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DLN: 93493214002530

Form **990**

Department of the Treasury 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)

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

OMB No 1545-0047

Open to Public Inspection

_		whee blo	C Name of organization			D Employer i	identification number
Add	ress cha		Denver Zoological Foundation			84-0502	539
– Nar	ne chan	label or print or	Doing Business As			E Telephone	number
– _{Init}	ıal returi		Number and street (or P O box if mail is	not delivered to street addres	s) Room/suite	(303) 376	5-4800
– Ten	mınated	Instruc- tions.	2300 Steele Street	not delivered to street dadres	, Room, saite	G Gross receip	ots \$ 55,519,988
- Am	ended r	eturn	City or town, state or country, and ZIP +	4			
- App	lication	pending	Denver, CO 80205				
			ne and address of principal officer		H(a) Is thi	ı s a group reti	urn for
) Piper Steele Street		affilia	tes?	⊤Yes ▼ No
		Denve	r,CO 80205		H(b) Are al	l affiliates incl	uded?
	v-avamı	nt status 🔽 F01/a) (3) ◀ (insert no)	- 527			st (see instructions)
				327	H(c) Grou	p exemption	number 🟲
		: - www.denverzo					Γ
	n of org rt I		tion Trust Association Other		L Year of fo	rmation 1950	M State of legal domicile CO
Pa		Summary Briefly describe th	e organization's mission or most sigr	ificant activities			
aovemance		strives to achieve survival Honor - V through progressi the natural world I	e together Denver Zoo's mission is to its mission by adhering to six core v Ve treat our public, animals, voluntee ve thinking, practices and partnership Empower - We equip our communities se to our customers	alues Protect - We com s and staff with respect s Engage - We connect	mit to saving Innovate - W people with a	animals and e strive to di nimals and ir	ensuring their long-term scover creative solutions ispire everyone to respec
acumines a		•	if the organization discontinued its				
			members of the governing body (Part ndent voting members of the governin				3 43 42
ţ		•	nployees (Part V , line 2a))	•	4 42 5 344
			olunteers (estimate if necessary)				6
			ted business revenue from Part VIII		•		7a
	ь	Net unrelated bus	iness taxable income from Form 990	T, line 34			7b
					Prio	r Year	Current Year
ou	8		d grants (Part VIII, line 1h)			18,738,201	<u> </u>
Revenue	9		revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4,			10,744,977	
歪	10 11		me (Part VIII, column (A), lines 5, 4, Part VIII, column (A), lines 5, 6d, 8c,	,		329,750 87,119	<u> </u>
	12	•	dd lines 8 through 11 (must equal Pa				
	40					29,900,047	' ' '
	13 14		ar amounts paid (Part IX, column (A), or for members (Part IX, column (A),	·		420,405	250,053
	15		ompensation, employee benefits (Par		_		
\$		10)	sinpensation, employee benefits (i al	in in the second		13,854,943	15,073,925
Expenses	16a	Professional fund	Iraising fees (Part IX, column (A), line	e 11e)		259,500	0
<u>5</u>	I I					· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Ь		penses (Part IX, column (D), line 25) ►2,280,			· · · · · · · · · · · · · · · · · · ·	
	17	Other expenses	(Part IX, column (A), lines 11a-11d,	11f-24f)		11,691,289	11,736,579
_	17 18	Other expenses Total expenses	(Part IX, column (A), lines 11a-11d, Add lines 13-17 (must equal Part IX	11f-24f) , column (A), line 25)		26,226,137	11,736,579 27,060,557
	17	Other expenses Total expenses	(Part IX, column (A), lines 11a-11d,	11f-24f) , column (A), line 25)	Beginning		11,736,579 27,060,557 27,850,920
	17 18 19	Other expenses Total expenses Revenue less ex	(Part IX, column (A), lines 11a-11d, Add lines 13-17 (must equal Part IX penses Subtract line 18 from line 12	11f-24f) , column (A), line 25)		26,226,137 3,673,910 g of Current ear	11,736,579 27,060,557 27,850,920 End of Year
	17 18 19	Other expenses Total expenses Revenue less ex Total assets (Pa	(Part IX, column (A), lines 11a-11d, Add lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 rt X, line 16)	11f-24f)		26,226,137 3,673,910 g of Current ear 21,731,602	11,736,579 27,060,557 27,850,920 End of Year 50,865,186
	17 18 19 20 21	Other expenses Total expenses Revenue less ex Total assets (Pa Total liabilities ((Part IX, column (A), lines 11a-11d, Add lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 rt X, line 16)	11f-24f)		26,226,137 3,673,910 3 of Current ear 21,731,602 1,568,531	11,736,579 27,060,557 27,850,920 End of Year 50,865,186 2,851,195
net Asses or Fund Balances	17 18 19 20 21 22	Other expenses Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fur	(Part IX, column (A), lines 11a-11d, Add lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 rt X, line 16)	11f-24f)		26,226,137 3,673,910 g of Current ear 21,731,602	11,736,579 27,060,557 27,850,920 End of Year 50,865,186 2,851,195
net Assers or Fund Balances	17 18 19 20 21 22	Other expenses Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature Bl Under penalties of pr	(Part IX, column (A), lines 11a-11d, Add lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 rt X, line 16)	11f-24f) , column (A), line 25)	schedules and st	26,226,137 3,673,910 g of Current ear 21,731,602 1,568,531 20,163,071	11,736,579 27,060,557 27,850,920 End of Year 50,865,186 2,851,195 48,013,991 to the best of my knowledge
o Fend Balances	17 18 19 20 21 22	Other expenses Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature BI Under penalties of pand belief, it is true, ****** Signature of office	(Part IX, column (A), lines 11a-11d, Add lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 rt X, line 16)	11f-24f) , column (A), line 25)	schedules and ston all information	26,226,137 3,673,910 g of Current ear 21,731,602 1,568,531 20,163,071	11,736,579 27,060,557 27,850,920 End of Year 50,865,186 2,851,195 48,013,991 to the best of my knowledge
Part Part Part Balances Paid Balances	17 18 19 20 21 22 t III	Other expenses Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature BI Under penalties of pand belief, it is true, ****** Signature of office Craig D Piper Pre Type or print nan Preparer's signature	(Part IX, column (A), lines 11a-11d, Add lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 rt X, line 16)	ntif-24f)	schedules and ston all information	26,226,137 3,673,910 g of Current ear 21,731,602 1,568,531 20,163,071 catements, and ton of which prep	11,736,579 27,060,557 27,850,920 End of Year 50,865,186 2,851,195 48,013,991 to the best of my knowledge parer has any knowledge
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Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

See Schedule O Denver Zoo, established in 1896, is dedicated to protecting wildlife and fostering a world where humans and animals can thrive together. Denver Zoo's mission is to secure a better world for animals through human understanding. The zoo strives to achieve its mission by adhering to six core values. Protect - We commit to saving animals and ensuring their long-term survival Honor - We treat our public, animals, volunteers and staff with respect Innovate - We strive to discover creative solutions through progressive thinking, practices and partnerships Engage - We connect people with animals and inspire everyone to respect the natural world Empower - We equip our communities with the knowledge to take positive action for all species. Serve - We deliver exceptional service to our customers.

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 12,403,094 including grants of \$ 165,053) (Revenue \$ 8,090,883)
	Animal Care and ResearchThe purpose of Denver Zoo's animal care and research programs is to provide exceptional animal care to the 3,798 animals that call Denver Zoo home and to make meaningful global contributions to the conservation of animals and their ecosystems. Denver Zoo's animal care program is recognized for its enrichment and operant conditioning training which seeks to create opportunities for animals to exercise their natural behaviors and, through positive reinforcement, to participate in their own health care by presenting different body parts for examination or treatments by keepers and veterinarians with minimal stress to the animal. These training sessions are a key component of the bond that zookeepers build with the animals in their care. Working with an animal nutritionist, each animal receives a custom diet designed for its individual needs. These diets consist of the highest grades of fruits, vegetables, grains, fish and meats. In 2009, the animal care team welcomed the births of various endangered species. Denver Zoo's hospital has a staff of three full-time veterinarians and three technicians and provides the highest quality animal health care. This team possesses the knowledge to care for 700 different species of animals and can respond to nearly any emergency with the resources on-property. Denver Zoo's commitment to global conservation is represented through the 80 field conservation and research projects led by Denver Zoo staff or research associates during 2009. Denver Zoo's conservation efforts in 22 countries on four continents not only focus on animals but the programs focus on the communities that share their world with the animals that we are working to save. Focused on helping animals by helping people, all of the projects use an education and resources based approach to developing an appreciation of wildlife and conservation in the communities that are impacted. In 2009, Denver Zoo was given an award by the provincial government of Mongolia for its conservation education trai
	(Code) (Expenses \$ 3,810,509 including grants of \$) (Revenue \$)
	Zoo ImprovementsZoo improvements include both small and large capital projects. Small capital projects include critical investments to maintain the Zoo's existing facilities and to provide equipment needed to care for the Zoo and allow staff to work safely. Included in this section is a \$55,961 expenditure for a seal shade structure and \$116,030 to rebuild the animal holding area for the Wildlife Show in Conoco Zoo Gardens. Large capital expenditures are associated with the Zoo's Millennium plan. In 2009, these expenditures generally included construction drawings and continued development of the Zoo's gasification project. This project is a critical aspect of the future Asian Tropics exhibit whereby 90% of the Zoo's waste will be converted into energy to operate zoo facilities.
4c	(Code) (Expenses \$ 2,206,423 including grants of \$) (Revenue \$ 1,194,138)
	Education and Volunteer ProgramsEducation is a key component of Denver Zoo's mission. In 2009, education programs experienced growth and continued to confirm the critical role it serves in filling gaps in formal education as well as teacher training. Denver Zoo provided education programs for 49,503 students in 2009, served more than 85,977 students and individuals through its outreach programs to schools, senior centers and community centers, and provided nearly \$159,660 in funding to 50,013 individuals through its Red Apple Scholarship Fund. The Red Apple Fund makes it possible for underserved audiences and institutions serving these people to participate in on-site and outreach fee based programs in Colorado and neighboring states. In 2009, 778 volunteers gave 90,094 hours of their time to Denver Zoo - an average of 116 hours per person. Volunteers dedicated their time to enhancing the visitor experience, supporting staff, helping to care for animals, providing education programs in schools, community centers and Senior Centers, helping to foster empathy for animals, and conservation. Denver Zoo's "Zoo Crew" Teen Volunteer program which provides volunteering opportunities for youth ages 13-18, had 104 members who volunteered a total of 14,039 hours - 60% of these teens were returning volunteers.
	(Code) (Expenses \$ 4,229,936 including grants of \$) (Revenue \$ 1,567,367)
	Other Programs includes Certificates of Participation, Member Services, Guest Services, Horticulture and Interns Certificates of Participation is an account funded by \$1 00/per paid admission and is used to reimburse the city for providing \$8 5 million of the balance of parking garage construction expenses in 2001 Member Services includes the expenses associated with obtaining new members and retaining our 58,869 household members. Guest Services is the department that provides all aspects of customer service from guest relations staff to security for the approximately 2,000,000 on-grounds visitors. The Horticulture department maintains all landscapes, grounds, and irrigation for the entire Zoo, including animal exhibits. The internship program is for college students who are working towards a degree in a field related to their area of interest at the Zoo.
4d	Other program services (Describe in Schedule O) (Expenses \$ 4,229,936 including grants of \$)(Revenue \$ 1,567,367)
4-	
4e	Total program service expenses▶\$ 22,649,962

art TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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 similar funds or 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		N o
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S ? <i>If "Yes," complete Schedule F, Part II</i>	15	Yes	
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 U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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		Νο
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	Yes	
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	Yes	
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	Yes	
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Part V	Statements	Regarding	Other IRS	Filings and	Tax Compliance
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			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 33			
b	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		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
ь	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		Νo
Ь	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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross Income from members or shareholders			
Ь	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			

2300 Steele Street Denver, CO 80205 (303) 376-4800

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

Se	ection A. Governing Body and Management						
			Yes	No			
_							
1a	Enter the number of voting members of the governing body 1a 43						
ь	Enter the number of voting members that are independent 1b 42						
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	Yes				
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		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No			
6	Does the organization have members or stockholders?	6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o			
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue Code.)		V	N-			
10-	Describe augustion have lead shouters burnels as officers?	10-	Yes	No			
	Does the organization have local chapters, branches, or affiliates?	10a		No			
	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?	10b					
11	11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b	Yes				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο			
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					
	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed ►						
18	Section 6104 requires an organization to make its Form 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. Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n 🕨			
	Donna Driscoll						

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 current or former officer, director, trustee or key employee										
(A) Name and Title	(B) (C) A verage hours Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee		Former	from the organization (W-2/1099-MISC) (W-2/1099-MISC)		compensation from the organization and related organizations		
Patrick Green Chairman	4 00	х		x				0	0	0
Katie Philpott Schoelzel Executive Vice Chairman	4 00	Х		Х				0	0	0
Meyer M Saltzman Vice Chairman of Finance	4 00	Х		Х				0	0	0
Charles R Frederickson Vice Chairman	4 00	Х		Х				0	0	0
Sherri Koelbel Vice Chairman	4 00	Х		Х				0	0	0
Bei-Lee Gold Secretary	4 00	Х		Х				0	0	0
Bruce S Wagner Immediate Past Chair	4 00	Х		Х				0	0	0
Eula L Adams Trustee	4 00	Х						0	0	0
Tım Atkeson Trustee	4 00	Х						0	0	0
Robert Bach Trustee	4 00	Х						0	0	0
Lyne Andrich Trustee	4 00	Х						0	0	0
Barb Card Trustee	4 00	Х						0	0	0
Dr David A Chiszar Trustee	4 00	Х						0	0	0
Pat I Cortez Trustee	4 00	Х						0	0	0
Mary Brown Trustee	4 00	Х						0	0	0
Kenneth I Gart Trustee	4 00	Х						0	0	0
Christopher Gates Trustee	4 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) (C) A verage hours that apply) per I I I I I I							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Panayes John Dikeou Trustee	4 00	Х						О	0	0
Mike Long Trustee	4 00	Х						0	0	0
Mary Pat McCormick Trustee	4 00	Х						0	0	0
Nancy McGrath Trustee	4 00	Х						0	0	0
Julie Mills Trustee	4 00	Х						0	0	0
Richard L Monfort Trustee	4 00	Х						0	0	0
Mark Murray Trustee	4 00	Х						0	0	0
Kelly Eisinger Trustee	4 00	Х						0	0	0
Kevin Fitzgerald PhD Trustee	4 00	Х						0	0	0
Dennis J O'Malley Trustee	4 00	Х						0	0	0
Kevin Patterson Trustee	4 00	Х						0	0	0
Patrıcıa Barela Rıvera Trustee	4 00	х						0	0	0
Dr Charles H Scoggin Trustee	4 00	Х						0	0	0
Elizabeth B Searle Trustee	4 00	Х						0	0	0
Jo Ann Semple Trustee	4 00	Х						0	0	0
Sue Stevinson Trustee	4 00	Х						0	0	0
Sharon K Swiatek Trustee	4 00	Х						0	0	0
Sıd Wilson Trustee	4 00	х						0	0	0
Laurie Lind Galbreath Trustee	4 00	х						0	0	0
Constance F Graham Trustee	4 00	х						О	0	0
Lynn Luce Kitt Trustee	4 00	Х						0	0	0
Kelly Matthews Trustee	4 00	х						0	0	0
Nina Henderson Moore Trustee	4 00	Х						0	0	0
Mrs James S Ogsbury II Trustee	4 00	Х						0	0	0
Stephen L Stieneker Trustee	4 00	Х						0	0	0
Craig Piper Pres/CEO	40 00			Х				161,022	0	59,780
Kyle Burks VP/COO	40 00			Х				122,646	0	24,253
Donna Driscoll Treasurer/CFO	40 00			Х				109,842	0	20,814
Pat Moredock Assistant Secretary	40 00			Х				53,314	0	13,051
1b Total							•	446,824	0	117,898

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization $\blacktriangleright 3$

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services				
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than

\$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
KM Concessions Inc 4699 Marion Street Denver, CO 802162118	Concessions	606,099
CLR Design Inc 833 Chestnut Street Suite 1000 Philadelphia, PA 19107	Architectural Design	521,907
Malenke Barnhart LLC 1614 15th Street Denver, CO 80202	Ad vertising	452,604
Hammers Construction Inc 1411 Woolsey Heights Colorado Springs, CO 809155400	Construction	392,340
Sprint Press Denver PO Box 390084 Denver, CO 80239	Printing	310,017

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright 10

	Form 990 (2009) Page 9							
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
#\$	1a	Federated camp	paigns 1a	3,709				
ira Our	ь	Membership du	es	4,285,599				
s, ç am	С	Fundraising eve	ents 1c	485,701				
g i≅	d	Related organiz	ations 1d	230,000				
η ΉΞίς	e	Government grants	s (contributions) 1e	36,827,117				
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	ons, gifts, grants, and fit included above butions included in 7,655	2,114,171				
Cont	h	IIIIes Ta-TI D	: 1a-1f	•	43,946,297			
e E	_			Business Code				
ven	2a	Admission & conces		900,099	8,090,883	8,090,883		
2	b	Marketing & memb	pership	900,099	1,293,549	1,293,549		
MC	C J	Education	<u> </u>	900,099	1,194,138	1,194,138		
Ser	d	Contracts from gov	<u>'t </u>	900,099	195,000	195,000		
Program Service Revenue	e •	Λ II o+b o = = = = =						
į,	T	All other progra	ım service revenue					
	g	Total. Add lines	2a-2f	▶	10,773,570			
	3		ome (including dividend	. =	112,792			112,792
	۱,		ar amounts) tment of tax-exempt bond p	⊢	112,792			112,792
	4 5			- Inducedus				
		Koyunies	(ı) Real	(II) Personal				
	6a	Gross Rents	(1) 112 21	(11) 1 2 1 2 2 1 1 2 1				
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d		s)					
<u>•</u>	8a	Gross income fi	rom fundraising					
Other Revenue		\$ 608, of contributions See Part IV , lin	reported on line 1c)					
45 45			а	485,701				
Ĭ,	b		penses b	608,511	0			
0	9a		loss) from fundraising erom gaming activities e 19	events F	· ·			
	ь		a penses b					
	с 10а	Net income or (Gross sales of i returns and allo		vities				
	ь		a pods sold b					
	с	_	loss) from sales of inve	ntory 📂				
		Miscellaneous		Business Code				
	11a	Miscellaneous i	program	900,099	78,818	78,818		<u> </u>
	ь							
	С							
	d	All other revenu	ne					
	e	Total. Add lines	311a-11d		78,818			
	12	Total revenue.	See Instructions	· .	54,911,477	10,852,388		112,792

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
	l other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D). (C)	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	95,000	95,000						
2	Grants and other assistance to individuals in the U.S. 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	155,053	155,053						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	564,722		564,722					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	14,509,203	12,518,329	754,996	1,235,878				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes				_				
11	Fees for services (non-employees)								
а	Management								
ь	Legal	46,655		46,655					
С	Accounting	38,400		38,400					
d	Lobbying	10,660		10,660					
e	Professional fundraising See Part IV, line 17	,		,					
f	Investment management fees								
g	Other	728,884	728,884						
12	Advertising and promotion	533,061	,		533,061				
13	Office expenses	2,264,171	2,016,735	137,775	109,661				
14	Information technology	158,226	2,010,.00	158,226	103,001				
15	Royalties	130,220		130,220					
16	Occupancy	2,022,451	2,022,451						
17	Travel	167,330	101,548	 	8,244				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	107,330	101,540	37,330	0,244				
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	256,513	256,513						
23	Insurance	110,514	37,327	 					
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)	223,021	51,621	13,237					
а	Exhibits improvements	2,983,772	2,983,772						
ь	Cert of participation	630,027	630,027						
c	Education expenses	386,071	386,071						
d	Wildlights/other events	187,370			187,370				
e	Repairs and maintenance	133,762	133,762						
f	All other expenses	1,078,712	584,490	<u> </u>	206,159				
25	Total functional expenses. Add lines 1 through 24f	27,060,557	22,649,962	· -	2,280,373				
26	Joint costs. Check here ► ✓ If following SOP 98-2	27,000,337	22,049,902	2,130,222	2,200,373				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet					
					(A)		(B)
	Ι.				Beginning of year		End of year
	1	Cash—non-interest-bearing			1,116,290		831,916
	2	Savings and temporary cash investments	•		14,046,175		44,564,162
	3	Pledges and grants receivable, net	•		5,090,264	3	4,169,235
	4	Accounts receivable, net			616,547	4	578,017
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
Š	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges	nd deferred charges				
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	2,081,595			
	Ь	Less accumulated depreciation	10b	1,627,107	610,392	10c	454,488
	11	Investments—publicly traded securities			251,934	11	267,368
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			21,731,602	16	50,865,186
	17	Accounts payable and accrued expenses .	1,568,531	17	2,851,195		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u>. च</u>		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,568,531	26	2,851,195
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27			
ģ		through 29, and lines 33 and 34.					
an an	27	Unrestricted net assets			8,664,826	27	8,893,457
8	28	Temporarily restricted net assets			11,498,245	28	39,120,534
Fund Balance	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plete			
ĕ		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			20,163,071	33	48,013,991
	34	Total liabilities and net assets/fund balances	21,731,602	34	50,865,186		

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Denver Zoological Foundation

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Inspection **Employer identification number**

									84-0502539	9	
Pa	rt I	Reas	on for Pul	olic Charity Stat	us (All orga	anızatıons	must comp	lete this par	t.) See inst	ructions	
he o	organiz	zation is	not a private	foundation because	ıtıs (Forlır	nes 1 throu	gh 11, check	only one box)		
1	Г	A churc	h, conventio	on of churches, or as:	sociation of d	churches s e	ection 170(b)	(1)(A)(i).			
2		A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedu	le E)				
3	Γ	A hospi	tal or a coop	erative hospital serv	vice organiza	ition descril	bed in sectio r	170(b)(1)(A	(iii).		
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a l	nospital desc	rıbed ın secti	on 170(b)(1)	(A)(iii). Ent	er the
5	Γ	An orga	ınızatıon ope	rated for the benefit	of a college (or universit	y owned or op	perated by a g	overnmental	unıt descrit	 ped in
		section	170(b)(1)(A	A)(iv). (Complete Pa	rt II)						
6	Γ	A feder	al, state, or l	ocal government or	governmenta	ıl unıt descr	ıbed ın sectio	on 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	Г			described in section)(vi) (Com	plete Part II)			
9	F	An organization that normally receives (1) more than 331/3% 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 331/3% 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 11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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). Chec 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	Γ	By chec	an foundatio	b Type II x, I certify that the o on managers and othe	rganızatıon i	s not contr	olled directly	or indirectly I	•	re disqualifie	ed persons
f		If the o	his box	eceived a written de						supporting	organization,
g		followin	g persons?	006, has the organiz ectly or indirectly co				•			Yes No
				overning body of the	•					11g(i)	
				r of a person describ						11g(ii)	
			•	ed entity of a person	• •		bove?			11g(iii	
h				g information about t							<u> </u>
(i) Name suppo organiz		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you no organizat col (i) o suppo	tify the tion in f your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
	· · · · · · · · · · · · · · · · · · ·			instructions))	Yes	No	Yes	No	Yes	No	

Total

instructions

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if y	ou checked the	box on line 5, 7	, or 8 of Part I	(.)		
	ection A. Public Support	1					
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10,126,282	3,527,660	5,711,519	5,739,582	31,699,716	56,804,759
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	5,787,333	6,124,171	6,551,742	6,739,624	5,870,382	31,073,252
3	The value of services or facilities furnished by a governmental unit to the organization without charge	1,429,300	1,507,900	1,729,130	2,086,668	2,090,600	8,843,598
4	Total. Add lines 1 through 3	17,342,915	11,159,731	13,992,391	14,565,874	39,660,698	96,721,609
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						96,721,609
	from line 4 ection B. Total Support						
	endar year (or fiscal year	(-) 200F	(h) 2006	(-) 2007	(4) 2000	(-) 2000	(5) T - t - l
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	A mounts from line 4	17,342,915	620,426	13,992,391	14,565,874	39,660,698	96,721,609
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	169,645	620,426	601,740	329,750	112,792	1,834,353
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part						
	IV) Do not include gain or loss from the sale of capital assets		46,780	235,052	87,119	78,818	447,769
11	Total support (Add lines 7 through 10)						99,003,731
12	Gross receipts from related activit	ıes, etc (See ınst	ructions)	•	•	12	69,032,949
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second,	thırd, fourth, or f	ifth tax year as a	501(c)(3) organiz	zation, ▶┌
	ection C. Computation of Pu						
14	Public Support Percentage for 200	•		11 column (f))		14	97 690 %
15	Public Support Percentage for 200	8 Schedule A, Pa	rt II, lıne 14			15	96 860 %
Ь	33 1/3% support test—2009. If the and stop here. The organization qu 33 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me organization	alifies as a publice organization did n qualifies as a puession organization meets the "fation meets t	ly supported orga not check the box ublicly supported anization did not c acts and circumst	nization con line 13 or 16 organization heck a box on lin ances" test, che	a, and line 15 is in the 13, 16a, or 16b ck this box and st	33 1/3% or more, o and line 14 c op here. Explain	check this
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization Private Foundation If the organization	nization meets the ation meets the "f	e "facts and cırcu acts and cırcumst	mstances" test, o ances" test The	check this box and organization qual	d stop here. lifies as a publicly	· ,

►□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part II, Line 10, Explanation of Other Income 2007 AZA Regional Conference Revenue Denver Water incentive KM Concessions utility reimbursement Sale of animals Gain on sale of equipment Miscellaneous income

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493214002530

OMB No 1545-0047

SCHEDULE C

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

Political Campaign and Lobbying Activities

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

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

	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4/	•	, ,		• •	n			
	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-			•					
	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete				•				
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line	35a	ı (rega	rding	proxy tax), then			
	ection 501(c)(4), (5), or (6) organizations. Complete Part III	mnlo	vorido	ntifics	tion numbe		_		
	nver Zoological Foundation	пріс	yei iue	dentification number					
			0253						
ar	t I-A Complete if the organization is exempt under section 501(c) or is a se	ecti	on 52	<u>7 org</u>	janizatio	<u>n.</u>	_		
1	Provide a description of the organization's direct and indirect political campaign activities in Part	ΙV							
2	Political expenditures		►	\$					
3	V olunteer hours								
Pai	t I-B Complete if the organization is exempt under section 501(c)(3).						_		
1	Enter the amount of any excise tax incurred by the organization under section 4955		Þ	\$ <u>_</u>			_		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		>	\$ <u>_</u>			_		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	┌ No	,		
4a	Was a correction made?				☐ Yes	☐ No)		
b	If "Yes," describe in Part IV								
Pai	t I-C Complete if the organization is exempt under section 501(c) except s	ecti	on 50	1 (c)	(3).				
1	Enter the amount directly expended by the filing organization for section 527 exempt function acti	vitie	s 🕨	\$					
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5.	27							
	exempt funtion activities		•	\$					
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 13	7 b	•	\$					
4	Did the filing organization file Form 1120-POL for this year?				┌ Yes	Г№	,		
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization is funds	_							

5	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments
	were made For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political
	contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated
	fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	(a) Filing Organization's Group Totals 10,660 10,660 24,769,524 24,780,184 1,000,000 nount is: over \$500,000 over \$1,000,000	
4	Check If the filing organization belongs to	, ·		
<u>B</u>	Check I if the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying I (The term "expenditures" means a		O rganızatıon's	Group
1 a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	10,660	
c	Total lobbying expenditures (add lines 1a and 1	b)	10,660	
d	Other exempt purpose expenditures		24,769,524	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	24,780,184	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ento	er - 0 -	0	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
_c	Total lobbying expenditures	9,696	10,908	0	10,660	31,264			
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f	Grassroots lobbying expenditures	0	0	0					

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493214002530

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Denver Zoological Foundation 84-0502539

	organization answered "Yes" to Form 99	(a) Donor adv	sed funds		b) Funds and o	ther accou	nts
	Total number at end of year						
	Aggregate contributions to (during year)						
	Aggregate grants from (durıng year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	_		nor advı	sed	☐ Yes	ΓN
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bene conferring impermissible private benefit					☐ Yes	┌ N
	Conservation Easements. Complete	ıf the organızatıon a	nswered "Yes"	to Forn	า 990, Part IV	', lıne 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	on or pleasure)					a
	Complete lines 2a-2d if the organization held a qualification and the last day of the tax year	fied conservation cont	ribution in the fori	n of a co	onservation		
					Held at the	End of the	Year
	Total number of conservation easements			2a			
	Total acreage restricted by conservation easements			2b			
	Number of conservation easements on a certified his	toric structure include	d ın (a)	2c			
	Number of conservation easements included in (c) ac	quired after 8/17/06		2d			
	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extingu	ıshed, or termınat	ed by th	e organization (during	
	Number of states where property subject to conserva	tion easement is locat	ed ►				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	•	g, inspection, hai	ndling of	violations, and	☐ Yes	ΓN
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing c	onservation ease	ments d	uring the year 🕨	-	
	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing conse	rvation easemen	ts during	g the year ► \$ _		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the r	equirements of se	ction		☐ Yes	j N
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	onservation easements he footnote to the orga nents	ın its revenue ar nızatıon's financıa	d expen al stater	nents that desc	and rıbes	ı N
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the	onservation easements he footnote to the orga nents ns of Art, Historic	in its revenue ar nization's financia al Treasures,	d expen al stater	nents that desc	and rıbes	N
t	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem TITE Organizations Maintaining Collection	onservation easements he footnote to the orga nents ns of Art, Historic Yes" to Form 990, F 116, not to report in it for public exhibition, e	in its revenue ar nization's financia al Treasures, Part IV, line 8. s revenue statem ducation or resea	d expendal stater or Other	her Similar A	Assets. works of	
t	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem Organizations Maintaining Collection Complete if the organization answered " If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	onservation easements he footnote to the organents ns of Art, Historic Yes" to Form 990, F 116, not to report in it for public exhibition, eancial statements that 116, to report in its republic exhibition, education.	in its revenue ar nization's financial al Treasures, Part IV, line 8. Is revenue statem ducation or resea describes these venue statement	d expenal stater or Other and rich in full items and bala	her Similar A balance sheet work	Assets. works of blic services	
ij	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem III Organizations Maintaining Collection Complete if the organization answered " If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its finite organization elected, as permitted under SFAS historical treasures, or other similar assets held for part XIV and the similar and the	onservation easements he footnote to the organents ns of Art, Historic Yes" to Form 990, F 116, not to report in it for public exhibition, eancial statements that 116, to report in its republic exhibition, education.	in its revenue ar nization's financial al Treasures, Part IV, line 8. Is revenue statem ducation or resea describes these venue statement	d expenal stater or Other and rich in full items and bala	her Similar A balance sheet witherance of pul ance sheet work	Assets. works of blic services	÷,
t	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem Organizations Maintaining Collection Complete if the organization answered " If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its finite organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	onservation easements he footnote to the organents ns of Art, Historic Yes" to Form 990, F 116, not to report in it for public exhibition, eancial statements that 116, to report in its republic exhibition, education.	in its revenue ar nization's financial al Treasures, Part IV, line 8. Is revenue statem ducation or resea describes these venue statement	d expenal stater or Other and rich in full items and bala	her Similar A balance sheet workerance of public	Assets. works of blic services as of art, service,	2,
t	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem III Organizations Maintaining Collection Complete if the organization answered " If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its finite organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1	onservation easements he footnote to the organents ns of Art, Historic Yes" to Form 990, F 116, not to report in it for public exhibition, e ancial statements that 116, to report in its republic exhibition, educations and the statements of the coupling exhibition, educations are supplied to the coupling exhibition of the coupling exhibition exhibition of the coupling exhibition	in its revenue ar nization's financia cal Treasures, Part IV, line 8. In revenue statem ducation or resea describes these venue statement ation, or research	d expendal stater or Otlent and rich in fuitems and bala in further	her Similar A balance sheet work erance of public ** ** ** ** ** ** ** ** **	Assets. works of blic services as of art, service,	2,
<u>'t</u>	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem Organizations Maintaining Collection Complete if the organization answered " If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its finite organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures are not the series of the serie	onservation easements he footnote to the organents ns of Art, Historic Yes" to Form 990, F 116, not to report in it for public exhibition, e ancial statements that 116, to report in its republic exhibition, educations and the statements of the coupling exhibition, educations are supplied to the coupling exhibition of the coupling exhibition exhibition of the coupling exhibition	in its revenue ar nization's financia cal Treasures, Part IV, line 8. In revenue statem ducation or resea describes these venue statement ation, or research	d expendal stater or Otlent and rich in fuitems and bala in further	her Similar A balance sheet work ance sheet work erance of public	Assets. works of blic services as of art, service,	3,

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	<u>easu</u>	res, or O	the	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	:hat are	e a significa	ant us	se of its co	llection	1	
а	Public exhibition		d	Γ	Loan	orexch	hange progr	ams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	ν the∙	/ furthe	rthe o	organization	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t			,					ılar	Г	Yes	Г No
Par	Part IV, line 9, or reported an an						n answere	d "Ye	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermo	ediary	for c	ontribu	tions o	or other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		Г			A mou	nt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L			Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV									,		,
Par			n ans	were	d "Ye	s" to F	Form 990.	Part	t IV. line	10.		
		(a)Current Year		Prior `			o Years Back		hree Years B		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment 🕨 %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	re held	d and a	dministere	d for t	the			
	organization by								Г		Yes	No
	(i) unrelated organizations			•				•		3a(i)		<u> </u>
	(ii) related organizations								[3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•	[3b		<u> </u>
	VI Investments—Land, Buildings					90 Da	art V line	10				
FGI	investments—Land, buildings	s, and Equipme	111. 3) Cost or	,	(b)Cost or		(c) Accum	ulated		
	Description of investment				is (inves		basis (oth		deprecia		(d) Bo	ook value
	and		•	<u> </u>								
	uildings		•									
c L	easehold improvements		•	<u></u>								
	quipment		•				1,83	4,295	1,3	391,037		443,258
e (Other			1		,	1 24	7,300	1	236,070		11,230
	. A dd lines 1a-1e <i>(Column (d) should equal Fo</i>							7,500	<u> </u>	.50,070		

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

	XLE Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
L Т	otal revenue (Form 990, Part VIII, column (A), line 12)	1	54,911,477
2 т	otal expenses (Form 990, Part IX, column (A), line 25)	2	27,060,557
3 E	excess or (deficit) for the year Subtract line 2 from line 1	3	27,850,920
. N	Net unrealized gains (losses) on investments	4	
, c	Donated services and use of facilities	5	
i I	nvestment expenses	6	
, P	Prior period adjustments	7	
3 c	Other (Describe in Part XIV)	8	
Т	otal adjustments (net) Add lines 4 - 8	9	0
D E	excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	27,850,920
art >	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
	Total revenue, gains, and other support per audited financial statements	1	55,008,831
	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	97,354
	Subtract line 2e from line 1	3	54,911,477
	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	0
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	54,911,477
art X	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
	Total expenses and losses per audited financial statements	1	27,157,911
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 97,354		
b	Prior year adjustments		
c '	Other losses		
d	Other (Describe in Part XIV) 2d		
e .	Add lines 2a through 2d	2e	97,354
:	Subtract line 2e from line 1	3	27,060,557
	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a :	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
с ,	Add lines 4a and 4b	4c	0
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	27,060,557

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE F

Department of the Treasury Internal Revenue Service

(Form 990)

Totals.

As Filed Data -

DLN: 93493214002530

OMB No 1545-0047

2009

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Name of the organization

Employer identification number

Dani	ver 7 celegrant Foundation					Linployer ide	intil leation hamber
Deni	ver Zoological Foundation					84-0502539	9
Pa	General Info "Yes" to Form S			de the United States	s. Complete	ıf the orgar	nization answered
1				ecords to substantiate	the amount	of the grant	s or
				assistance, and the se			
	· -	- -	-				
2	For grant makers. Descr United States	ibe in Part IV the	organization's pi	ocedures for monitoring th	ne use of grar	ıt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf ad	ditional space is needed)			
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,	1	y listed in (d)	(f) Total expenditures
		offices in the	employees or	fundraising, program services,		am service, ecific type of	for region
		region	agents in region	grants to recipients located in the region)) in region	
East	: Asıa and the Pacıfic	0	0	Grants to recipients	N/A		98,167
C I-	C - h A f	0		located in region	N. / O		41.00
Sub-	-Saharan Africa		0	Grants to recipients located in region	N/A		41,886
Sout	:h A merica	0	0	Grants to recipients	N/A		5,000
				located in region			
Euro	pe	0	0	Grants to recipients located in region	N/A		10,000
				located in region			

155,053

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		South America	Support for the Huachipa Zoo	5,000	Check/wire	(N/A	N/A
		East Asia and the Pacific	Ketambe Research	5,061	C heck/wire	(N/A	N/A
		East Asia and the Pacific	Earthwatch program, Trunk program, and anımal research		Check/wire	(N/A	N/A
		East Asia and the Pacific	Support from the STP grant	7,495	Check/wire	(N/A	N/A
		Sub-Saharan Africa	General support of the gıraffe conservation	5,000	Check/wire	(N/A	N/A
		Sub-Saharan Africa	Grevy Zebra Population Dynamics Research	15,000	C heck/wire	(N/A	N/A
		Europe	Support for post doc position	10,000	Check/wire	(N/A	N/A
			sted above that are re					7
tax-exemp	by the IRS, or	for which the grant	sted above that are re see or counsel has pro	vided a section 501	L(c)(3) equivalency	letter	. ▶	

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash (f) Amount of non-cash (n) Method of valuation non-cash assistance (n) Amount of non-cash assistance (n) Manner of cash grant (n) Mann		1 1 (101111))) 11 d	adicional space	is necaca.				
Support for the research of Indian National Support for the long project in Botswana Support for Grevy's Zebra project in Sub-Saharan Africa 1	. , , ,	(b) Region	1,,,	· ·		non-cash	of non-cash	valuation (book, FMV,
Support for the research of lons in Kalahari Support for Dr. Melvin Gumai's research in Malaysia Pacific Support for the lion project in Malaysia Pacific Support for the lion project in Malaysia Pacific Support for the research of the Brown Hyenas in Botswana Support for grayia research in Bask Asia and the Pacific Support for Grevi's Zebra project Sup-Saharan Africa Sup-Saharan Africa Sup-Saharan Africa Sup-Saharan Africa Sup-Saharan Africa Sup-Saharan Africa Support for Grevi's Zebra project Sup-Saharan Africa Support for Tebetan highland research project Pacific Support for Tebetan highland Research project Support for Tebetan highland Research project Support for Tebetan highland Support for Tebetan	• •	Sub-Saharan Africa	1	6,986	Check/wire	0	N/A	N/A
Gumaris research in Malaysia Pacific Support for the lion project in Sub-Saharan Africa Support for the research of the Brown Hyenas in Botswana Support for argali research in East Asia and the Mongolia Pacific Support of Brown hyena project in Botswana Support for Grevy's Zebra Project Support for Grevy's Zebra Project Support for Identify Indian In	Support for the research of	Sub-Saharan Africa	1	5,000	Check/wire	0	N/A	N/A
Kilamanjaro Support for the research of the Brown Hyenas in Botswana Support for argali research in Mongolia Support of brown hyeana project in Botswana Support for Grevy's Zebra project Support for Tebetan highland research project Support for Tebetan highland research project Support for Tebetan highland research project Support for Grevy's Zebra project Support for Grevy's Zebra highland research project Support for Grevy's Zebra project Support for Tebetan highland research project Support for Grevy's Zebra project Support for Grevy's Zebra project Support for Tebetan highland research project Support for Tebetan highland research project Support for Grevy's Zebra project Support for Tebetan highland research project research pro	• •		1	5,000	Check/wire	0	N/A	N/A
the Brown Hyenas in Botswana Support for argali research in Mongolia Support of brown hyeana project in Botswana Support of Grevy's Zebra project Support for Tebetan highland research project research proje		Sub-Saharan Africa	1	5,000	Check/wire	0	N/A	N/A
Mongolia Pacific Universe of the pown hyean a project in Botswana Sub-Saharan Africa 1 700 Check/wire 0 N/A N/A N/A Support for Grevy's Zebra project Sub-Saharan Africa 2 4,200 Check/wire 0 N/A N/A N/A Support for Tebetan highland research project East Asia and the Pacific 1 2,883 Check/wire 0 N/A N/A N/A Support for Tebetan highland research project 1 2,883 Check/wire 0 N/A N/A N/A Support for Tebetan highland research project 1 2,883 Check/wire 0 N/A N/A N/A Support for Tebetan highland research project 1 2,883 Check/wire 0 N/A N/A N/A Support for Tebetan highland research project 1 2,883 Check/wire 0 N/A N/A N/A Support for Tebetan highland research project 1 2,883 Check/wire 0 N/A N/A N/A Support for Tebetan highland research project 1 2,883 Check/wire 0 N/A N/A N/A N/A Support for Tebetan highland research project 1 2,883 Check/wire 0 N/A 0 N/A N/A <td>the Brown Hyenas ın</td> <td>Sub-Saharan Africa</td> <td>1</td> <td>700</td> <td>C heck/wire</td> <td>0</td> <td>N/A</td> <td>N/A</td>	the Brown Hyenas ın	Sub-Saharan Africa	1	700	C heck/wire	0	N/A	N/A
Support for Grevy's Zebra Sub-Saharan Africa 2 4,200 Check/wire 0 N/A N/A N/A project Support for Tebetan highland research project 2 2,883 Check/wire 0 N/A N/A N/A Research project 2 2,883 Check/wire 0 N/A N/A N/A N/A Research project 2 2,883 Check/wire 0 N/A N/A N/A N/A Research project 2 2,883 Check/wire 0 N/A N/A N/A N/A Research project 2 2,883 Check/wire 0 N/A N/A N/A N/A Research project 2 2,883 Check/wire 0 N/A N/A N/A N/A N/A N/A Research project 2 2,883 Check/wire 0 N/A		1	2	2,122	Check/wire	0	N/A	N/A
Support for Tebetan highland research project Support for Tebetan highland research project Pacific		Sub-Saharan Africa	1	700	Check/wire	0	N/A	N/A
research project Pacific Survival Survi		Sub-Saharan Africa	2	4,200	Check/wire	0	N/A	N/A
			1	2,883	Check/wire	0	N/A	N/A

Schedule F (Form 990) 2009

Complete this part to	provide the information required	ın Part I, line 2, and any addıtıonal information.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 All conservation and research activities conducted at the Zoo, or supported by Denver Zoo resources, require submission of written progress reports Reports for projects that received financial support from the Zoo must include a detailed accounting of expenditures The reports must be submitted prior to December 31 of each year or upon project completion

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493214002530

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Internal Revenue Service Name of the organization Denver Zoological Foundation

Employer identification number

84-0502539

76	Form 990-EZ file	rs are not required					to Form 990, Part IV	, line 17.
1	Indicate whether the orga	nızatıon raısed funds	through a	ny of the	follow	ing activities Ch	eck all that apply	
а	Mail solicitations			e	Γ	Solicitation of noi	n-government grants	
b	Internet and e-mail s	olicitations		f	Γ	Solicitation of gov	vernment grants	
c	Phone solicitations			g	Γ	Special fundraisir	ng events	
d	☐ In-person solicitation	ıs						
2a	Did the organization have or key employees listed in							Г _{Yes} Г _{No}
Ь	If "Yes," list the ten highe to be compensated at lea							
			(iii)	Dıd				
	(:) N f d d l		fundrais		ļ ,:	C	(v) A mount paid to	(vi) A mount paid to
	(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	,	1	Gross receipts rom activity	(or retained by) fundraiser listed in	(or retained by)
	, ,		contribu	itions?	1	•	col (i)	organization
			Yes	No				
			1					
			-					
			-		<u> </u>			
			+					
			1					
Tot	al							
3	List all states in which t licensing	he organization is reç	jistered o	rlicensed	d to so	licit funds or has	been notified it is exem	pt from registration or

Part III 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. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (d) Total gaming (Add col (a) through col (c)) 1 Gross revenue 17,421 17,421 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 4 Rent/facility costs 5 Other direct expenses 84 84 6 Volunteer labor Yes % Yes % Yes 10 000 % 7 Direct expense summary Add lines 2 through 5 in column (d) No No No No No No No N	Pa	rt I	Fundraising Events. Com more than \$15,000 on Form					or r	eport	ted
1 Gross receipts 725,573 368,639 1,094,212				Do at the Zoo	Zoomily and Brew			col ((a) thi	
3	₽	1	Gross receipts						1,094	4,212
3	even		Less Charitable							
S Non-cash prizes		3	•	362,739	245,772				60	8,511
6 Rent/facility costs		4	Cash prizes							
Direct expense summary Add lines 2 through 9 in column (d). 10 Direct expense summary Combine lines 3, column 4, and line 7. 11 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. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add col (a) through col (c)). 1 Gross revenue (b) Pull tabs/Instant bingo/progressive bingo (Add col (a) through col (c)). 2 Cash prizes (c) Other gaming (Add col (a) through col (c). 3 Non-cash prizes (c) Other gaming (Add col (a) through col (c). 4 Rent/facility costs (c) Other gaming (Add col (a) through col (c). 5 Other direct expenses . (c) Other gaming (Add col (a) through col (c). 5 Other direct expenses . (d) F Yes (d)	ي د	5	Non-cash prizes							
Direct expense summary Add lines 2 through 9 in column (d). 10 Direct expense summary Combine lines 3, column 4, and line 7. 11 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. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add col (a) through col (c)). 1 Gross revenue (b) Pull tabs/Instant bingo/progressive bingo (Add col (a) through col (c)). 2 Cash prizes (c) Other gaming (Add col (a) through col (c). 3 Non-cash prizes (c) Other gaming (Add col (a) through col (c). 4 Rent/facility costs (c) Other gaming (Add col (a) through col (c). 5 Other direct expenses . (c) Other gaming (Add col (a) through col (c). 5 Other direct expenses . (d) F Yes (d)	anse.	6	Rent/facility costs							
10 Direct expense summary Add lines 2 through 9 in column (d). 11 Net income summary Combine lines 3, column d, and line 10. 12 Cash prizes 3 Non-cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses summary Add lines 2 through 5 in column (d). 7 Direct expense summary Add lines 2 through 5 in column (d). 8 Net gaming income summary Combine lines 1, column d, and line 7. 10 Direct expense summary Add lines 2 through 5 in column (d). 8 Net gaming income summary Combine lines 1, column d, and line 7. 10 Direct expense summary Add lines 2 through 5 in column (d). 8 Net gaming income summary Combine lines 1, column d, and line 7. 10 Direct expense summary Add lines 2 through 5 in column d, and line 7. 10 If "Yes," Explain 10 Direct expenses of grantzation operate gaming activities with nonnembers? 11 Yes 12 Is the organization operate gaming activities with nonnembers? 11 Yes 12 Is the organization operate gaming activities with nonnembers? 12 Is the organization operate gaming activities with nonnembers? 12 Is the organization operate gaming activities with nonnembers? 12 Is the organization operate gaming activities with nonnembers? 12 Is the organization operate gaming activities with nonnembers? 12 Is the organization operate gaming activities with nonnembers? 13 None of the organization operate gaming activities with nonnembers? 14 Yes 15 No	ă	7	Food and beverages							
10 Direct expense summary Add lines 2 through 9 in column (d). 11 Net income summary Combine lines 3, column d, and line 10. 12 Cash prizes 3 Non-cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses summary Add lines 2 through 5 in column (d). 7 Direct expense summary Add lines 2 through 5 in column (d). 8 Net gaming income summary Combine lines 1, column d, and line 7. 10 Direct expense summary Add lines 2 through 5 in column (d). 8 Net gaming income summary Combine lines 1, column d, and line 7. 10 Direct expense summary Add lines 2 through 5 in column (d). 8 Net gaming income summary Combine lines 1, column d, and line 7. 10 Direct expense summary Add lines 2 through 5 in column d, and line 7. 10 If "Yes," Explain 10 Direct expenses of grantzation operate gaming activities with nonnembers? 11 Yes 12 Is the organization operate gaming activities with nonnembers? 11 Yes 12 Is the organization operate gaming activities with nonnembers? 12 Is the organization operate gaming activities with nonnembers? 12 Is the organization operate gaming activities with nonnembers? 12 Is the organization operate gaming activities with nonnembers? 12 Is the organization operate gaming activities with nonnembers? 12 Is the organization operate gaming activities with nonnembers? 13 None of the organization operate gaming activities with nonnembers? 14 Yes 15 No	रू क	8	Entertainment							
11 Net income summary Combine lines 3, column d, and line 10. Oracle	à	9	Other direct expenses .	362,739	245,772				608	8,511
California Caming 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. California Cali		10	Direct expense summary Add lin	ies 4 through 9 in column	(d)	🛌			608	8,511
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (C) Other gaming (Add col (a) through col (c)) 1 Gross revenue		11	Net income summary Combine li	nes 3, column d, and line	10					0
bingo/progressive bingo (Add col (a) through col (c)) 1 Gross revenue	Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted r	nore	thar	1
1 Gross revenue	tevenue					(c) O ther gaming		col	(a) th	
3 Non-cash prizes	ш	1	Gross revenue			17,421			1	7,421
4 Rent/facility costs		2	Cash prizes							
4 Rent/facility costs	benses	3	Non-cash prizes							
6 Volunteer labor		4	Rent/facility costs							
Tho No	돌	5	Other direct expenses			84				84
7 Direct expense summary Add lines 2 through 5 in column (d)		6	Volunteer labor	Yes	_		•			
8 Net gaming income summary Combine lines 1, column d, and line 7				, 40		-				84
Yes No Part the state(s) in which the organization operates gaming activities CO Is the organization licensed to operate gaming activities in each of these states?		7	Direct expense summary Add line	s 2 through 5 in column (d)				1	7 337
Pather the state(s) in which the organization operates gaming activities CO Is the organization licensed to operate gaming activities in each of these states?		8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7	<u> </u>				1
b If "No," Explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," Explain 10 Does the organization operate gaming activities with nonmembers?	9	Ent	ter the state(s) in which the organiza	ation operates gaming ac	tivities <u>CO</u>		Г		103	110
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a No 11 Does the organization operate gaming activities with nonmembers?				gaming activities in eac	n of these states?		• -	9a	Yes	
b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers?	Б		No, Explain							
12 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?				licenses revoked, susper	ided or terminated during	the tax year?		L0a		No
12 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?										
		Is	the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnersh	ip or other entity		11	Yes	
		for	med to administer charitable gaming	J [?]						

						Yes	No
13	Indicate the percentage of gaming activity operate	ed ın					
а	·		-	85 000 %	1		
b	b An outside facility		. 13b	15 000 %			
14	Enter the name and address of the person who pre	pares the organization's gaming/spe	ecial even	ts books and records			
	Name 🟲 Katherine Bathgate						
	Address Steele Street Denver, CO 80205						
15a	Does the organization have a contract with a third revenue?				15a		No
b	b If "Yes," enter the amount of gaming revenue rece	erved by the organization 🟲 \$		and the	154		IVO
	amount of gaming revenue retained by the third pa	rrty 🏲 \$					
С	c If "Yes," enter name and address						
	Name 🟲						
	Address 🟲						
16	Gaming manager information						
	Name 🕨 🛮 Annie Bengston						
	Gaming manager compensation 🟲 \$	0_					
	Description of services provided 🛌 Non-paid volu	unteer, oversees legal rules					
	Director/officer Employe	ee	ent contra	ctor			
17	Mandatory distributions						
а	a Is the organization required under state law to ma retain the state gaming license?				17a	Yes	
b	b Enter the amount of distributions required under s		organızat	ions or spent			

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Schedule I

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

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

OMB No 1545-0047

DLN: 93493214002530

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Nature Conservancy2424

Spruce Street Boulder, CO 80302

(Form 990)

Name of the organization Denver Zoological Foundation

Part I General Information on Grants and Assistance

Employer identification number 84-0502539

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (c) IRC Code section (d) A mount of cash (a) Name and address of (b) EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıf applıcable organization grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) Idea Wild420 Riddle Rd 830299770 10.000 o ln/a N/A 2009 funding to Fort Collins, CO 80521 support Idea Wild's conservation projects National Elephant Center 205860576 15,000 O N/A N/A TNEC support 8225 N Wickham Road Melbourne, FL 329407924 International Elephant 10,000 O N/A N/A 752815706 General operating FoundationPO Box 366 support Axle, TX 760980366 Lewa Wildlife Conservancy 870572187 25.000 O N/A N/A General operating PO Box 7943 support Woodbridge, VA 22195

25,000

Enter total number of section 501(c)(3) and government organizations

530242652

O N/A

N/A

Support for

Rangelands of

Northern Kenya

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 All conservation and research activities conducted at the Zoo, or supported by Denver Zoo resources, require submission of written progress reports. Reports for projects that received financial support from the Zoo must include a detailed accounting of expenditures. The reports must be submitted prior to December 31 of each year or upon project completion.

DLN: 93493214002530

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Der	ver zoological Foundation	84-0502539			
Pa	rt I Questions Regarding Compensation	<u>'</u>			
				Yes	Νo
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe		1b		
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Di		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that	apply			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Par or a related organization	t VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	rment?	4a		Νo
b	Participate in, or receive payment from, a supplementa	I nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	d compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	e 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
Ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc		7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the re	buttable presumption procedure described in Regulations			···

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
				zzperiodelori				
Craig Piper	(1) (11)	161,022 0	0	0	48,888 0		220,802	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

DLN: 93493214002530

OMB No 1545-0047

Inspection

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization Denver Zoological Foundation

Employer identification number

84-0502539

Pa	rt I Types of Property				04 0302333			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermı	nıng	
1	Art—Works of art	аррисави		- 9				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Animal		110	24.022	[[] [] [] [] [] [] [] [] [] [_	
25	Other ► (supplies)	X	118	24,833	FMV at date of cont	ributio	n	
26	Education Other ► (<u>supplies</u>)	×	9	7.435	FMV at date of cont	rıbutıo	n	
	Horiculture			.,,				
27	Other ► (supplies)	X	2	2,750	FMV at date of cont	rıbutıo	n	
	Maintenance							
28	·	X	24	•	FMV at date of cont	rıbutıo	n	
29	Number of Forms 8283 received				29			
	for which the organization comp	letea Follii (5265, Part IV, Dollee Acki	iowiedgement			Yes	No
30a	During the year, did the organiza	ation receiv	e hy contribution any prope	erty renorted in Part I lines	1-28 that it		163	110
	must hold for at least three year							
	for exempt purposes for the enti					202		No
h	If "Yes," describe the arrangem					30a		
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
322	Does the organization hire or us							_
- - u	contributions?					22-	V	
L	If "Yes," describe in Part II	·	·	· ·		32a	Yes	
33	If the organization did not report	t revenuer :	n column (c) for a type of n	roperty for which column (a) is chacked			
<i>_</i>	describe in Part II	. ievellues l	in condition (c) for a type of p	Toperty for willeli coluilli (a	, is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Third Party Use	,	Denver Zoological Foundation uses Cars Helping Charities to solicit and process donated vehicles. There is a link through DZF's website to Cars Helping Charities for people who wish to donate vehicles to DZF. Cars Helping Charities then collects the car, sells it and remits a portion of the sale to DZF.

Schedule M (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization Denver Zoological Foundation **Employer identification number**

84-0502539

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Kelly Matthew's and Robert H Bach both serve as Denver Zoo trustees Kelly Matthew's and Robert H Bach are both partners with Holme, Roberts and Ow'en LLP
Form 990, Part VI, Section B, line 11		The Form 990 is reviewed in detail by the members of the Zoo's Finance Committee After the committee's approval, the Form 990 is then presented to the board for its approval. All board members are provided the opportunity to review the Form 990 before it is submitted to the IRS
Form 990, Part VI, Section B, line 12c		Conflict of interest questionnaires are completed annually by all officers, directors or trustees, and key employees. Trustees who have a beneficial interest in a decision are excused from discussion and voting rights. Also, if the item of purchase is a tangible asset with potential conflicts of interest, staff is required to get multiple bids for the item.
Form 990, Part VI, Section B, line 15		There are several factors, monetary and nonmonetary, that are considered in determining executive compensation. These business-related factors include Budget. Does the budget allow for any flexibility in the offer and what is the relative financial health of our organization? Internal equity. What are other executives in the same type of job or at the same job level being paid? Market price/external demands. Is this job difficult to fill or is it hard to find qualified candidates in this location or industry? Candidates' level of experience. How many years of relevant experience does this person bring to the table? Candidates' education level. What degrees does the person have that will benefit our organization? Candidates' current compensation package. What is this person's current base pay and benefits package? Salary surveys. What are other executives in the same type of job being paid at other non-profit organizations of the same size? Once the salary is determined, the executive committee (which consists of independent board members) reviews this information. Written employment agreements are also used.
Form 990, Part VI, Section C, line 19		The organization's governing documents, conflict of interest policy, and financial statements are made available to the public upon request. The Zoo's articles of incorporation and annual reports are also on file with the Colorado Secretary of State.
Form 990, Part VIII, Statement of Revenue		In November 1999, voters of the City and County of Denver approved \$62,500,000 of Zoo Improvement Bonds for capital improvements to be made to the Zoo as part of the Foundation's Millennium Facilities Master Plan Under the bond agreement, the City is obligated to repay the bondholders and meet the related debt service requirements During the year, Denver Zoological Foundation received \$26,500,000 of the Zoo Improvement Bonds from the City of Denver as part of a separate agreement with the City. These funds will be used on future construction of exhibits and the Zoo does not have an obligation to repay the funds. The rights, title and interest of the exhibits will be with the City and, accordingly, the Zoo will expense related capital expenditures. The funds are included in 2009 revenue as a government contribution (line 1e)

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DLN: 93493214002530

2009

Inspection

OMB No 1545-0047

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SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Denver Zoological Foundation

Employer identification number

84-0502539

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets

(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Name, address, and EIN of related organization

Primary activity

(c) Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

(f) Direct controlling entity

Colorado Zoological Trust

2300 Steele Street

84-1440122

Denver, CO 80205

Support of the Denver Zoological Foundation

CO

501(c)(3)

Line 11a N/A

(j)

General or

managing

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

No

No

No

No No

No No

230,000

1k

11

1n Yes

10

1q

С

1m Yes

3011	ledule K (Form 990) 2009		Pa	ge 3
P	art V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	h Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No

k Performance of services or membership or fundraising solicitations for other organization(s)

I Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

j Lease of facilities, equipment, or other assets from other organization(s)

n Sharing of paid employees

• Reimbursement paid to other organization for expenses

Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the a	bove is "Yes," see the instructions for information on who must complete this line, i	ncluding covered relationships and transaction thres	holds
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) Colorado Zoological Trust		C	230 000

(1) See Additional Data Table

(2)

(3) (4)

(5)

(6)

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID:

Software Version:

EIN: 84-0502539

Name: Denver Zoological Foundation

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Exhibits improvements	2,983,772	2,983,772		
Cert of participation	630,027	630,027		
Education expenses	386,071	386,071		
Wildlights/other events	187,370			187,370
Repairs and maintenance	133,762	133,762		