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Form 990

Department of the Treasury

A For the 2009 calendar year, or tax year beginning

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

r, or tax year beginning

10/01, 2009, and ending

09/3

20**09**

Open to Public

09/30, **20** 10

D Employer identification number C Name of organization AMERICAN ASSOCIATION OF Please Check if applic Address change ZOOLOGICAL PARKS AND AQUARIUMS, INC. 55-0526930 print o Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name chang type 8403 COLESVILLE ROAD, SUITE 710 (301) 562-0777 Initial return Specific City or town, state or country, and ZIP + 4 Instruc SILVER SPRING, MD 20910 Amended tions G Gross receipts \$ 10,199,259. return H(a) Is this a group return for Application pending F Name and address of principal officer JAMES D. MADDY Yes x No COLESVILLE ROAD, SILVER SPRING, MD 20910 H(b) Are all affiliates included? X | 501(c) (3) (insert no) 4947(a)(1) or If "No." attach a list (see instructions) Website: ► WWW.AZA.ORG H(c) Group exemption number L Year of formation 1971 M State of legal domicile WV Form of organization | X | Corporation Part I Summary Briefly describe the organization's mission or most significant activities THE AAZPA IS AN EDUCATIONAL ORGANIZATION DEDICATED TO THE ADVANCEMENT Governance OF ZOOLOGICAL PARKS AND AQUARIUMS FOR CONSERVATION, SCIENTIFIC STUDIES, AND RECREATION. Check this box ▶ If the organization discontinued its operations or disposed or the fact that the points net assets Number of voting members of the governing body (Part VI, line 1a) 13 3 S-OS 13 Number of independent voting members of the governing body (Part VI, line 198) 4 Total number of employees (Part V, line 2a). 32 5 350 Total number of volunteers (estimate if necessary) 6 6 307,809. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a 46,387. Net unrelated business taxable income from Form 990-T, line 34 . . **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) 1,618,632 1,796,223. Program service revenue (Part VIII, line 2g) 4,318,253 4,610,129. Investment income (Part VIII, column (A), lines 3, 4, and 7d). -477,027 219,372. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 194,798. 237,825 11 5,697,683 6,820,522. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 358,648 357,041. Benefits paid to or for members (Part IX, column (A), line 4) Ō. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,998,379 2,840,602. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, Part IX, column (D), line 25) ▶_____ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,993,533 3,038,788. 17 6,350,560 6,236,431. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -652,877 584,091. Revenue less expenses Subtract line 18 from line 12. 50 Beginning of Year **End of Year** 10,374,973 11,765,479. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 1,743,361 2,103,758. 8,631,612 9,661,721. 22 Net assets or fund balances Subtract line 21 from line 20. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, corrects and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer President Date Preparer's identifying number Check if Preparer's (see instructions) P00957510 Paid employed Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 WATKINS MEEGAN LLC FIN 52-1297695 301-654-7555 X | Yes May the IRS discuss this return with the preparer shown above? (see instructions) .

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

Form 990 (2009)

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PAGE 1

	Statement of Program Service Accomplishments
	Briefly describe the organization's mission. THE AAZPA IS AN EDUCATIONAL ORGANIZATION DEDICATED TO THE ADVANCEMENT
	OF ZOOLOGICAL PARKS AND AQUARIUMS FOR CONSERVATION, SCIENTIFIC
	STUDIES, AND RECREATION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
4	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
4 a	(Code:) (Expenses \$2,392,766. including grants of \$3,500.) (Revenue \$2,061,316.)
	CONSERVATION EDUCATION: DEVELOPS AND PROMOTES PROGRAMS ON WILDLIFE
	CONSERVATION IN SUPPORT OF ZOOS AND AQUARIUMS. CONDUCTS
	CONTINUING EDUCATION ANNUALLY AND PROVIDES FOR EXCHANGE OF EDUCATIONAL INFORMATION THROUGH CONFERENCES (BIOLOGY, ELEPHANT
	MGMT., ETC.).
	FIGHT., ETC.).
_	
41	(Code:) (Expenses \$996,399. including grants of \$0.) (Revenue \$387,271.)
	PUBLIC EDUCATION & COMMUNICATION: PROVIDES EDUCATIONAL INFORMATION
	TO THE PUBLIC, MEDIA, ZOOS & AQUARIUMS REGARDING AAZPA PROGRAMS. MONITORS INDUSTRY NEWS. PROVIDES EXCHANGE OF EDUCATIONAL
	INFORMATION THROUGH PUBLICATIONS (NEWSLETTER TO MEMBERS,
	DIRECTORY, BROCHURES, PUBLICATIONS, WEBSITE).
	DIRECTORI, BROCHORDO, TOBLICATIONO, WEBSITE,
_	
4	CODE (Code (
	AND COORDINATES COOPERATIVE ANIMAL MANAGEMENT, CONSERVATION AND
	SCIENTIFIC INITIATIVES OF AZA MEMBER INSTITUTIONS. PROGRAM
	PROVIDES GRANTS FOR ENDOWMENT FUND AND OTHER SOURCES FOR
	CONSERVATION AND RELATED SCIENTIFIC AND EDUCATIONAL INITIATIVES OF
	AZA MEMBER INSTITUTIONS AND COLLABORATORS.
_	
4	d Other program services (Describe in Schedule O.) ATTACHMENT 2
_	(Expenses \$ 1,082,932. including grants of \$ 1,000.) (Revenue \$ 3,512,357.)
4	e Total program service expenses ► 5,443,759.
	C 990 (2000)

Part IV

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	X	
5	Sections 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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,"		1	
	complete Schedule D, Part IV	9		X
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		Х
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	X	1330,886-
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		X. 3.	
	Schedule D, Part VI.		\$\cap_1	j)
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			,3
	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	*(.)	€.	7 4
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	,	die e	* .
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	*	નીંગું.	` ·
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		1886	Å.
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	- '3,		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	Para raying	-4-046	
12	complete Schedule D, Parts XI, XII, and XIII		X	<u> </u>
124		12	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	32
124	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	* 38,	100	
13	Is the organization a school described in section 170(b)(1)(A)(ıı)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	· · ·		<u> </u>
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- ' '	-	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? <i>If</i> "Yes," complete Schedule H	20		X
	Did the enganisation operate one of more neophilia. If Tee, complete deficition in the control of the control o		L	<u></u>

	Observation of Dentities of Dentities of Schooling (continued)			ago .
Part	Checklist of Required Schedules (continued)	I	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			,,
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			Х
	If "Yes," complete Schedule L, Part III	27		
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)			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		
b	Schedule L. Part V	28b		х
c	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 direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			U
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		l x
0.4	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	134		
33	Schedule R, Part V, line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		<u> </u>	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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	<u>L</u> .	Х
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	Х	
		Form	990	(2009)

			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			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	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			ì
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		,	,
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶		3	2.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
	and Financial Accounts		<u>₩</u> ,,	70
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
_	Prohibited Tax Shelter Transaction?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		v
	organization solicit any contributions that were not tax deductible?	6a		Х
Þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	gifts were not tax deductible?	6b		Æ
7	Organizations that may receive deductible contributions under section 170(c).	(* 18	5° 2 4	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	, , +-1	Х
.	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
·	required to file Form 8282?	7c		х
А	If "Yes," indicate the number of Forms 8282 filed during the year		7:40	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		444 Y	ığ.
·	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
q	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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			. 51.
	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.		4	*
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			
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			
	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 12b			
		Form	990	rennes

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

<u>Sect</u>	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	_2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	·	Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
-	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>		L
	enue Code.)			
· ·	muo oouo.,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	iou		
В	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
• •	form?	11	Х	
110	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
U	rise to conflicts?	12b	Х	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125		_
С	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	14		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a	Х	
a b	The organization's CEO, Executive Director, or top management official	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	135		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıva	with a taxable entity during the year?	16a		x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	IVA		
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	and the state of t	16b		<u> </u>
Sect	tion C. Disclosure	LOD		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► MD Section 5104 requires on organization to make the Forms 1023 (or 1024 fearliable), 000, and 000 T (504(a)(a))			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	1	
	available for public inspection. Indicate how you make these available Check all that apply Own website Another's website X Upon request			
4-				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	rest		
••	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► LAURA BENSON 8403 COLESVILLE RD, SUITE 710, SILVER SPRING, MD 20	າ e ງງາກ		
	organization. 301-562-0777			

Form **990** (2009)

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average			chec	C) k all	that ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BRAD ANDREWS										
PAST CHAIR	2.00	X		Х				0.	0.	C
TOM SCHMID			ŀ							
DIRECTOR	1.00	Х						0.	0.	
JEFFREY P. BONNER]									
CHAIR ELECT	2.00	Х		Х		<u>.</u>		0.	0.	C
KEVIN J. BELL										
CHAIR	2.00	X		Х				0.	0.	C
JACKIE OGDEN										
DIRECTOR	1.00	X						0.	0.	(
ROBERT WIESE										
DIRECTOR	1.00	Х						0.	0.	C
KEITH WINSTEN			İ							
DIRECTOR	1.00	X						0.	0	C
NORBERTO J. CASTRO					Г					
DIRECTOR	1.00	X						0.	0.	C
KARYN KEARNEY										
DIRECTOR	1.00	Х			ł			0.	0.	C
DENNIS E. PATE			i		-		-			
DIRECTOR	1.00	х						0.	0	(
L. PATRICIA SIMMONS	-	 					_			
VICE PRESIDENT	2.00	x		x				0.	0.	(
DEBORAH JENSEN			i						-	
DIRECTOR	1.00	x						0.	0	C
JOHN FRAWLEY										
DIRECTOR	1.00	x						0.	0	C
JAMES D. MADDY	-	<u> </u>		 			1			
PRESIDENT & CEO	40.00			х				245,794.	0	81,484
LAURA BENSON	13.00	-	 	Ë		\vdash		213,734		
SR. VP OF FINANCE & ADMIN	40.00			х				136,842.	0.	18,925
KRISTIN L. VEHRS										
EXECUTIVE DIRECTOR	40.00				x			185,869.	0.	19,449

Form 990 (2009)

(A)	(B)			(6	C)			(D)	(E)		(F)
Name and title	Average hours per week	ndividual trustee	Institutional trustee	Officer		Highest compensated at employee	Pomer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MI	n S	Estimated amount of other compensation from the organization and related organizations
PAUL J. BOYLE SR. VP OF CONSERVATION	40.00					Х		176,961.		0.	25,551
STEVEN L. FELDMAN SR. VP OF COMMUNICATIONS	40.00					Х		162,451.		0.	26,103
JILL D. NICOLL SR VP MRKTING & CORP STRATEGY	30.00					Х		134,570.		0.	13,390
JAY L. VESTAL VP OF SALES & MARKETING	40.00					Х		127,109.		0.	12,875
STEVE G. OLSON VP OF GOVERNMENT AFFAIRS	40.00					х		111,167.		0.	19,474
Total number of individuals (including but not reportable compensation from the organization)	limited to the		iste		bove	 e) wh	⊳ о ге	1,280,763.	\$100,000 in	0.	217,251
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedulet and the schedulet schedulet and the schedu	er, directoule J for suc	or or ch ind	tru Ividi	ıste ual	e, I	(ey 6	emp	loyee, or highes	t compensate	d	Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0٦	If "Y	es, "	complete Sched	pensation fromule J for suc	m :h	4 X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr complete S	ue co Sched	omp ule	ens J fo	atic r <i>su</i>	on fro ch per	om rson	any unrelated o	rganization fo	or 	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization	compensat	ed in	dep	enc	lent	conf	trac	tors that received	d more than	\$10	0,000 of
(A) Name and business add	ress						Γ	(B)	24000		(C)
ATTACHMENT 3							+	Description of ser	vices		ompensation
				_							
2 Total number of independent contractors (in more than \$100,000 in compensation from the	ncluding bu e organizat	ut not	l lim	nite		thos	e li	sted above) who	received		. ,
JSA											Form 990 (20

	: VIII	Statement of Reven	IIIe			55-0526930		
		Statement of Neve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512, 513, or 514
ilar amounts	1a b c	Federated campaigns Membership dues Fundraising events	1b					
and other simila	d e f	Related organizations Government grants (contribut All other contributions, gifts, grant and similar amounts not included	ions) 1e	1,796,223.	^		24	
	g _ h	Noncash contributions included in Total. Add lines 1a-1f	lines 1a-1f \$		1,796,223.		* *	
ine				Business Code		,j	, ,	
ě	2a	ADVERTISING		541800	329,323.		307,809.	21,51
윤	b	ACCREDITATION FEES		900099	66,750.	66,750.	557,555	21,51
<u> </u>		CONFERENCE FEES		900099	1,366,170.	1,366,170.		
<u>ē</u>	ا ا	MEMBERSHIP DUES		900099	2,836,206.	2,836,206.		
Ĕ	u	PUBLICATION SALES		900099	11,680.			
g	e				11,000.	11,680.		
Program Service Revenue	g	All other program service reversed Total. Add lines 2a-2f			4,610,129.		.,, E #	
	3	Investment income (including		-	4,610,129.	** ***********************************		
		other similar amounts)			143,194.			143,19
	4	Income from investment of ta	x-exempt bond p	proceeds ►	0.			
	5	Royalties · · · · · · · ·	<u> </u>	<u></u> >	171,974.			171,97
	6-	Gross Rents	(ı) Real	(II) Personal				
	6a ∟							
	b	Less. rental expenses						
	C	Rental income or (loss) L						
	ď	Net rental income or (loss)	(ı) Securities	(II) Other	*	W *W.S.		2.3829
	7 a	Gross amount from sales of assets other than inventory	3,454,915.	- 				
	b	Less cost or other basis and sales expenses	3,378,737.					
	C	Gain or (loss)	76,178.					
<u>o</u>	d 8a	Net gain or (loss) Gross income from fu		<u></u>	76,178.			76,178
Other Kevenue		events (not including \$						
Y Y		of contributions reported on li See Part IV, line 18					-	
<u> </u>	b	Less. direct expenses						
5	С	Net income or (loss) from fun-			0.			
	9 a	Gross income from gaming at See Part IV, line 19						
	b	Less direct expenses	b	L	** ** ** ***			*
	с 10а	Net income or (loss) from gar Gross sales of invento	ry, less		0.			
	b	returns and allowances Less cost of goods sold						
L	С	Net income or (loss) from sale			0.			
		Miscellaneous Revenu	ie	Business Code				
Ţ.	11a	OTHER		900099	22,824.	22,824.		
	b							
	c							
	~							_
	d	All other revenue		}				
	d e	All other revenue Total. Add lines 11a-11d			22,824.			

Part IX Statement of Functional Expenses

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

	All other organizations must comple	te column (A) but are	not required to com	plete columns (B), (C), a	nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	356,241.	356,241.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	800.	800.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	738,153.	452,922.	285,231.	_
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	١			
_	persons described in section 4958(c)(3)(B)	1,656,640.	1,487,701.	122,542.	46,397
7	Other salaries and wages	1,050,040.	1,407,701.	122, 542.	40,391
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	148,250.	131,854.	11,756.	4,640
9	Other employee benefits	180,127.	167,805.	9,817.	2,505
10	Payroll taxes	117,432.	104,889.	8,994.	3,549
11	Fees for services (non-employees)				
	Management	0.			
	Legal	141,933.	4,791.	137,142.	
С	Accounting	37,860.		37,860.	
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			·
f	Investment management fees	0.	402 555	1 500	
g	Other	495,135.	493,555.	1,580.	
12	Advertising and promotion	511,582.	458,640.	51,903.	1,039
13	Office expenses	79,190.	15,574.	63,616.	1,039
14 15	Information technology	0.	20,0111	03/0101	
16	Royalties	299,578.	249,793.	49,785.	
17	Travel	170,601.	115,402.	55,199.	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	989,641.	964,840.	24,801.	
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	79,899.	67,005.	12,894.	<u> </u>
23	Insurance	37,999.	13,531.	24,468.	
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)				
	SPONSORSHIPS TO MEMBERS	189,727.	189,727.		-
_	OVERHEAD ALLOCATION		168,689.	-169,702.	1,013
	ALLOCATION TO SUBSIDIARY	-4,257.		-4,257.	
_	INCOME TAXES	9,900.		9,900.	
6	·			:	· · ·
1	All other expenses				
	Total functional expenses. Add lines 1 through 24f	6,236,431.	5,443,759.	733,529.	59,143
_	Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

	990 (3-0326930		Page 11
Pa	rt X	Balance Sheet					7
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			300.	1	300.
	2	Savings and temporary cash investments			3,366,412.	2	1,945,960.
	3	Pledges and grants receivable, net			24,000.		464,837.
	4	Accounts receivable, net	• • •		244,597.		255,646.
	5	Receivables from current and former officers,	. dire	ctors, trustees, kev			<u> </u>
		employees, and highest compensated employe					
		Schedule L				5	
	6	Receivables from other disqualified persons (a					
		4958(f)(1)) and persons described in section					
		Part II of Schedule L	6				
Assets	7	Notes and loans receivable, net		7			
SS	8	Inventories for sale or use	• • •			8	
1	9	Prepaid expenses and deferred charges	• • •		119,272.		72,752.
	_	Land, buildings, and equipment: cost or	10a	610,100.		-	
		other basis. Complete Part VI of Schedule D					
	b	Less. accumulated depreciation		488,942.	170,365.	100	121,158.
	11	Investments - publicly traded securities			6,314,715.		8,602,748.
	12	Investments - other securities. See Part IV, line 11			0/311/123	12	0,002,710.
	13	Investments - program-related. See Part IV, line 17		13			
	14	Intangible assets				14	-
	15	Other assets See Part IV, line 11			135,312.		302,078.
	16	Total assets. Add lines 1 through 15 (must equal			10,374,973.		11,765,479.
	17	Accounts payable and accrued expenses			336,890.		418,468.
	18	Grants payable			170,481.	18	158,397.
	19	Deferred revenue	• • •	ΔTCH Δ	783,967.		810,668.
	20				703,307.	20	010,000.
	21	Tax-exempt bond liabilities				21	
Liabilities	22	Payables to current and former officers,			****	21	
ij	22	employees, highest compensated employ					\$ \$.
Ľ.		persons. Complete Part II of Schedule L			, «Š	22	₹ _/
	23	Secured mortgages and notes payable to unrelate	 od tbir	d partice		22	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities. Complete Part X of Schedule D.			452,023.		716,225.
	26	Total liabilities. Add lines 17 through 25	• • •		1,743,361.		2,103,758.
_		Organizations that follow SFAS 117, check here		X and	-	20	2/103/730:
S		complete lines 27 through 29, and lines 33 and	34.		,		
Š	27	Unrestricted net assets			3,753,950.	27	3,755,288.
3ala	28	Temporarily restricted net assets			4,877,662.	28	5,906,433.
Ā	29	Permanently restricted net assets			. , , , , , , , , , , , , , , , , , , ,	29	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fund Balances		Organizations that do not follow SFAS 117, che	ck he	re ▶		-	
9		and complete lines 30 through 34.	, o. () ()				
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ	 Jipmer	nt fund		31	
As	32	Retained earnings, endowment, accumulated inc				32	
Net	33	Total net assets or fund balances			8,631,612.		9,661,721.
-	34	Total liabilities and net assets/fund balances	• • •	• • • • • • • • • • • • •	10,374,973.		11,765,479.
_				• • • • • • • • • • • • • • • • • • • •			5 000 (2222)

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1	Page	1	2

Pa	rt XI Financial Statements and Reporting			_
			Yes	No
1	Accounting method used to prepare the Form 990.			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1
	Schedule O.			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	ł
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			ĺ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ĺ
	issued on a consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ĺ
	the Single Audit Act and OMB Circular A-133?	3 a		Х
b				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		l
		Form	990	(2009

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization AMERICAN ASSOCIATION OF

	ICAL PARI	KS AND AQUA	ARIUMS, INC.						55-05	26930
Part I	Reason fo	r Public Chari	ty Status (All organi	zations m	ust compl	ete this	part.) Se	e instruc	tions.	
The organ	ization is no	t a private found	dation because it is: (F	or lines 1 t	hrough 11,	check on	ly one bo	x)		
1 🗂	A church, co	nvention of chu	rches, or association o	of churches	described	ın sectio	n 170(b)(1)(A)(i).		
2	A school de	scribed in sectio	on 170(b)(1)(A)(ii). (Att	ach Sched	ule E.)					
3	A hospital o	a cooperative	hospital service organi	zation desc	cribed in se	ction 170	(b)(1)(A)	(iii).		
4	A medical r	esearch organiz	zation operated in coi	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital's na	me, city, and sta	ate.							
5	An organiza	tion operated fo	or the benefit of a coll	ege or un	iversity ow	ned or o	perated b	y a gove	rnmental	unit described ii
	section 170	(b)(1)(A)(iv). (C	omplete Part II)							
6	A federal, st	ate, or local gov	vernment or governme	ntal unit de	scribed in s	section 1	70(b)(1)(A)(v).		
7	An organiza	tion that norma	Ily receives a substant	ial part of	its support	from a	governme	ental unit	or from t	he general publi
	described in	section 170(b)	(1)(A)(vi). (Complete P	art II.)						
8	A communit	y trust describe	d in section 170(b)(1)(A)(vi). (Co	mplete Parl	t II.)				
9 X	An organiza	tion that norma	Ily receives: (1) more t	than 331/3	% of its su	pport fro	m contrib	outions, m	embersh	p fees, and gros
	receipts from	n activities rela	ited to its exempt fund	ctions - su	bject to ce	ertain exc	eptions,	and (2) n	o more tl	han 331/3% of its
	support from	n gross investi	ment income and unr	elated bu	siness taxa	able inco	me (less	section	511 tax)	from businesses
	acquired by	the organization	n after June 30, 1975.	See sectio	n 509(a)(2). (Comp	ete Part I	11.)		
10	An organiza	tion organized a	and operated exclusive	ly to test fo	or public saf	ety See s	section 5	09(a)(4).		
11 🔲	An organiza	ation organized	and operated exclusi	vely for th	ne benefit	of, to pe	rform th	e functio	ns of, or	to carry out the
	purposes of	one or more p	ublicly supported orga	anizations (described i	n sectior	509(a)(1) or sect	tion 509(a)(2) See section
	509(a)(3). C	heck the box th	at describes the type o	f s <u>upp</u> ortir	ig organiza	tion and o	complete	lines 11e	through '	11h
	а Тур	L	··		e III - Fund	•	-			pe III - Other
	-		ertify that the organiz				-			•
	persons oth	er than foundat	ion managers and oth	er than on	e or more	publicly :	supported	d organiza	ations de	scribed in section
		section 509(a)(•							
f	If the organ	ization received	d a written determinat	tion from 1	the IRS tha	at it is a	Type I, 1	Type II, o	r Type III	supporting
	•	, check this box								
_	-		the organization acce	pted any g	ift or contri	bution fro	om any of	the		
	following pe									
			or indirectly controls			ether wit	h persor	is describ	ed in (11)	Yes No
		_	erning body of the supp	_	anization?					11g(ı)
			person described in (i) a							11g(n)
_		-	of a person described		•					11g(iii)
<u>h</u>			ation about the suppor							
	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		s the	(vii) Amount of support
3-			`above or IRC section		document?	col (i)	of your	(i) organi:	zed in the	
			(see instructions))	Vaa	No.		port?	Van		
		,		Yes	No	Yes	No	Yes	No	
							 			
					-	-				
					 		 	 		
					 	-	-			-
						ļ.—.—		-		
Total		:								

JSA

Par	(Complete only if you check	ganizations Do ked the box or	escribed in Soline 5, 7, or 8	ections 170(3 of Part I.)	b)(1)(A)(iv) a	nd 170(b)(1)(/	A)(vi)
Sect	ion A. Public Support						
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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			. —			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_
4	Total. Add lines 1 through 3	<i>\$</i> '/	»		, ,	. ,	
5	The portion of total contributions by each	* /					
	person (other than a governmental unit or	·\$ 4 4	, , , ×	* *	\$ - ` ,	y ,	
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount	~ 🐐 «¾	z % 4	· · · · · · · · · · · · · · · · · · ·	. 4 9		
	shown on line 11, column (f)				* 3). (#V 18)*	
6	Public support. Subtract line 5 from line 4	* *		<u> </u>		\$· '%" "%"	
	tion B. Total Support	() 0005		43,0007	1 1 2 2 2 2	1 () 0000	(0.7.1.)
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						: : :
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	2	1 3		Y	\$	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organizat	tion's first, secon	nd, third, fourth,			
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (li	ine 6, column (f) divided by line	11, column (f))		14	%
15	Public support percentage from 2008	Schedule A, Pa	art II, line 14			15	<u>%</u>
16a	331/3% support test - 2009. If the c	-					
	this box and stop here . The organizati						
b	331/3% support test - 2008. If the	-					· []
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me Part IV how the organization meets			•		•	•
b	organization	2008. If the or	ganization did r	ot check a box	c on line 13, 16	Sa, 16b, or 17a,	and line
	15 is 10% or more, and if the org Explain in Part IV how the organizati	on meets the "	facts-and-circur	nstances" test.	The organization	on qualifies as a	publicly
18	supported organization Private foundation. If the organization	on did not ched	k a box on lin	e 13, 16a, 16t	o, 17a, or 17b,	check this box	and see
	instructions	<u> </u>			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · ·	<u> ▶ </u>
					:	Schedule A (Form 9	990 or 990-EZ) 2009

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.) Part III

<u></u>	(Complete only if you checke	d the box off i	ille 9 Oi Fait i.	<u> </u>	 		
	tion A. Public Support	(a) 2005	(h) 2006	(a) 2007	(4) 2009	(2) 2000	
	alendar 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 ")	2,883,859.	3,763,885.	3,538,922.	4,281,465	4,632,429.	19,100,560.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the				ļ		
	organization's tax-exempt purpose	1,154,907.	1,556,964.	1,672,353.	1,567,189.	1,466,114.	7,417,527.
3	Gross receipts from activities that are not an				i		
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's					ŀ	
	benefit and either paid to or expended on						
	ıts behalf						
5	The value of services or facilities					į	
	furnished by a governmental unit to the					İ	
	organization without charge						
6	Total. Add lines 1 through 5	4,038,766.	5,320,849.	5,211,275.	5,848,654.	6,098,543.	26,518,087.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b	:					
8	Public support (Subtract line 7c from						
	line 6)						26,518,087.
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6,	4,038,766.	5,320,849.	5,211,275.	5,848,654.	6,098,543.	26,518,087
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	221,331.	290,302.	315,479.	410,072	315,168.	1,552,352.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	221,331.	290,302.	315,479.	410,072.	315,168.	1,552,352.
11		-			······································		
	activities not included in line 10b,						
	whether or not the business is regularly	44,244.	45,576.	-850.	3,066.	47,387.	139,423.
40	Carried on						1077,1201
12	Other income Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part IV)	450.	1,212.	446.	18,983.	22,824.	43,915.
13	Total support. (Add lines 9, 10c, 11,		2,222		10,333.	22,024.	13,713.
	440.	4,304,791.	5,657,939.	5,526,350.	6,280,775.	6,483,922.	28,253,777.
14	First five years. If the Form 990 is for			· · · · · · · · · · · · · · · · · · ·			
	organization, check this box and stop here					-	
Sec	tion C. Computation of Public Sur					· · · · · · · · · · · · · · · · · · ·	••••
15	Public support percentage for 2009 (line 8			nn (f))		15	93.86%
16	Public support percentage from 2008 Sche						94.95%
			_	· · · · · · · · · · · · · · · · · · ·		16	74.75%
-	tion D. Computation of Investmen			0 (0)		4-	5.49%
17	Investment income percentage for 2009 (li					17	
18	Investment income percentage from 2008					18	4.62%
19a	33 1/3% support tests - 2009. If the o						
	17 is not more than 33 1/3%, check the						
b	33 1/3% support tests - 2008. If the org						. —
	line 18 is not more than 331/3%, check		•	-	·		
20	Private foundation. If the organization	did not check	a box on line 1	14, 19a, or 19b	, check this bo	x and see instri	uctions >

Part IV 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

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

Opening to the term of term of term of the term of the term of term of term of term of term of term of term of ter

Complete if the organization is described below.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- 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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III	,		
		CAN ASSOCIATION OF		Employer identif	fication number
ZOC	DLOGICAL PARKS AND			55-05	
Pai	rt I-A Complete if the	organization is exempt under	section 501(c) or	is a section 527 organ	ization.
1	Provide a description of th	e organization's direct and indirect	political campaign	activities in Part IV.	
2	Political expenditures			▶ \$	
3	Volunteer hours				
			(! F04(\(\)(0)		
	•	organization is exempt under			
1		xcise tax incurred by the organization			
2		xcise tax incurred by organization i			
3		d a section 4955 tax, did it file Forn			
4a b	Was a correction made? If "Yes," describe in Part IV		• • • • • • • • • • • • • • • • • • • •		L Yes No
		organization is exempt under	r section 501(c), e	except section 501(c)(3)	<u> </u>
1		expended by the filing organization			<u> </u>
•	•				
2		ing organization's funds contributed			
_		ıtıes	•	_	
3		penditures. Add lines 1 and 2 En			
	•	·		·	
4		file Form 1120-POL for this year?.			Yes No
5		es and employer identification numl			
		anization listed, enter the amount			
		eived that were promptly and direc			
	segregated fund or a politi	cal action committee (PAC). If addit	tional space is neede	ed, provide information in	Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				Turius ir none, enter -0-	delivered to a separate
					political organization If none, enter -0-
		-			Tione, enter e
					
	_				
		1		1	i

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

Schedule C (Form 990 or 990-EZ) 2009

JSA 9E1264 2 000

Scriedule C (Fi	min 990 dr 990-EZ) 2009	33 0320330	
Part II-A	Complete if the organization is exempt u under section 501(h)).	nder section 501(c)(3) and filed Form 5768 (election	-
A Check	if the filing organization belongs to an a	ffiliated group	

В	Check ▶ if the filing organization checked box A and "limited control" provisions apply.							
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	0.					
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	6,089.					
С		a and 1b)	6,089.	·				
d			6,230,342.					
е		d lines 1c and 1d)	6,236,431.					
f	Lobbying nontaxable amount Enter the	The state of the s						
	columns.		461,822.					
	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 line 1f)	115,456.					
h	Subtract line 1g from line 1a. If zero or le		0.					
i	Subtract line 1f from line 1c. If zero or le		0.					
j	If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting							

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.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2 a Lobbying non-taxable amount	425,785.	499,010.	467,528.	461,822.	1,854,145.			
b Lobbying ceiling amount (150% of line 2a, column (e))					2,781,218.			
c Total lobbying expenditures	4,610.	6,535.	8,515.	6,089.	25,749.			
d Grassroots nontaxable amount	106,446.	124,753.	116,882.	115,456.	463,537.			
e Grassroots ceiling amount (150% of line 2d, column (e))					695,306.			
f Grassroots lobbying expenditures	0.	0.	0.	0 -	0.			

Schedule C (Form 990 or 990-EZ) 2009

		(a	3)		(b)		_
		Yes	No		Aı	nount	
	During the year, did the filing organization attempt to influence foreign, national, state or local			l			
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
	Volunteers?						
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1			
	Media advertisements?						
	Mailings to members, legislators, or the public?						
	Publications, or published or broadcast statements?						
	Grants to other organizations for lobbying purposes?						
	Direct contact with legislators, their staffs, government officials, or a legislative body?						
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	Other activities? If "Yes," describe in Part IV						
	Total Add lines 1c through 1i				_		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	If "Yes," enter the amount of any tax incurred under section 4912						_
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						_
	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Ų	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	sectio	n		
_						Yes	Т
	Were substantially all (90% or more) dues received nondeductible by members?				1		1
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					!	7
	Did the organization agree to carryover lobbying and political expenditures from the prior year?						7
E.I.	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."						
	Dues, assessments and similar amounts from members			1			_
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p						
	expenses for which the section 527(f) tax was paid).						
	Current year			2a			
	Carryover from last year			2b			
	Total			2c			
	Total	es .		3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	obbyir	ng				
	and political expenditure next year?			4			
	Taxable amount of lobbying and political expenditures (see instructions)			5			
I	t IV Supplemental Information						_
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C,	line	5; an	d Part	II-B	line 1	i
0	, complete this part for any additional information						
_							_
_							
			_ .			-	_
-							
_				- <i></i> -	.	·	_

'Schedule C (F	orm 990 or 990-EZ) 2009	55-0526930	Page 4
Part IV	Supplemental Information (continued)		-
			-
			
	·		

SCHEDULE'D (Form 990)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

AMERICAN ASSOCIATION OF

Employer identification number

Name of the organization ZOOLOGICAL PARKS AND AQUARIUMS, INC. 55-0526930 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

rai	Organizations maintaining co	iections c	// ALC, 111	Storica	ricasures	s, Oi	Other Similar A	SSEIS (continuec	<u>''</u>
3	Using the organization's acquisition, access	cion and c	ther ree	ordo obo	ak any of th	o fol	lawing that are a	-!		
3	collection items (check all that apply).	Sion, and C	Julei Tect	brus, che	ck ally of the	ie iui	lowing that are a	signilicar	it use of its	5
_					1					
a	Public exhibition		d	<u> </u>		cnan	ge programs			
b	Scholarly research		е		Other					
C	Preservation for future generation									
4	Provide a description of the organization's	collections	and exp	lain how	they further	the	organization's exe	mpt pur	pose in	
_	Part XIV.			_						
5	During the year, did the organization solici						•	_		
	assets to be sold to raise funds rather than								Yes	No
Par	Escrow and Custodial Arrange	ments. Co	omplete	of the o	rganizatıor	ans	wered "Yes" to I	Form 99	90, Part	
	IV, line 9, or reported an amou	nt on Forr	n 990, F	art X, lii	ne 21.					
1a	Is the organization an agent, trustee, custo								_	
	included on Form 990, Part X?							· · · [Yes	No
þ	If "Yes," explain the arrangement in Part X	IV and com	plete the	followin	g table:					
							A	mount		
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount or	n Form 990	, Part X,	line 21?				[Yes	No
ь	If "Yes," explain the arrangement in Part X									
Par	t V Endowment Funds. Complete	if organiz	ation an	swered	"Yes" to Fo	orm 9	990, Part IV, line	10.		
		urrent Year		or year	(c) Two ye		T		(e) Four ye	ears back
1a	Beginning of year balance	-								
b	Contributions									
С	Net investment earnings, gains,								<u> </u>	
	and losses									
d	Grants or scholarships				-					
е	Other expenditures for facilities .								-	
	and programs									
f	Administrative expenses									
g	End of year balance							·		
2	Provide the estimated percentage of the y	ear end ha	lance held	d ac						
- а	Board designated or quasi-endowment	cai cha ba	%	a uş.						
b	•	/ ₆	— <i>"</i>							
	Term endowment ▶ %									
	Are there endowment funds not in the pos	eeeeinn nf	the oraș	nization	that are hel	d and	1 administered for	tho		
-	organization by:	356331011 01	the orga	mzation	that are ner	u and	administered to	u iC	[v	es No
	(i) unrelated organizations								3a(i)	es No
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(II), are the related organization								3b	 -
4	Describe in Part XIV the intended uses of								30	
Par						-+ V	line 10			
Fai										
	Description of investment		or other bases estment)	sis (i	b) Cost or other basis (other)		(c) Accumulated depreciation	(d) Book value	•
1 a	Land									
b	Buildings	· <u> </u>								
С	Leasehold improvements	·								
d	Equipment	·			610,1	00	488,942		121	,158.
е	Other									
Tota	I. Add lines 1a through 1e (Column (d) mu	ist equal Fo	rm 990, I	Part X, co	lumn (B), lın	e 10	(c)) ▶		121	,158.
	· · · · · · · · · · · · · · · · · · ·									

Schedule D (Form 990) 2009

Part VII	Investments - Other Securities. See	Form 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
Financial d	erivatives			
Closely-hel	ld equity interests			
				· · · · · · · · · · · · · · · · · · ·
 -				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments - Program Related. See	Form 990, Part X, line	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuate	on .
	,,	1	Cost or end-of-year mark	
		1		
	·			
				· · · · · · · · · · · · · · · · · · ·
Total, (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. See Form 990, Part X,		· · · · · · ·	
		a) Description		(b) Book value
		.,		(b) Book Value
		- · · · · · · · · · · · · · · · · · · ·		
				
				
				-
				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Part			
1.	(a) Description of liability	(b) Amount		
Federal inc	come taxes	1		
	VACATION	206,398.		
OTHER A	ACCRUED BENEFITS	9,965.		
	SALARY	156,439.		
INVESTM	MENT IN SUBSIDIARY	270,383.		
	JIABILITIES	73,040.		
		1		
		 		
		 		
		_		
Total (California	on (h) must equal Form 000. Part V and (D) top 25	716,225.		
	nn (b) must equal Form 990, Part X, col (B) line 25)			

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

EE FAGE J	
	·
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	·

Schedule D (Form 990) 2009

Part XIV Supplémental Information (continued)

FIN 48 FOOTNOTE

PART X, LINE 2

TAX YEARS PRIOR TO 2006 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS AND THE STATE OF MARYLAND.

OTHER ADJUSTMENTS

PART XI, LINE 8

NET LOSS OF SUBSIDIARY INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS.

OTHER ADJUSTMENTS

PART XIII, LINE 2D

EXPENSES OF SUBSIDIARY INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

° N

Department Internal Rev Name of the ZOOLOG Part I

(COO # CU/		
(1000)	Governments, and Individuals in the United States	
		Open
Department of the Treasury Internal Revenue Service		lnsp
Name of the organization	AMERICAN ASSOCIATION OF	Employer Identification numb
ZOOLOGICAL PARI	ZOOLOGICAL PARKS AND AQUARIUMS, INC.	55-0526930
Part I General In	Part I General Information on Grants and Assistance	
1 Does the organize	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and
the selection crite	the selection criteria used to award the grants or assistance? $\dots \dots	× × · · · · · · · · · · · · · · · · · ·
2 Describe in Part l'	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part Grants and	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	n answered "Yes" to

Part IV and Schedule I-1 (Form 990) if additional space is needed	990) if additic	onal space is n	eeded				A
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUIS 200 ONE GOVENMENT DRIVE ST LOUIS, MO 63110	43-1727309	501(C)(3)	62,960		_	N/A	CONSERVATION
LINCOLN PARK 200 P O BOX 14903 CHICAGO, IL 60614	36-2512404	501(C)(3)	131,952			N/A	CONSERVATION
OREGON ZOO FOUNDATION 4001 SW CANYON ROAD PORTLAND, OR 97221	93-0718337	501(C)(3)	25, 600			N/A	CONSERVATION
TOLEDO 200LOGICAL GARDENS P O BOX 140130 TOLEDO, OH 43614	34-4440256	501(C)(3)	16,995			N/A	CONSERVATION
CHEYENNE MOUNTAIN ZOOLOGICAL PARK 4520 CHEYENNE RD COLORADO SPRINGS, CO 80906	CO 80906 84-0407039	501(C)(3)	22,130			N/A	CONSERVATION
DENVER ZOO ZIOO STEELE STREET DENVER, CO 80205	84-0502539	501(C)(3)	19,600			4/A	CONSERVATION
FRESNO CHAFFEE ZOO 894 W BELMONT AVENUE FRESNO, CA 93728	42-1661145	501(C)(3)	22,143			N/A	CONSERVATION
COLUMBUS ZOO & AQUARIUM P O. BOX 400 POWELL, OH 43065	31-4390844	501(C)(3)	22,524			W/A	CONSERVATION
OMAHA'S HENRY DOORLY 200 3701 SOUTH 10TH STREET OMAHA, NE 68107	47-0469782	501(C)(3)	16,445.			N/A	CONSERVATION
2 Enter total number of section 501(c)(3) and government organizations	and governme	nt organizations					6
For Privacy Act and Paperwork Reduction Act Notice, see the	Act Notice, se	e the Instructio	Instructions for Form 990.			Sche	Schedule i (Form 990) 2009

V 09-9.4

10:00:46 A

Schodule 1	Schedule 1 (Form 990) 2009			55-0526930			Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed	idividuals in the 1990) if addition	ne United States	Complete if the ded.	e organization answered	in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ditional space is needed.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
 							
Part IV	Supplemental Information. Complete this part to provide the information required in Part	ete this part to	provide the inf	ormation required	, line 2,	and any other additional information.	
PROCEDURES	FOR MONITORING USE OF	GRANTS					
PART I, LINE	2						
GRANT	GRANT APPLICATIONS ARE REVIEWED BY	A SCI	ENTIFIC ADVISORY	Y COMMITTEE	AND		
FUNDIN	FUNDING RECOMMENDATIONS ARE APPROVED	ΒY	THE AAZPA BOARD	OF DIRECTORS	SS.		1
ASSOCIATION	SSPONSIBLE	FOR OV	1 1201	GRANT AND			
REPORTING	OCESS.						
 		! ! ! ! ! ! !	1 	 			
1							
						Schedule I (Form 990) 2009	90) 2008

SCHEDULE'J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

AMERICAN ASSOCIATION OF

ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Questions Regarding Compensation

Employer identification number 55-0526930

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1 (1. 504/-)/0) - 1.504/-)/4) - 1.41 - 1.41 - 5.0			ŗ
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			,
_	compensation contingent on the revenues of.			x ·
a	The organization?	5a		X
b	Any related organization?	5b		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b	-	X
_	If "Yes" to line 6a or 6b, describe in Part III.		-	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
-	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	8 (8)	reakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation			The state of the s	
(A) Name	(I) Base	9	(ii) Bonus & incentive	(III) Other	other deferred	benefits	(E)(I)-(D)	reported in prior Form 990 or
				compensation				Form 990-EZ
	2	5,794.		0	73,000.	8,484.	327,278.	0
JAMES D. MADDY	(0.	0	0	0	0	0	0
		8		0	13,902.	5,023.	155,767.	0
LAURA BENSON (II)	 	0	0	0	0	0.	0.	.0
<u> </u>	18	8	l	0.	18,622.	827.	205,318.	0.
KRISTIN L. VEHRS (II)		0.	0	0	0	0	0	0
9	1			0	18,025.	7,526.	202,512.	0
PAUL J. BOYLE (II)		0	0	0	0	0	0.	0
	162	4,		0	17,729.	8,374.	188,554.	0
STEVEN L. FELDMAN (II)		0.		0.	0	0.	!	0.
()						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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(11)	(] 					
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(6)		1		1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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(1)	1							
(11)								
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(11)								
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(II)								
8					1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		; ; ; ; ; ;
(ii)								
<u> </u>	1							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(II)								
							Sche	Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009	55-0526930 Page
Part III Supplemental Information	
Complete this part to provide the information, explanation,	ition, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this par
for any additional information.	

for any additional information.
PARTICIPATION IN NONQUALIFIED PLAN
PART I, LINE 4B
JAMES D. MADDY PARTICIPATED IN THE 457F PLAN, TO WHICH THE ASSOCIATION
CONTRIBUTED \$50,000 FOR HIM.
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ASSOCIATION OF

ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number 55-0526930

ATTACHMENT 1

DOING BUSINESS AS

PAGE 1, BOX C

THE AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS & AQUARIUMS, INC., D/B/A: 1.

ASSOCIATION OF ZOOS & AQUARIUMS 2. AZA

MEMBERS OF ORGANIZATION

PART VI, LINE 6

THE ORGANIZATION HAS MEMBERS AS SET FORTH IN ARTICLE VI OF THE BYLAWS.

MEMBER RIGHTS TO ELECT MEMBERS OF THE GOVERNING BODY

PART VI, LINE 7A

THE MEMBERSHIP ELECTS ON AN ANNUAL BASIS, THE GOVERNING BODY PURSUANT TO ARTICLE IV, SECTION 2 OF THE BYLAWS.

DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL

PART VI, LINE 7B

MEMBERS HAVE VOTING RIGHTS WITH RESPECT TO AMENDMENTS OF THE

ORGANIZATION'S GOVERNING DOCUMENTS AND OTHER MAJOR DECISIONS (SUCH AS

DISSOLUTION OR MERGER DECISIONS) PURSUANT TO ARTICLE IX OF THE BYLAWS.

GOVERNING BOARD REVIEW OF FORM 990

PART VI, LINE 11A

THE 990 IS PREPARED BY AN INDEPENDENT AUDIT FIRM IN CONJUCTION WITH THE

AAZPA SR. VICE PRESIDENT OF FINANCE. THE DRAFT FORM 990 IS REVIEWED BY

Employer identification number 55-0526930

ATTACHMENT 1 (CONT'D)

LEGAL COUNSEL, CEO, AND EXECUTIVE DIRECTOR. THE DRAFT IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS.

CONFLICT OF INTEREST POLICY

PART VI, LINE 12C

THE ORGANIZATION'S HISTORIC PRACTICE HAS BEEN FOR MEMBERS OF THE BOARD OF DIRECTORS TO SIGN AN ACKNOWLEDGMENT OF THE CONFLICT OF INTEREST POLICY UPON COMMENCEMENT OF THEIR TERM ON THE BOARD, AND THEREAFTER FOR ANY BOARD MEMBERS WITH A CONFLICT OR POTENTIAL CONFLICT TO TIMELY DISCLOSE THIS AND NOT PARTICIPATE OR DELIBERATE ON ANY SUCH MATTER. THE ORGANIZATION ASKS OFFICERS AND KEY EMPLOYEES TO SIMILARLY ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE ASKED TO SIGN AN ANNUAL STATEMENT REITERATING SUCH ACKNOWLEDGMENT AND DISCLOSING ANY CONFLICTS OR POTENTIAL CONFLICTS COVERED BY THE POLICY.

COMPENSATION OF TOP MANAGEMENT OFFICIALS

PART VI, LINE 15A

THE AZA COMPENSATION COMMITTEE IS COMPRISED OF THE BOARD CHAIR, BOARD VICE CHAIR, PAST CHAIR AND CHAIR ELECT. ON AT LEAST AN ANNUAL BASIS, THIS GROUP REVIEWS COMPENSATION MATTERS REGARDING THE AAPZA PRESIDENT AND CEO, SR. VP OF FINANCE AND ADMINISTRATION AND EXECUTIVE DIRECTOR. THE COMMITTEE REVIEWS CURRENT COMPENSATION, COMPARABILITY DATA AND PERFORMANCE. COMPENSATION CHANGES ARE REPORTED TO THE PRESIDENT AND CEO. THE BOARD CHAIR IS RESPONSIBLE FOR PROVIDING WRITTEN AUTHORIZATION TO THE AZA SR. VP OF FINANCE AND ADMINISTRATION FOR IMPLEMENTATION OF ANY COMPENSATION CHANGE FOR THAT POSITION. THIS PROCESS WAS LAST UPDATED IN

Schedule O (Form 990) 2009	Page 2
Name of the organization AMERICAN ASSOCIATION OF	Employer identification number
ZOOLOGICAL PARKS AND AQUARIUMS, INC.	55-0526930

ATTACHMENT 1

(CONT'D)

2010.

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND ON REQUEST. THE CONFLICT OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST. REQUESTS FOR THE FINANCIAL STATEMENTS ARE CONSIDERED ON A CASE BY CASE BASIS.

FORM AND PART III IIII AR OFFICE	DDOGDAN GDDUTGDG	ATTACH	MENT 2
FORM 990, PART III, LINE 4D - OTHER	R PROGRAM SERVICES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
ACCREDITATION & MEMBERSHIP	0.	500,651.	2902956.
GOVERNMENT AFFAIRS	1,000.	582,281.	609,401.
TOTALS	1,000.	1082932.	3,512,357.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	ATTACHMEN PAID IND. CONTRACTORS	NT 3
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MASTER PRINT 8401 TERMINAL ROAD NEWINGTON, VA 22122	PRINTER	133,848.
BENEFIT MALL P.O. BOX 630957 BALTIMORE, MD 21263-0957	HEALTH INSURANCE	162,772.
METRO EXPOSITION RECREATION CO. P.O. BOX 2746 PORTLAND, OR 97208	CATERING SERVICES	139,532.
THE BERNDT GROUP	WEBSITE SERVICES	134,512.

Schedule O (Form 990) 2009

Schedule O (Form 990) 2009

Page 2

AMERICAN ASSOCIATION OF Name of the organization Employer identification number ZOOLOGICAL PARKS AND AQUARIUMS, INC. 55-0526930 ATTACHMENT 3 (CONT'D) 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION 3618 FALLS ROAD, SUITE 300 BALTIMORE, MD 21211

CLYDE PEELINGS REPTILAND 18628 US ROUTE 15 ALLENWOOD, PA 17810

EXHIBIT DEVELOPER

145,931.

TOTAL COMPENSATION

716,595.

ATTACHMENT 4

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED MEMBERSHIP DUES	696,956.	720,293.
DEFERRED ADVERTISING REVENUE	23,046.	22,610.
DEFERRED REGISTRATION REVENUE	63,965.	67,570.
DEFERRED OTHER	0.	195.
TOTALS	783,967.	810,668.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Partl

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

Employer identification number 55-0526930 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) OF AMERICAN ASSOCIATION INC. ZOOLOGICAL PARKS AND AQUARIUMS, Name of the organization

(d) Total income

(c) Legal domicile (state or foreign country)

(b) Primary activity

(a)Name, address, and EIN of disregarded entity

(f) Direct controlling entity (e) End-of-year assets

Part II

Schedule R (Form 990) 2009 (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) (e)
Public chanty status
(if section 501(c)(3)) (d) Exempt Code section (c)
Legal domicile (state
or foreign country) (b) Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)Name, address, and EIN of related organization

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55-0526930

Page 2

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) Schedule R (Form 990) 2009

Part III Identificati

S E	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportorate albeatora?	(i) Code V-UBI smount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	•
			country)		512-514)			Yes No		Yes No	1 . !
											, ,
											!
Part IV	Identification of Related Organizations Taxable as a IV, line 34 because it had one or more related organizations.	elated Organizati	ons Taxa	able as a Corpoid organizations	ration or Trust (Col treated as a corpor	Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part rations treated as a corporation or trust during the tax year.)	ation answered "Ye he tax year.)	s" on Fc	ırm 990, Part		

(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
ANIMALS, INC 8403 COLESVILLE ROAD, STE 710 SILVER SPRING, MD 20910	DIGITAL ED MEDIA	DE	AAZPA	U	-153,975	0.	100 0000
						Schedule R (Form 990) 2009	т 990) 2009

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Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36) Part V

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule		į	Yes No	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	in Parts II–IV?		1	;
Bosent of (i) interest (ii) annuities (iii) rovalties or (iv) rent from	•	1a		۲
Cit areas or contal containing to other organization(s)		1b	×	
b citt, grant, or capital continuous to other organizations.		10		×
c Gift, grant, or capital contribution from other organization(s)		-	×	
d Loans or loan guarantees to or for other organization(s)			\mid	>
e Loans or loan guarantees by other organization(s)] : :		۱ ا
			1	
Sale of assets to other organization(s)				× :
				×I
		÷		×
h Exchange of assets		:	_	×
i Lease of facilities, equipment, or other assets to other organization(s)		: : : :		
		=	 	×
J Lease of facilities, equipment, or other assets from other organization(s)		:::::::::::::::::::::::::::::::::::::::	×	
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)		: •		۱×
m Sharing of facilities, equipment, mailing lists, or other assets				٠ >
n Sharing of paid employees		: : :	1	۱۲
				- 1
Beinglinsement and to other organization for exmenses		위		×۱
	•	<u>-</u> ਤ : :	1 _P	×I
		1	19	×I
q Other transfer of cash or property from other organization(s).		11	L	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	d relationships and trai	insaction threshol	lds.	
	(b) Transaction	(c) Pevlovur tunomA	paylor	
Name of other organization	type (a-r)			l
ANTMALS, TNC.	В	12,	2,422.	
(2) ANIMALS, INC.	D	114	4,775.	- 1
	*	114	4.775.	
(3) ANTHADO, INC.		1		.
(4)			:	
(5)				
(9)				
		Schedule R (Form 990) 200	orm 990) 2(200

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55-0526930

Page 4

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

Schedule R (Form 990) 2009

Part VI

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

(e)	(q)	1	(d) Are all partners	(e) Share of	(f) Disproportionate		(h) General or
אַפּוויפּי, מטנונסטט, מוע בווא כי פווואָל		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets	altocations?	amount in box 20 of Schedule K-1	managing partner?
			Yes No		Yes No	(rom 1065)	Yes
			-				
							_
						Schedule R (Form 990) 2009	990) 2009

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

OMB No 1545-1709

	filing for an Automatic 3-Month Extension, c filing for an Additional (Not Automatic) 3-Mo				▶ [X]		
•	lete Part II unless you have already been gran			,	š .		
a corporatior 8868 to requ Return for T instructions).	ing (e-file). You can electronically file Form to required to file Form 990-T), or an addition uest an extension of time to file any of the transfers Associated With Certain Persona For more details on the electronic filing of the	nal (not aut forms liste I Benefit (iis form, vis	tomatic) 3-month extension of time. If in Part I or Part II with the exce Contracts, which must be sent to sit www.irs.gov/efile and click on e-f	. You can electronically ption of Form 8870, li the IRS in paper fo	y file Form nformation ormat (see		
	omatic 3-Month Extension of Time. On		_ • • • • • • • • • • • • • • • • • • •				
	required to file Form 990-T and requesting	an automa	atic 6-month extension - check this t	ox and complete	. —		
Part I only			7004		▶∟		
Aιι οιner corμ to file income	porations (including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use Form 7004 to	request an extension o	it time		
1	Name of exempt organization AMERICAN A	SSOCIAT	TON OF	Employer identification	number		
Type or	ZOOLOGICAL PARKS AND AQUARIU			55-0526930	Hamber		
print	Number, street, and room or suite no. If a P.O. box			33 0320330			
File by the due date for	8403 COLESVILLE ROAD, SUITE	•					
filing your	City, town or post office, state, and ZIP code For		dress, see instructions.				
return. See Instructions	in. See						
<u>-</u>	turn code for the return that this application)	. 01		
Application		Return	Application		Return		
Is For Code Is For Code Form 900							
	orm 990 01 Form 990-T (corporation) 07						
Form 990-BL		02	Form 1041-A		08		
Form 990-EZ		03	Form 4720		09		
Form 990-PF	· · · · · · · · · · · · · · · · · · ·	04	Form 5227		10		
	(sec 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-1	(trust other than above)	06	Form 8870		12		
Telephone If the orga If this is fo	E No ► 301 562-0777 Initiation does not have an office or place of large group, check this box	— business in ur digit Gro f it is for pa	oup Exemption Number (GEN)	If thi			
	e names and EINs of all members the extensi						
for the	organization's return for: calendar year 20 or	01 , 20 09	ganization return for the organization	n named above. The ex	ktension is		
3a If this nonreft	application is for Form 990-BL, 990-PF, 99 undable credits. See instructions. application is for Form 990-PF, 990-T, ted tax payments made. Include any prior yea	4720, or	6069, enter any refundable cr	3a \$	0.		
	e Due. Subtract line 3b from line 3a Include						
	onic Federal Tax Payment System). See instru			3c \$	0.		
Caution. If y payment inst	you are going to make an electronic fund value tructions	withdrawal	with this Form 8868, see Form 8	3453-EO and Form 88	379-EO for		

Form 8	8868 (Rev 1-2011)					Page 2
• If y	you are filing for an Additional (Not Automatic) 3-Mo	onth Extens	ion, complete only Part II and chec	k this box		
	Only complete Part II if you have already been grant					
• If y	you are filing for an Automatic 3-Month Extension, o	complete or	lly Part I (on page 1).			
Part				opies neede	d).	
Туре	or Name of exempt organization AMERICAN AS	SSOCIATIO	ON OF	Employer ident	ification	number
print	ZOOLOGICAL PARKS AND AQUARIUM	MS, INC.		55-052	26930	
File by		x, see instruc	tions.			
extend due da		710				
filing yı	City, town or post office, state, and ZIP code. For	a foreign add	ress, see instructions			
retum <u>ins</u> truc						
Enter	the Return code for the return that this application is	for (file a se	parate application for each return)			. 01
Appli	ication	Return	Application			Return
ls Fo	<u>r</u>	Code	Is For			Code
Form	990_	01		, V		<u> </u>
Form	990-BL	02	Form 1041-A			08
Form	990-EZ	03	Form 4720			09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
STO	Pl Do not complete Part II if you were not already gr	ranted an au	itomatic 3-month extension on a pre-	viously filed F	orm 88	68.
Te If t If t If t Interpretation Int	the books are in the care of ▶ LAURA BENSON blephone No. ▶ 301 562-0777 The organization does not have an office or place of this is for a Group Return, enter the organization's four enter the organization's four enter the group, check this box▶	ousiness in tur digit Grou If it is for parties for. iil ing inths, check AYER IS COMPLETE	p Exemption Number (GEN) It of the group, check this box	00 11	/30	
	nonrefundable credits. See instructions.		, or ooo, order the terrative tax,	8a	\$	0.
b	If this application is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cre		-	<u>·</u>
	estimated tax payments made. Include any pi					
	amount paid previously with Form 8868.	-		8ь	\$	0.
c	Balance Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if required, by usin		·	
	(Electronic Federal Tax Payment System) See instru	-		8c	\$	0.
it is tru	penalties of perjury, I declare that I have examined this form, i.e., correct, and complete, and that I am authorized to prepare this form	including acc	d Verification companying schedules and statements, and to			ge and belief,
Signati			Title	Date 🕨 ノ		
	WATKINS MEEGAN LLC 7700 WISCONSIN AVENUE, SUITE 50	00		Form	8868	(Rev 1-2011)

BETHESDA, MD 20814