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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
ARKANSAS ZOOLOGICAL FOUNDATION
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1 JONESBORO DRIVE
 City or town, state or country, and ZIP + 4
LITTLE ROCK, AR 72205

D Employer identification number
35-2241655

E Telephone number
(501) 666-2406

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method ☒ Cash ☐ Accrual
 Other (specify) ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **WWW.ZOOFOUNDATION.ORG**

J Tax-exempt status (check only one) - ☒ 501(c)(3) (Insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **247,285**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	230,410
2	Program service revenue including government fees and contracts	2	1,320
3	Membership dues and assessments	3	
4	Investment income	4	3,425
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	12,130
b	Less direct expenses other than fundraising expenses	6b	3,560
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8,570
7a	Gross sales of inventory less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	243,725
10	Grants and similar amounts paid (attach schedule)	10	77,998
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	22,309
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ STM130)	16	21,722
17	Total expenses. Add lines 10 through 16	17	122,029
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	121,696
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	760,304
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	882,000

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	760,304	882,000
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	760,304	882,000
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	760,304	882,000

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2009)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **SUPPORT THE LITTLE ROCK ZOO**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)**28 CONTRIBUTION TO THE SUPPORTED ORGANIZATION, THE LITTLE ROCK ZOO, FOR THE CONSTRUCTION OF A CHEETAH HABITAT**(Grants \$) If this amount includes foreign grants, check here ☐ **28a** **76,688****29**
(Grants \$) If this amount includes foreign grants, check here ☐ **29a****30**
(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31** Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ☐ **31a****32 Total program service expenses (add lines 28a through 31a)** **32** **76,688****Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

See 990 OFOV	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CHUCK SPOHN		CHAIR			
5412 EDGEWOOD LITTLE ROCK AR, 72207		1	0	0	0
GEORGE EASLEY		DIRECTOR			
1701 N PALM LITTLE ROCK AR, 72207		1	0	0	0
DAVID FERN		DIRECTOR			
4 POYDRAS DRIVE LITTLE ROCK AR, 72211		1	0	0	0
DAN FOWLER		VICE CHAIR			
1 JONESBORO DRIVE LITTLE ROCK AR, 72205		1	0	0	0
ROBIN HENSON		DIRECTOR			
1201 S LOUISIANA 1 LITTLE ROCK AR, 72202		1	0	0	0
SCHAWNEE HIGHTOWER		DIRECTOR			
1 JONESBORO DRIVE LITTLE ROCK AR, 72205		1	0	0	0
DEANA MCCORMACK		DIRECTOR			
1 JONESBORO DRIVE LITTLE ROCK AR, 72205		1	0	0	0
ANGELA MOODY		DIRECTOR			
10 THOMAS PARK CIRCLE LITTLE ROCK, 72223		1	0	0	0
DAWNE VANDIVER		DIRECTOR			
6 NORMANDY ROAD LITTLE ROCK AR, 72227		1	0	0	0
DAVID ASTON		DIRECTOR			
6314 GREENWOOD RD LITTLE ROCK AR,		1	0	0	0
TRACEY MEYER CHESSE		DIRECTOR			
31 COACHLIGHT DR LITTLE ROCK AR,		1	0	0	0
DR PAM HOWARD		DIRECTOR			
119 CHELLE LANE LITTLE ROCK AR,		1	0	0	0
ANTON JANIK		DIRECTOR			
49 HANNA LANE LITTLE ROCK AR,		1	0	0	0
FRED KNIGHT		DIRECTOR			
1123 S UNIVERSITY AVE, STE 800 LITTLE ROCK,		1	0	0	0
TINA LEE		DIRECTOR			
6949 AUSTIN BAY CT LITTLE ROCK AR,		1	0	0	0
MARK NICHOLS		DIRECTOR			
1316 N HILLS BLVD NORTH LITTLE ROCK AR,		1	0	0	0
BETSY SINGLETON SNYDER		DIRECTOR			
50 ROBINWOOD LITTLE ROCK AR,		1	0	0	0
HATIM SMOUNI		DIRECTOR			
21 SAINT ANDREWS DRIVE LITTLE ROCK AR,		1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ; section 4912 ; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. AR		
42 a	The organization's books are in care of SUSAN ALTRUI Telephone no 501-666-2406 Located at 1 JONESBORO DRIVE LITTLE ROCK, AR ZIP + 4 72205		
b	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)? 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.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country.	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
46 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	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

Sign Here	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.			
	Signature of officer	Date		
Paid Preparer's Use Only	Signature of preparer		Date	Preparer's Identifying No. (See inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no
	PRIDY & HOLIFIELD PA			
	615 MAIN STREET			
		NORTH LITTLE ROCK, AR 72114		501-374-9241
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ARKANSAS ZOOLOGICAL FOUNDATION

Employer identification number

35-2241655

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ 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.
 - a ☒ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other
 - e ☒ 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)**.
 - f 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 ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
 - (ii) A family member of a person described in (i) above? ☐
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
LR ZOOLOGICAL GARDEN	71-6014465	6	X		X		X		76,688
Total									76,688

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

		<u>AMOUNT</u>	<u>RELATIONSHIP</u>
ACTIVITY	CONSTRUCTION OF CHEETAH HABITAT	76,688	SUPPORTED ORG
GRANTEE	LR ZOOLOGICAL GARDENS		
ADDRESS	1 JONESBORO DRIVE		
	LITTLE ROCK AR 72205		

ACTIVITY		1,310
GRANTEE	AMERICAN ASSOCIATION OF ZOO KEEPERS	
ADDRESS		

TOTAL	<u>77,998</u>
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FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PUBLIC RELATIONS	895
INVESTMENT FEE/BANK CHARGES	804
EVENT COSTS	9,033
DUES/MEETINGS	4,063
SUPPLIES	1,051
MISCELLANEOUS	2,191
ACCOUNTING SERVICES	<u>3,685</u>
TOTAL	<u>21,722</u>

Arkansas Zoological Foundation
FEIN 35-2241655
2009 Form 990 EZ

Line 35a

Income reported on Line 2 in the amount of \$1,320 is not being reported on Form 990-T as this activity substantially carries out the exempt purpose. Income on Line 6a in the amount of \$12,130 is not being reported on Form 990-T as this is an event not an activity for the production of income from selling goods or performing services.