VI, line 1a)	3 33
య		Number of independent voting members of the governing body (Part VI, line 1b)	
ţ	1	Total number of employees (Part V, line 2a)	
Activities		Total number of volunteers (estimate if necessary) RECEIVED.  Total gross unrelated business revenue from Part VIII, line 12, column (C)	
Ă		Net unrelated business taxable income from Form 990-T, line 34,	7a 0.
		Net unrelated business taxable income from Form 990-T, line 34.	Prior Year Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	923,724. 1,238,580.
		Program service revenue (Part VIII, line 2g)  OGDEN, UT	1,472,397. 1,704,796.
e e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	189,119. 58,639.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	748,917. 719,624.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,334,157. 3,721,639.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,222,742. 2,664,959.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	936,147. 1,164,621.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.
Ď		Total fundraising expenses (Part IX, column (D), line 25)   136,793.	
ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	978,279. 1,072,951.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,137,168. 4,902,531.
	19	Revenue less expenses Subtract line 18 from line 12	196,989. <1,180,892.>
Net Assets or Fund Balances			Beginning of Year End of Year
sets	20	Total assets (Part X, line 16)	9,075,771. 7,510,177.
ASB B	21	Total liabilities (Part X, line 26)	414,496. 279,365.
월	22	Net assets or fund balances Subtract line 21 from line 20	8,661,275. 7,230,812.
Pa	art II	Signature Block	
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledge and belief, it is true, correct, dge
Sigi	n	Construe of offset	5-6-10
Her	е	Signature of officer	Date .
		KEEGAN YOUNG, EXECUTIVE DIRECTOR Type or print name and title	
_		Data	Check if Preparer's identifying number
Paid		Preparer's signature Muchuel horalieurs 4-26-10	self- (see instructions)
Prep	arer's	Firm's name (or CARTAIN FISCHREIN C. 40	EIN > 73-0604626
Use	Only	yours if SARTATIN FISCHBEIN & CO. 3010 S. HARVARD AVE., STE 400	CIN F 15 000 7006
		TULSA, OKLAHOMA 74114-6193	Phone no. ► (918)749-6601
May	the If	RS discuss this return with the preparer shown above? (see instructions)	. X Yes No
a)		- Constant and recent and prepared another above. (See instructions)	

915-22

orm	990 (2008) TULSA ZOO FR	IENDS, INC.	73-09	30870 Page <b>2</b>
Pai	rt III Statement of Program Service Acc	complishments (see instructions)		
1	Briefly describe the organization's mission:			
•	TULSA ZOO FRIENDS, WORKING	Ти рартигрситр штти	י יישב כדייע אבי יינוו	LSA, IS
	COMMITTED TO SUPPORTING AN			
	TULSA ZOO AND LIVING MUSEU	JM, THEREBY ENRICHING	THE LIVES OF A	TT MHO
	EXPERIENCE THE TULSA ZOO.	<del></del>		<del></del>
2	Did the organization undertake any significant progr	ram services during the year which were i	not listed on	
	the prior Form 990 or 990-EZ?			Yes X No
	If "Yes", describe these new services on Schedule	O.		
3	Did the organization cease conducting, or make sig		program services?	Yes X No
•	If "Yes", describe these changes on Schedule O	militaria di angos in non la sonoccio, any	program corvideo.	
_				
4	Describe the exempt purpose achievements for each		•	
	Section 501(c)(3) and 501(c)(4) organizations and se		·	
	allocations to others, the total expenses, and reven	ue, if any, for each program service repor	ted	
				<del>,</del>
4a	(Code ) (Expenses \$ 3,982	2 , $476$ . Including grants of $$$ $2$ , $6$	64,959.)(Revenue\$	1,704,796.)
	TULSA ZOO FRIENDS WAS FORM	MED FOR THE PURPOSES	OF PROMOTING AND	)
	SUPPORTING THE IMPROVEMENT			
	IS OWNED AND OPERATED BY	<del></del>	ULSA ZOO FRIEND	
	AGREEMENT WITH THE CITY OF			
	THESE ACTIVITIES INCLUDE (			LOUS
	CONCESSIONS, OPERATING SPE		NG THE ZOO AND	
	MAINTAINING A ZOO MEMBERSH	HIP PROGRAM.		
			<del></del>	
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
		······································		
	·			
		· · · · · · · · · · · · · · · · · · ·		
			-	
	71111	***************************************		
_	(O-1		) (D	
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
		•		<del> </del>
				<del> </del>
		<del></del>		
			·	
				<del></del>
4-1	Other program convect (December - Cahadula O.)			
4d	Other program services (Describe in Schedule O)		•	
	(Expenses \$ including gran			
<u>4e</u>	Total program service expenses ▶ \$ 3	, 982 , 476 . (Must equal Part IX, Li	ne 25, column (B) )	
				Form <b>990</b> (2008)

Form 990 (2008) TULSA ZOO FRIENDS, INC.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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; 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	_X_	
13	Is the organization a school as 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 U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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
þ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> X</u>
		Form	990 <i>c</i>	2008)

Form 990 (2008) TULSA ZOO FRIENDS, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		_X_
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "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, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

Form 990 (2008) TULSA ZOO FRIENDS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 7			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 124			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		<u> </u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	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	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_X_	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, 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?	<u>7f</u>		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h_		<u>X</u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter N/A			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	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 N/A 12b	<u> </u>	000	
		Form	<b>330</b> (	(2008)

Form 990 (2008) TULSA ZOO FRIENDS, INC. 73-0930870 Pa

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions	1		
1a	Enter the number of voting members of the governing body  1a 3:			
b	Enter the number of voting members that are independent . 1b 3.	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		_X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6_		<u>X</u> _
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	Ì		
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following	1		
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
	Does the organization have local chapters, branches, or affiliates?	9a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b	-	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		7.7
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> </u>
sec	tion B. Policies			
10-	Does the example to be a switten conflict of interest policy? If "Alo " so to less 12	40-	Yes X	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
Б	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	in Schedule O how this is done	12c		х
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	- 22	
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		<b>X</b> _
	Other officers or key employees of the organization?	15b		X
-	Describe the process in Schedule O. (see instructions)	.05		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
			ncial	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	liciai	
19		nd fina	liciai	
19 20	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a			
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public			
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organizaTULSA ZOO FRIENDS, INC (918) 669-6601  6421 EAST 36TH STREET NORTH, TULSA, OK 74115			

73-0930870

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per .	į						from	from related	other
	week	gie di				2		the organization	organizations (W-2/1099-MISC)	compensation
		tee o	nstee			ensat	ļ	(W-2/1099-MISC)	(44-2/1099-141190)	from the organization
		l fa	naltr		oyee	E E		(11/2/1000 14/100)		and related
		individual trustee or director	nstitutional trustee	Officer	em p	Highest compensated employee	ē			organizations
		Ē	SE.	틍	Ş	운동	Ē			_
MARK WHITE										
CHAIRMAN		X		X		ļ		0.	0.	0.
ALEX EATON							ł		_	_
PRESIDENT		X		Х			-	0.	0.	0.
JAY HENDERSON							ł	_	_	_
PRESIDENT ELECT		Х		Х				0.	0.	0.
ALICIA EDWARDS									_	
SECRETARY		X		Х	_		-	0.	0.	0.
STEVE WRIGHT									_	_
TREASURER		X		X		<u> </u>	<u> </u>	0.	0.	<u>0.</u>
BETH CARTWRIGHT				i				_	_	_
BOARD MEMBER	ļ	X	ļ	<u> </u>		<u> </u>	<u> </u>	0,	0.	0.
PAULA COTTEN									_	_
BOARD MEMBER		X		_		ļ	<u> </u>	0.	0.	0.
JOHN DALE									_	_
BOARD MEMBER		X					<u> </u>	0.	0.	0.
BOB DAVIS									_	_
BOARD MEMBER		X					<u> </u>	0.	0.	0.
W.A. DEVORE								_	_	_
BOARD MEMBER		X				_		0.	0.	0.
CHRIS EVANS									_	_
BOARD MEMBER		X	<u> </u>	_	_	<u> </u>	_	0.	0.	0.
SARA FRANDEN	İ		1			ļ			_	_
BOARD MEMBER		X	-	_		-	<u> </u>	0.	0.	0.
VANCIE FRAZEE						İ			_	_
BOARD MEMBER		X	<u> </u>	<u> </u>			<u> </u>	0.	0.	0.
TONI GARRISON	i								_	
BOARD MEMBER		X	<u> </u>			╄		0.	0.	0.
GREG HUGHES									_	_
BOARD MEMBER		X	-			ـــ	<u> </u>	0.	0.	0.
SANDRA JACKSON	1								_	
BOARD MEMBER		X	<u> </u>	<u> </u>		<del> </del>	<u> </u>	0.	0.	0.
JULIE JONES		<b>.</b>							_	_
BOARD MEMBER		X					<u> </u>	0.	0.	0.

Form 990 (2008)

Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	oyee	s, a	and l	High	est	Compensated Employ	ees (continued)		
(A) (B)					C)			(D)	(E)	(1	F)
Name and title	Average				ition			Reportable	Reportable	l l	nated
	hours	(c	heck	all	that	app	oly)	compensation	compensation from related		unt of her
	per week	acto						from the	organizations	1	nsation
		9	8			ated		organization	(W-2/1099-MISC)		n the
		ustee	trust		8	npens		(W-2/1099-MISC)		_	ızatıon
		Individual trustee or director	Institutional trustee	_	Key employee	stcor				1	elated
		Indi	Institu	Officer	Key e	Highest compensated employee	Ē			organi	zations
JIM KINCAID		╁			1	-	╁			<del> </del>	
BOARD MEMBER		X						0.	0		0.
LARA KOCH		-	<b>†</b>	_	$\vdash$					<del>' </del>	
BOARD MEMBER		X						0.	0	.	0.
STAN MCCABE											
BOARD MEMBER		X						0.	0		0.
PETER MCGRAW											
BOARD MEMBER		X						0.	0		0.
MIKE MIERS											
BOARD MEMBER		X			ļ			0.	0		0.
BRIAN MITCHELL											
BOARD MEMBER		X			1	<u> </u>	_	0.	0	•	0.
CHARLA MURRAH					į				_	ŀ	_
BOARD MEMBER		X			╁—	_		0.	0	<b>:</b>	0.
TIM O'SULLIVAN									_		•
BOARD MEMBER		X	<u> </u>		-	┼—	┝	0.	0	<u> </u>	0.
MOLLY PELLEGRINI		<b>.</b>					Ì	0.	0		^
BOARD MEMBER CECIL RICKS		X	-		╁		<del> </del>	U •	<u>U</u>	+	0.
BOARD MEMBER		X						0.	0		0.
1b Total		IA			<u> </u>	_	<u> </u>	203,442.	0	+	0.
2 Total number of individuals (including those	ın 1a) who re	CEIV	ed n	ore	tha	n \$1	ດດ		<u> </u>	<u>,1                                    </u>	
compensation from the organization	· III 12) WIIO IC	CCIV	CG 11	1010			00,	ood in reportable			0
										Y	es No
3 Did the organization list any former officer,	director or tru	stee	, ke	y en	nplo	yee,	or I	highest compensated er	nployee on		
line 1a? If "Yes," complete Schedule J for si	uch individual				•	•				3	Х
4 For any individual listed on line 1a, is the su	m of reportab	le co	omp	ens	atior	n and	d ot	her compensation from	the organization		
and related organizations greater than \$150	0,000? If "Yes,	* co	mple	ete .	Sch	edul	e <i>J</i> :	for such individual		4	X
5 Did any person listed on line 1a receive or a	ccrue compe	nsat	ion f	rom	n any	y uni	elat	ted organization for serv	ices rendered to		
the organization? If "Yes," complete Sched	ule J for such	pers	оп							5	<u> </u>
Section B. Independent Contractors											
Complete this table for your five highest con-	mpensated in	depe	ende	nt c	cont	racto	ors 1	that received more than	\$100,000 of compen	sation fror	m
the organization NONE											
(A) Name and business	address							(B) Description of s	enuces	( <b>C</b> ) Compensa	ation
Traine and beginson							$\dashv$				
								-			
						_					
2 Total number of independent contractors (ii		e in :	1) wł	no r	ecer	ved	moi	re than \$100,000 in com	pensation		
from the organization	0										
SEE SCHEDULE J-2 FOR	PART V	ΙI	, :	šΕ	$\mathbf{CT}$	101	. I.	A CONTINUATI	ON	Form <b>99</b>	<b>30</b> (2008)

art VII	Statement of Revenue	<del></del>				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513, or 514
1 a	Federated campaigns 1a					
1 a b c d e f	Membership dues 1b 281	<u>,218.</u>				
С	Fundraising events 1c				:	
d	Related organizations 1d					
е	Government grants (contributions) 1e				;	
f	All other contributions, gifts, grants, and					
		,362.				
g	Noncash contributions included in lines 1a-1f \$	,396.				
h	Total. Add lines 1a-1f	▶ 1	,238,580.			
	Bus	iness Code				
2 a		11110	695,765.	695,765.		
ь		13110	522,662.	522,662.		
С		13110	186,491.	186,491.		
d		13110	167,402.	167,402.		
2 a b c d	TICKETS 7	13110	132,476.	132,476.		
f	All other program service revenue		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
g	Total. Add lines 2a-2f	▶ 1	,704,796.		*	_
3	Investment income (including dividends, interest, a	ınd		}		
	other similar amounts)	▶	91,601.	91,601.		
4	Income from investment of tax-exempt bond proce	eds 🕨 📘				
5	Royalties	<b>•</b>				
	(i) Real (ii)	Personal				
6 a						
b	Less. rental expenses 391,291.					
С	Rental income or (loss) 236,716.					
d	Net rental income or (loss)	<b>&gt;</b>	236,716.	236,716.		
7 a	Gross amount from sales of (i) Securities (	(II) Other				
	assets other than inventory					
ь	Less cost or other basis	1				
	and sales expenses . 14,573. 1					
С	Gain or (loss) <14,573.≥1	<u>8,389.</u> >	•			
d	Net gain or (loss)	. 🕨	<32,962.	> <32,962.	>	
8 a	Gross income from fundraising events (not					
	including \$ 243,801. of					
	contributions reported on line 1c) See					
	Part IV, line 18 a 20	0,954.				
b	Less direct expenses	6,310.				
С	Net income or (loss) from fundraising events	<b>&gt;</b>	4,644.	4,644.		
9 a	Gross income from gaming activities. See					
	Part IV, line 19 a					
Ь	Less direct expenses b					
с	Net income or (loss) from gaming activities	<b>&gt;</b>				
	Gross sales of inventory, less returns					
		9,773.				
b		1,509.				
	Net income or (loss) from sales of inventory	<b>•</b>	478,264.			478,26
		iness Code				
11 a						
Б			-		-	
C						
d		-			<u> </u>	
	Total, Add lines 11a-11d	<b>•</b>	<u> </u>			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and	· · · -	.721.639.	2,004,795.	0.	478,26
						Form <b>990</b> (20

# Form 990 (2008) TULSA ZOO FRIENDS, INC. Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	and 501(c)(4) organizat ete column (A) but are			(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,664,959.	2,664,959.		<del></del>
2	Grants and other assistance to individuals in				
	the US See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
_	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	90,000.		00 000	
	trustees, and key employees	30,000.		90,000.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
~	persons described in section 4958(c)(3)(B) Other salaries and wages	974,512.	470,221.	397,545.	106,746.
7	Pension plan contributions (include section 401(k)	J14,J14.	4/0,221.	331,343.	100,740.
8	and section 403(b) employer contributions)				
9	Other employee benefits	30,102.	4,983.	24,661.	458.
10	Payroll taxes	70,007.	31,016.	30,498.	8,493.
11	Fees for services (non-employees):	70,007.	31,010.	30,430.	0,433.
'' a	Management				
b	Legal				
	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,002.	10,002.		
g g	Other	149,572.	104,447.	45,125.	
12	Advertising and promotion	341,249.	338,333.	756.	2,160.
13	Office expenses	254,147.	209,762.	33,752.	10,633.
14	Information technology			<u> </u>	
15	Royalties				
16	Occupancy	6,963.	6,963.		
17	Travel	9,332.	1,073.	7,894.	365.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	89,382.		89,382.	·
23	Insurance .	36,876.		36,876.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	TULSA ZOO FRIENDS MEMBE	159,098.	159,098.		
h	PRODUCT COST	60,151.	60,151.		<del> </del>
c	DUES & SUBSCRIPTIONS	28,669.	20,267.	3,909.	4,493.
q	MEALS & ENTERTAINMENT	27,377.	24,591.	2,748.	38.
e	FOOD & CATERING	22,505.	22,278.	84.	143.
f	All other expenses	<122,372.			3,264.
25	Total functional expenses. Add lines 1 through 24f	4,902,531.	3,982,476.	783,262.	136,793.
26	Joint Costs. Check here I If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

	<b>t X</b>		<u>сип2</u>	, INC.	<del></del>	73-0	9300	<u>/ U</u>	Paç	je i
Pai	ιχ	Balance Sheet				<del>  </del>				
					(A) Beginning of year		Enc	( <b>B)</b> d of ye	ar	
	•	Cash - non-interest-bearing			4,105,427.	1		497		ΛΩ
	1 2	Savings and temporary cash investments	•	2,267,151.	2		089			
	3	Pledges and grants receivable, net	2,033,446.	3		947				
	4	Accounts receivable, net	237,174.	4		199				
	-	· ·	251,114.		<del></del> -	199	, ,	<u>7 4</u>		
	5		ceivables from current and former officers, directors, trustees, key ployees, or other related parties Complete Part II of Schedule L							
	6	Receivables from other disqualified persons (as				5			_	
		4958(f)(1)) and persons described in section 49								
		Part II of Schedule L	000(0)(0)	(D). Complete		6				
w	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
As	9	Prepaid expenses and deferred charges		<u> </u>	13,491.	9		12	R	<u>4</u> 1
			10a	1,508,460.	10/1010	3			, 0	<u> </u>
		Less accumulated depreciation. Complete	104	1,300,400.						
	D	Part VI of Schedule D	10b	752,059.	413,389.	10c		756	4	ი 1
	11	Investments - publicly traded securities	100	7327033.	413,303.	11		, 50	, -	<u> </u>
	12	Investments - other securities See Part IV, line			12	·				
	13	Investments - program-related See Part IV, line			13					
	14	Intangible assets			14					
	15	Other assets. See Part IV, line 11	5,693.	15			, 6	93		
	16	Total assets. Add lines 1 through 15 (must equ	ual line '	34)	9,075,771.	16	7 '	510		
	17	Accounts payable and accrued expenses	dar inte v	<u>~,</u>	218,861.	17		176		
	18	Grants payable	,	210,001.	18	•	1,0	, ,	<u> </u>	
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities			······································	20	<del></del>	<del></del>		
w	21	Escrow account liability Complete Part IV of S	chedule	·n	<del></del>	21				
Liabilities	22	Payables to current and former officers, director	<del></del>							
Ď		highest compensated employees, and disquali								
Ë		of Schedule L				22				
	23	Secured mortgages and notes payable to unre	lated th	ird parties		23				
	24	Unsecured notes and loans payable			· · · · · · · · · · · · · · · · · · ·	24				
	25	Other liabilities Complete Part X of Schedule D	)		195,635.	25	•	102	. 4	34
	26	Total liabilities, Add lines 17 through 25		•	414,496.	26		279		65
		Organizations that follow SFAS 117, check !	nere 🕨	X and complete						
ģ		lines 27 through 29, and lines 33 and 34.								
ည	27	Unrestricted net assets			3,669,250.	27	3.	764	. 4	78
ala	28	Temporanly restricted net assets	•		4,992,025.	28	3,4	466	, 3	34
Net Assets or Fund Balances	29	Permanently restricted net assets		Ī		29				
ڃ		Organizations that do not follow SFAS 117,	check h	ere  and						
P.		complete lines 30 through 34.								
ts	30	Capital stock or trust principal, or current funds	s			30				
SSE	31	Paid-in or capital surplus, or land, building, or e		nt fund		31				
¥.	32	Retained earnings, endowment, accumulated i		32						
ž	33	Total net assets or fund balances	,		8,661,275.	33	7.3	230	, 8	$\overline{12}$
	34	Total liabilities and net assets/fund balances		Ī	9,075,771.	34		510		
Pa	rt XI	Financial Statements and Reporting	<u></u> _	· · · · · ·					•	
		·						Y	es	No
1	Acco	ounting method used to prepare the Form 990	C:	ash X Accrual	Other		[			
2а		e the organization's financial statements compile			-		2	a		Х
b		e the organization's financial statements audited					2		x	
c		es" to lines 2a or 2b, does the organization have			sibility for oversight of the	audit.				
		w, or compilation of its financial statements and		•	•	-,	2	c_   :	x	
За		result of a federal award, was the organization r				le Audit		$\top$		

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Name of the organization Employer identification number 73-0930870 ZOO FRIENDS, INC. Reason for Public Charity Status (All organizations must complete this part ) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  $\mathbf{x}$ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c \_\_\_\_ Type III · Functionally integrated d \_\_\_\_ Type III - Other Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the organization in col. (vii) Amount of (i) Name of supported (ii) EIN organization in col. (i) listed in vour organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes Nο Yes Nο

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

Schedule A (Form 990 or 990-EZ) 2008

Total

Schedule A (Form 990 or 990-EZ) 2008			·			Page 2
Part II Support Schedule for			Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	/i)
(Complete only if you checked	the box on line	5, 7, or 8 of Part I)			·-···	
Section A. Public Support		Ţ ·	ı	Τ	1	
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 3					<u> </u>	
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						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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		<u> </u>				
10 Other income Do not include gain						
or loss from the sale of capital					j	
assets (Explain in Part IV.)	_•	ļ				
11 Total support. Add lines 7 through 10			L <u> </u>			
12 Gross receipts from related activities,	•	•			12	
13 First five years. If the Form 990 is for	•	's first, second, thii	d, fourth, or fifth ta	ax year as a section	on 501(c)(3)	. $\square$
organization, check this box and stop Section C. Computation of Publi		ercentage				<u> </u>
14 Public support percentage for 2008 (I		<del></del>	column (f))		14	%
15 Public support percentage from 2007		•		•	15	<u>%</u>
16a 33 1/3% support test - 2008. If the o	•	•	n line 13, and line	14 is 33 1/3% or i		
stop here. The organization qualifies	-			, ., ., .		▶□
b 33 1/3% support test - 2007. If the o		-		line 15 is 33 1/39	6 or more, check th	nis box
and stop here. The organization qual	•		•			<b>▶</b> □
17a 10% -facts-and-circumstances test				e 13. 16a. or 16b.	and line 14 is 10%	or more.

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2008

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Schedule D (Form 990) 2008

Name of the organization

TULSA ZOO FRIENDS, INC. Employer identification number 73-0930870

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
_	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for chantable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	storically important land area
	Protection of natural habitat	· —	fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a con	nservation easement on the last day
	of the tax year.		······································
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		\
_	year >	,g,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		and
-	enforcement of the conservation easements it holds?	<b>3.</b> , , , , ,	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, at	nd enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and		<u> </u>
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements		3 110 31gam=1101 3 4534511111.g 151
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and l	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	·	
	the footnote to its financial statements that describes these i	·	,
ь	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures.
_	or other similar assets held for public exhibition, education, o		
	these items:	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		. <b>&gt;</b> \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financi	
-	the following amounts required to be reported under SFAS 1		argani, provido
_	Revenues included in Form 990, Part VIII, line 1	-	<b>•</b> •
a h	Accests included in Form 000. Bort V		. <b>&gt;</b> \$
U	Assets included in Form 990, Part X	•	9

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

		OO FRIENDS								) Page <b>2</b>
Par	t III   Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Othe	r Simil	ar Asse	ts (contir	nued)
3	Using the organization's accession and other	r records, check any	of the 1	following tha	t are a signifi	icant use	of its col	lection ite	ms (checl	k all
	that apply):									
а	Public exhibition	c	·	Loan or exc	hange progra	ams				
b	Scholarly research	е	, [	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how tl	hey further tl	he organizati	on's exer	npt purpo	ose in Par	t XIV	
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Trust, Escrow and Custodial	-	- Comp	lete if organi	zation answe	ered "Yes	" to Form	1 990, Par	t IV, line 9	, or
	reported an amount on Form 990, Par	t X, line 21.			_					
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded		~	
	on Form 990, Part X?							L.	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table						
									Amount	
С	Beginning balance	•					1c			
d	Additions during the year .						1d			
е	Distributions during the year					-	1e			
f	Ending balance .						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L	Yes	L No
	If "Yes," explain the arrangement in Part XIV									
Par	t V   Endowment Funds. Complete if	f organization answe	ered "Ye	s" to Form 9	r <del></del>					
	1	(a) Current year	(b) F	rior year	(c) Two year	rs back (	<b>d)</b> Three y	<u>rears back</u>	(e) Four	years back
1a	Beginning of year balance	1,409,180.								
b	Contributions	550,000.								
С	Investment earnings or losses	<229,235.	>							
d	Grants or scholarships									<del></del>
е	Other expenditures for facilities									
	and programs .									
f	Administrative expenses	10,002.				<b> </b>				
g	End of year balance	<u>1,719,943.</u>								
2	Provide the estimated percentage of the year		ıs							
а	Board designated or quasi-endowment >	100.00	_%							
b	Permanent endowment >	%								
С	Term endowment ▶	%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	red for th	ie organiz	zation	_	
	by.								<u>`</u>	Yes No
	(i) unrelated organizations								3a(ı)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line	10				
	Description of investment	(a) Cost or o		1 , -	or other	(c) De	epreciatio	n	(d) Book	value
		basis (investr	nent)	basis	(other)					
1a	Land .					_				
	Buildings									
C	Leasehold improvements									
d	Equipment .			1,50	8,460.	7	52,0	59.	756	<u>,401.</u>
	Other		_							
Total	. Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. colu	ımn (B).	line 10(c) )				<b>▶</b>	756	,401.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

under FIN 48 832053 12-23-08

_	dule D (Form 990) 2008 TULSA ZOO FRIENDS, INC.	F: : 101		73-	0930870	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Financial St	atements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•	1		3,721	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		4,902	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<1,180	
4	Net unrealized gains (losses) on investments		4		<249	564.
5	Donated services and use of facilities		_5			
6	Investment expenses		6		_	
7	Pnor period adjustments		7		•	
8	Other (Describe in Part XIV)		8	•		<7.
9	Total adjustments (net) Add lines 4-8		9		<249	571.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9		10	•		463.
	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Rev		Returr		
1	Total revenue, gains, and other support per audited financial statements	· · ·		1	4,119	571.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
_ a	Net unrealized gains on investments	2a <2	249,564.			
ь ь	Donated services and use of facilities	2b		ſ		
-	Recoveres of prior year grants	2c		1		
	·		557,499.	1		
a	Other (Describe in Part XIV)	[ 20 ]	331,433.	1 _	407	025
е	Add lines 2a through 2d			2e	2 711	<u>, 935 .</u>
3	Subtract line 2e from line 1			3	3,711	,636.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,002.	. [		
b	Other (Describe in Part XIV)	4b	1.			
c	Add lines 4a and 4b			4c	10	<u>.003.</u>
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	3,721	639.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Ex	penses per	Retu	irn	
1	Total expenses and losses per audited financial statements			1	5,550	034.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• •				
_	Donated services and use of facilities	2a				
a L		2b		1		
D	Prior year adjustments		<del>.</del>	1		
С	Losses reported on Form 990, Part IX, line 25	2c	CE7 EAE	-		
d	Other (Describe in Part XIV)	2d (	<u> 557,505.</u>	-		
е	Add lines 2a through 2d	•		2e		<u>.505.</u>
3	Subtract line 2e from line 1			3	4,892	<u>,529.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,002.			
b	Other (Describe in Part XIV)	4b				
C	Add lines 4a and 4b			4c	10	,002.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	4,902	
	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	II lines 1a and 4:	Part IV lines 1	b and	2b: Part V line	4 Part
	rt XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b					
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:					
ROU	JNDING: -7.				<del></del>	
		<u> </u>	<u> </u>		<del> </del>	_
PAI	RT XII, LINE 2D - OTHER:			<u>.</u>		
COS	ST OF SALES: 51,509					
REI	NTAL EXPENSES: 391,291				<del>-</del> -	
SAI	LE OF ASSETS: 18,389		<del> </del>	Sched	tule D (Form 9	90) 2008
83205 12-23	4 08				ţ- 3 o	•

Schedule D (Form 990) 2008 TULSA ZOO FRIENDS, INC.  Part XIV Supplemental Information (continued)	
FUNDRAISING EVENTS DIRECT EXPENSES: 196,310	
PART XII, LINE 4B - OTHER:	
ROUNDING: 1	
PART XIII, LINE 2D - OTHER:	
RENTAL EXPENSES: 391,291	
COST OF SALES: 51,509	
SALE OF ASSETS: 18,389	
FUNDRAISING EVENTS DIRECT EXPENSES: 196,310	
ROUNDING: 6	
	-

# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008
Open To Public Inspection

Name of the organization Employer identification number 73-0930870 TULSA ZOO FRIENDS, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations X Email solicitations Solicitation of government grants g X Special fundraising events X Phone solicitations X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (v) Amount paid (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule G (Form 990 or 990-EZ) 2008

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events (Add col (a) through WALTZ HALLOWZOOEEN col (c)) (total number) (event type) (event type) 195,915. 134,319. 114,521 444,755. Gross receipts 120,550 63,410 59,841 243,801. 2 Less Charitable contributions 75,365 70,909 Gross revenue (line 1 minus line 2) 54,680 200,954. 1,741. 1,741. Cash prizes Non-cash prizes Direct Expenses Rent/facility costs 45,316. 60,004. 89,249 194,569. Other direct expenses Direct expense summary Add lines 4 through 7 in column (d) 196,310. 4,644. Net income summary. Combine lines 3 and 8 in column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/Instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses Yes % Yes Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Sch	edule G (Form 990 or 990 EZ) 2008 TULSA_ZOO_FRIENDS,_INC//3-09	13087	0 Pa	age <b>3</b>
			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	%		
b	An outside facility	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name	_		
	Address >	-		
			ŀ	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
			ŀ	
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$			
c	: If "Yes," enter name and address	İ	ŀ	
	Name ►			
	Name	-		
	Address >			
	7.00.000 p	-		
16	Gaming manager information			
	Name >	_		
	Gaming manager compensation > \$			
	Description of services provided	_		
		-		
		-		
	Director/officer Employee Independent contractor			
	Man datas, datab, Assa			
	Mandatory distributions			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	170		
	retain the state gaming license?	17a	1	<del>                                     </del>
t	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	İ		
	organization's own exempt activities during the tax year > \$	į.	1	l .

SCHEDULE I								OMB No 1545-0047	545-0047
(Form 990)			Grants and Governn	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations uals in the U.S.			2008	. 80
Department of the Treasury Internal Revenue Service		► Compl	<ul><li>Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.</li><li>Attach to Form 990.</li></ul>	n answered "Yes," on F ▶ Attach to Form 990.	" on Form 990, Pa n 990.	rt IV, lines 21 or 22.		Open to Public Inspection	Public tion
Name of the organization	TULSA	ZOO FRIENDS,	INC.					Employer identification number 73–0930870	n number 3 0 8 7 0
Part I General Ir		d Assistance		i					
1 Does the organiz	Does the organization maintain records to substantiate the amount of	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	
	criteria used to award the grants or assistance?	ance?			1			Yes	% ⊠
힗	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	sedures for monit	oring the use of grant	funds in the United	States				
Part II Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	overnments and	1 Organizations in the	• United States. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient ti	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000 Check this	box if no one recipien	it received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) Name and ac	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	rant
								SUPPORT FOR THE TULSA ZOO	ULSA ZOO
CITY OF TULSA - TULSA 200	rursa zoo		CITY OF TULSA	2,664,959,	0			AND LIVING MUSEUM	
	Enter total number of section 501(c)(3) and government organizations	d government orç	ganizations					<b>A</b> .	
-1	Enter total number of other organizations							•	
LHA For Privacy Ac	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions 1	for Form 990.				Schedule I (Form 990) 2008	990) 2008

832101 12-18-08

Page 2 Schedule I (Form 990) 2008 (f) Description of non-cash assistance 73-0930870 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance 32 (c) Amount of cash grant (b) Number of recipients TULSA ZOO FRIENDS, INC. (a) Type of grant or assistance Schedule 1 (Form 990) 2008 832102 12-18-08 Part III

# **SCHEDULE J-2**

(Form 990)

# **Continuation Sheet for Form 990**

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Employer Identification number

TULSA ZOO FRIENDS, INC. 73-0930870 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) (C) (D) (E) (F) (A) Reportable Reportable Position Estimated Name and Title Average (check all that apply) compensation compensation amount of hours from per from related other week the organizations compensation Highest compensated employee (W-2/1099-MISC) organization from the Individual trustee or director (W-2/1099-MISC) organization and related nstitutional frustee organizations Ботте Officer SANDY SIEGFRIED X 0. 0. 0 BOARD MEMBER CHAD SMITH X 0 0. 0 BOARD MEMBER MELINDA STINNETT X 0. 0. 0\_ BOARD MEMBER KRISTIN STREET X 0. 0. 0. BOARD MEMBER COLIN TUCKER X 0. 0. 0. BOARD MEMBER THOMAS VOGT X 0 0 0. BOARD MEMBER KEEGAN YOUNG 40.00 96,937 0. 0. EXECUTIVE DIRECTOR Х MELISSA EASTERLING 0. FINANCE DIRECTOR 30.00 X 56,052 0. HOLLY BECKER 0. GUEST SERVICES DIRECTOR 40.00 X 50,453 0.

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Schedule J-2 (Form 990) 2008

# SCHEDULE M (Form 990)

**NonCash Contributions** 

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

INC

ZOO FRIENDS,

Employer identification number 73-0930870

Par	t i Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of det revenue	_	l	
1	Art - Works of art			<u> </u>	<del> </del>			
2	Art - Historical treasures				<del></del>			
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	-				· <u>-</u>		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution							
	(historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	69	91,673	FMV			
20	Drugs and medical supplies		<u></u>					
21	Taxidermy							
22	Historical artifacts			· · · · · · · · · · · · · · · · · · ·				
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( EQUIPMENT )	X	1	85,000				
26	Other ► ( <u>TREES &amp; PLANT</u> )	X	5					
27	Other ► ( <u>AQUARIUM TANK</u> )	X	1	1,800				
28	Other ► (LIMO RENT )	Х	1	1,200	FMV			
29	Number of Forms 8283 received by the organ	ızatıon durın	g the tax year	for contributions				
	for which the organization completed Form 82	283, Part IV,	Donee Acknov	vledgment . 29				
							Yes	No
30a	During the year, did the organization receive to	y contribution	on any propert	y reported in Part I, lines 1-2	28 that it must hold for	1		l
	at least three years from the date of the initial	contribution	, and which is	not required to be used for	exempt purposes for			l
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the rev	new of any non-standard co	ntributions?	31		X
32a	Does the organization hire or use third parties	or related o	rganizations to	solicit, process, or sell non	cash			
	contributions?		•			32a		X
b	If "Yes," describe in Part II							l

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

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2008

33

describe in Part II.

Schedule M (Form 990) 2008 TULSA ZOO FRIENDS, INC.	73-0930870	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I, Also complete this part for any additional information	lines 30b, 32b, and 33	
PART I, OTHER TYPES OF PROPERTY:		
PLUMBING FITTINGS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1000.		
(D) METHOD OF DETERMINING REVENUE: FMV	-	
AIR COMPRESSOR		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 1	· · · · · · · · · · · · · · · · · · ·	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 300.		
(D) METHOD OF DETERMINING REVENUE: FMV		
BOOKS & PHONES		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 3		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 220.		
(D) METHOD OF DETERMINING REVENUE: FMV		
	····	
MICROWAVE		· · · · · · · · · · · · · · · · · · ·
(A) CHECK IF APPLICABLE = X		<del> </del>
(B) NUMBER OF CONTRIBUTORS = 1		<del> </del>
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 100.		
(D) METHOD OF DETERMINING REVENUE: FMV		
	****	

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

SATISFIED.

# **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

TULSA ZOO FRIENDS, INC.

Employer identification number 73-0930870

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROMOTING THE GROWTH AND OUALITY OF THE TULSA ZOO AND LIVING MUSEUM. THEREBY ENRICHING THE LIVES OF ALL WHO EXPERIENCE THE TULSA ZOO. FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 WILL BE COMPLETED ANNUALLY, AFTER THE EXTERNAL AUDIT IS COMPLETE. THE FORM 990 WILL BE REVIEWED IN DETAIL BY THE FINANCE COMMITTEE AND TZF'S EXECUTIVE DIRECTOR AND FINANCIAL DIRECTOR. AFTER RESOLVING ANY OUESTIONS AND MAKING ANY NECESSARY CHANGES, THE FORM WILL BE APPROVED BY THE FINANCE COMMITTEE AND SIGNED OFF ON BY TZF'S EXECUTIVE DIRECTOR. THE FORM WILL THEN BE PROVIDED TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING THE FORM WITH THE IRS. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST. TULSA ZOO FRIENDS, INC. HAS A BOARD FINANCE COMMITTEE THAT IS RESPONSIBLE FOR ALL FINANCIAL MATTERS. THEY WILL REVIEW THE AUDIT AND THE 990 FIRST, THEN DIRECT QUESTIONS TO THE FINANCE DIRECTOR AND INDEPENDENT ACCOUNTANT IF THEY SEE FIT. THEY WILL INFORM THE REST OF THE BOARD THAT THEY ARE SATISFIED WITH THE AUDIT AND THE 990 AND THE REST OF THE BOARD WILL HAVE THE OPPORTUNITY TO REVIEW BOTH DOCUMENTS IF

THEY WOULD LIKE TO. TULSA ZOO FRIENDS HAS NOT CHANGED AUDITORS IN OUITE

A WHILE, BUT THE BOARD ORIGINALLY DECIDED ON THE AUDITOR AND

PERIODICALLY ASK THE FINANCE AND EXECUTIVE DIRECTORS IF THEY ARE

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

TULSA ZOO FRIENDS, INC.	73-0930870
PART VI, QUESTIONS 12B, 12C, 15A AND 15B	
POLICIES IN PLACE AT 6/30/09	
ALTHOUGH THE ANSWERS TO QUESTIONS 12B, 12C, 15A AND 15B	ARE "NO" AT
6/30/09, THE ORGANIZATION HAS IMPLEMENTED POLICIES FOR T	THESE AREAS
AFTER 6/30/09. ON FORM 990 FOR THE YEAR ENDING 6/30/10	THESE QUESTIONS
WILL BE ANSWERED AS "YES".	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection

OMB No 1545-0047 -

2008

Employer identification number 73-0930870

Direct controlling

End-of-year assets

Total income <u>@</u>

> Legal domicile (state or foreign country)

Primary activity <u>@</u>

Identification of Disregarded Entities

Part I

<u></u>

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entity

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ▶ See separate instructions. TULSA ZOO FRIENDS, INC. Name of the organization

Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations Part II

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
TULSA 200 FRIENDS FOUNDATION - 73-1582685 6421 EAST 36TH STREET NORTH TULSA, OK 74115-2121	RAISE FUNDS FOR THE LONG-TERM OPERATIONS AND SUCCESS OF TULSA ZOO		501(c)(3)	LINE 11B	

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

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Schedule R (Form 990) 2008

INC.
FRIENDS,
Z00
TULSA
Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership	ganizations Taxable as a Par	tnership							:	:
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)		(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate at a allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?  Yes No
										-
Part IV Identification of Related Organizations Taxable as a Corporation or Trust	ganizations Taxable as a Cor	poration or	Trust							
(A) Name, address, and EIN of related organization	<u>Z</u> c	g.	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	I I	(F) Share of total income	(G) Share of Pend-of-year cassets	(H) Percentage ownership
		·								
				-						
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Schedule R (Form 990) 2008 TULSA ZOO FRIENDS, INC.

Part V Transactions With Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.  1 During the tay year did the proprietion engage in any of the following transactions with one or more related organizations listed in Parts II.IV?			Yes
a		12	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b	X
c Gift, grant, or capital contribution from other organization(s)		10	×
d Loans or loan guarantees to or for other organization(s)		1d	×
e Loans or loan guarantees by other organization(s)		- <del>-</del>	×
f Sale of secete to other organization(s)		<b>*</b>	<b>×</b>
		. 5	×
by the chance of assets		r €	×
		=	×
. Lease of facilities, equipment, or other assets from other organization(s)		-	×
		¥	×
Performance of services or membership or fundraising solicitations by		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		-t	×
n Sharing of paid employees		-t	×
			- -
		9	×
p Reimbursement paid by other organization for expenses		<del>P</del>	×
a Other transfer of each or property to other erranization(c)		5	~
r Other transfer of cash or property from other organization(s)		÷	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds		
( <b>A</b> )	<b>6</b> 9	Q	
Name of other organization(s)	Transaction type (a·r)	Amount involved	/olved
(1)			
(2)			
(3)			
(4)			
(5)			
(9)			
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# Part VI Unrelated Organizations Taxable as a Partnership

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

that was not a related organization. See monthly regarding exclusion to certain investment parties of the			į	į	į	3	1 2
(A)	(B)	<u>©</u>	<u> </u>	ij	Œ.		
Name, address, and EIN	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
(min)		country)	Yes No		Yes No		1 '
	-						
				:			
							-
					-		-
					-	·	

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