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# Form **990**

Department of the Treasury Internal Revenue Service

OMB No 1545-0047 2014

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u> </u>	Fort	tne 2014 calen	dar year, or tax year beginning , 2014, and ending				,		
В	Check	if applicable	C Name of organization The Saint Louis Zoo Association		D Employ	er Ident	Ification number		
	□	Address change	Doing business as		43-	1727	309		
	$\Box$	Name change	Number and street (or P O box if mail is not delivered to street address) Room/sui	ite	E Telepho	one numb	ber		
	П,	nitial return	One Government Drive		(31	4) 7	81-0900		
	П	inal return/terminated	City or town, state or province, country, and ZIP or foreign postal code		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	⊢	Amended return	Saint Louis MO 63110		G Gross r	ecepts	\$ 64,378,44	Я	
	$H_{A}$	Application pending		(a) Is this a	group return			11	
	ш	.,	Jeffrey Sonner, Ph.D. Same as 'C' Above 63110	(b) Are all s	subordinates attach a list (	ncluded			
$\overline{}$	Tax	exempt status	X   501(c)(3)   501(c) (	If 'No,' a	ittach a list (	see instr	uctions)	_	
J		<del></del>		(c) Group e	exemption nu	mher >	•		
K		m of organization	X Corporation Trust Association Other L Year of formation	1995			egal domicile M(	<del></del>	
	art I	Summar	<del></del>				. 1.10		
L	1		e the organization's mission or most significant activities:  The Saint Lo	nuis Zo	o Assoc	iatio	n was estab	lished	
a			ct and enhance zoological programs, research, and						
ଣ୍ଡ Governance			y providing facilities, funds, and advice. The						
Ë	Ì		dule O for continuation.						
ຸ ອັ	2	Check this bo	if the organization discontinued its operations or disposed of more that	n 25% o	fits net as	sets.			
<u>ල</u> දුර ක්ර	3		ing members of the governing body (Part VI, line 1a)			3		99	
<b>₹</b>	4		ependent voting members of the governing body (Part VI, line 1b)			4		99	
. & & . Activities	5		of individuals employed in calendar year 2014 (Part V, line 2a)			5		0	
रू हें	6		of volunteers (estimate if necessary)			6		0	
≓ ਕ			d business revenue from Part VIII, column (C), line 12			7a 7b		0.	
<u></u>	<del>├──</del>	ivet unielateu	business taxable income nont Form 990-1, line 34		rior Year	_ <b>'</b> '	Current Y	0.	
2	8	Contributions	and grants (Part VIII, line 1h)			12	12,138		
EU:	9		rogram service revenue (Part VIII, line 2g)						
Ven	10						4,316	,029.	
_ <b>A</b>	11		(Part VIII, column (A), lines 5, 6d, 8c/9c, 10c/and tte)		23,4			,225.	
6.3	12		- add lines 8 through 11 (must equal Part-VIII, column (A), (ine 12)	19	,303,2		18,385		
SE Revenue	13		nilar amounts paid (Part IX, column (A); lines 1-3)		,225,5		21,074		
_	14		o or for members (Part IX, column (A); line 4); lift.		, , _		22,0,1	0.	
	15		compensation, employee benefits (Part IX, column (A), lines (5-10)	2,481,04			2 567	,547.	
Expenses	1			232,705.					
ë					434,1	<del>03.</del>	110	,937.	
Ä	ı		ng expenses (Part IX, column (D), line 25) 1, 200, 490.						
	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>,188,6</u>			,749.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		,128,0		26,946	<u>,973.</u>	
	19	Revenue less	expenses. Subtract line 18 from line 12		,824,7		-8,561		
is of		<b>-</b>			g of Currer		End of Y		
Assots   Batan	20		Part X, line 16)	· · · · · · · · · · · · · · · · · · ·	,396,8		89,637		
		rotal liabilities	(Part X, line 26)	9	,249,1	67.	2,654	,311.	
žš	22	Net assets or t	fund balances Subtract line 21 from line 20	95	,147,6	87.	86,983	<u>,</u> 312.	
Pa	<u>ırt II</u>	Signatur	e Block						
Unde	er penali	ties of perjury, I decl	are that I have examined this return, including accompanying schedules and statements, and to the best of r (other than officer) is based on all information of which preparer has any knowledge	f my knowle	edge and bel	ef, it is tr	ue, correct, and		
-		I.	W 877	·				<del></del>	
٠.		Signatur	Mayler )	Dat			<del></del>		
Sig			<b>9</b> •	(Car	•				
He	16		rey P. Bonner, Ph.D.						
			eparer's name Date /	, т	T	1. 1	PTIN		
		Tob	Grand Dadar Millon on Dadas 14/90/	ا سر،	Check	J.	- 1    1		
Pa		761	THEY IN THE THEKEN THE WORL 10/29/1	2	self-employe	d		<u>-</u>	
	epare e On		CliftonLarsonAlleh CLLP			. //1	-0746749		
US	e On	Firm's addres	Thronze Fornite						
<del></del>			Belleville, IL 62226	i	Phone no	618-	-233-1200		
May	the li	RS discuss this	return with the preparer shown above? (see instructions)				· X Yes	No	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 05/28/14

Form 990 (2014)

	The Saint Louis Zoo Association	43-1727309	rage 2
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · ·	x
1	Briefly describe the organization's mission:		
	The Saint Louis Zoo Association was established		
	to support and enhance zoological programs, research, and instituti	ons in the	St. Louis
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed on the price	or	
	Form 990 or 990-EZ?	Y	es 🛛 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?	\ \ \ \ \	es X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total exper	ises,
	and revenue, if any, for each program service reported.		
	<del></del>		
<b>4</b> a	a (Code) (Expenses \$ 20,160,240. including grants of \$ 20,160,240. ) (Rev	/enue \$	0.)
	Financial Support - Direct financial support to the Saint Louis		
	Zoo for programs.		<b></b> -
		- <b></b>	
_			
4 b	b (Code. ) (Expenses \$ 1,258,239. including grants of \$ 0.) (Rev	/enue \$ 3,	976,523.)
4 b			
4 b	Membership - The Association maintained a membership base of over	48,000 hous	seholds
4 b	Membership - The Association maintained a membership base of over representing almost 170,000 individuals in the community. This process of the community of the community of the community of the community of the community.	48,000 hous	seholds
4 b	Membership - The Association maintained a membership base of over representing almost 170,000 individuals in the community. This progenerated \$3,976,523 in revenue in 2014.	48,000 hous	seholds
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	Membership - The Association maintained a membership base of over representing almost 170,000 individuals in the community. This progenerated \$3,976,523 in revenue in 2014.  (Code )(Expenses \$ 935,729 including grants of \$ 0.)(Revenue) Campaign Administration - Administering a fundraising campaign that generates proceeds to be used to renovate and expand exhibits in the community.	48,000 hous	seholds
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	Membership - The Association maintained a membership base of over representing almost 170,000 individuals in the community. This progenerated \$3,976,523 in revenue in 2014.  (Code )(Expenses \$ 935,729 including grants of \$ 0.)(Revenue) Campaign Administration - Administering a fundraising campaign that generates proceeds to be used to renovate and expand exhibits in the community.	48,000 hous	seholds
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4 c	Membership - The Association maintained a membership base of over representing almost 170,000 individuals in the community. This presented \$3,976,523 in revenue in 2014.  a (Code ) (Expenses \$ 935,729 including grants of \$ 0.)(Revenue and a fundraising campaign the generates proceeds to be used to renovate and expand exhibits in the Saint Louis Zoo, educating and benefiting millions of visitors each state of the community. This presents a second	48,000 hous	seholds
4 c	Membership - The Association maintained a membership base of over representing almost 170,000 individuals in the community. This progenerated \$3,976,523 in revenue in 2014.  (Code )(Expenses \$ 935,729 including grants of \$ 0.)(Revenue) Campaign Administration - Administering a fundraising campaign that generates proceeds to be used to renovate and expand exhibits in the community.	48,000 hous	seholds  O.)

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 2 X Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? . . . . . Х 3 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, complete Schedule D, Х 6 Х X R Χ X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, 4 1 or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule 11 a Х b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX . . . . . . . . Χ 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes.' complete Schedule D. Part X.... 11 e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI, and XII. . . . Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . . . Х 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . . . . . . 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14b Х 15 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, Х 19 Х 20 

Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If Yes,' complete Schedule I, Parts I and II . . . . . . 21 Х 21 Х 22 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 Х Х 242 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?............ d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I . . . . . . . 25a 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 Х 25b Х 26 Χ 27 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 A current or former officer, director, trustee, or key employee? If Yes, 'complete Schedule L, Part IV . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Х 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 34 Х 35a Χ 35b Х 36 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38

# Form 990 (2014) The Saint Louis Zoo Association Part V Statements Regarding Other IRS Filings and Tax Compliance

1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 0 0 b Enter the number of Forms W-2G included in the 1s. Enter -0- if not applicable 1 b 0 0 c 1 b Enter the number of Forms W-2G included in the 1s. Enter -0- if not applicable 1 b 0 0 c 1 b the regardation comply with backup withholding rules for reportable gammers (gambhag) with marked the programmers of personal personal pr		Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	:Ш
Enter the number of Forms W-2G included in line 1s, Enter-0-if not applicable	_			Yes	No
Do the organization comply with backton withholding rules for reportable payments to vendors and reportable gamming (gambing) without provided to the complex provided provided to the complex provided p		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			1
(gambing) winnings to prize winners?  2 Enter the number of employees reported on Form W-3, Transmittal of Wape and Tax Statements, filed for the cellandary year ending with or within the year covered by this return  5 If all east one is reported on the 22, did the organization file all required federal employment tax returns?  2 b Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions)  3 a I bif the organization have unrelated business gross income of \$1.00 or more during the year?  3 a X  5 if I 'Yes' tas' filled a Form 90-1 for the year? If the organization have an interest in or a signature or other authority over, a state of the company of the organization have an explanation as checkle 0  4 a At any time during the celendary year, did the organization have an interest or or other authority over, a state of the organization and should be securities account, or other authority over, a state organization of the property of the organization of the state of the organization of the state organization of the state organization of the organization of the state organization of the state organization of the state organization of the state organization of the tax os or is a party to a prohibited tax whether transaction?  5 a Was the organization and organization of the tax os or is a party to a prohibited tax whether transaction?  5 a Did any taxonization a party to a prohibited tax the sor is a party to a prohibited tax whether transaction?  5 a C If Yes, to line 5 ar 5 fb, did the organization of the tax of or a party to a prohibited tax whether transaction?  5 a C If Yes, to the Granization of the organization of the tax of or a party to a prohibited tax whether transaction?  5 a C If Yes, to the organization should well werey solicitation and express statement that such contributions or gifts were not tax deductible?  6 b If Yes, did the organization should well werey solicitation and party for goods and services growing that the organization recover a payment i					1
ments, filed for the calendar year ending with or within the year covered by this return   2 a   0	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		l
Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a bill the organization have unrelated business gross income of \$1,000 or more during the year?  3 b li 1'ves has filed a Form 990 To the by yar? If No to line 3b, provide an explanation in Schedule 0.  4 a 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 accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly, over, a financial accountly is the state of the foreign country. See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)  5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions in that the was or is a party to a prohibited tax shelter transaction?  6 a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions on the value of the goods of the organization file of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 b If Yes, did the organization include with every solicitations under section 170(c).  8 b If Yes, did the organization include with every solicitations under section 170(c).  9 b If Yes, did the organization notify the donor of the value of the goods or services provided?  9 b If Yes, did the organization notify the donor of the value of the goods or services provided?  9 b If Yes, did the organization notify the donor of the value of the goods or services provided?  9 b If Yes, indicale the number of Forms 8282 filed during the year	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 0			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 a   X b if Yes' has if lifed a Form 990-T for this year? if No' of line 3b, provide an explanation in Schedule O  3 b If Yes', enter the name of the foreign country,  5 b if Yes', enter the name of the foreign country.  5 b if Yes', enter the name of the foreign country,  5 was the organization and proteign country.  5 a Was the organization on Foreign country.  5 a Was the organization on a foreign country.  5 a Was the organization on a foreign country.  5 a Was the organization on a foreign country.  5 a Was the organization on a foreign country.  5 a Was the organization on a foreign country.  5 a Was the organization on a foreign country.  5 a Was the organization on a foreign country.  5 a Was the organization on a foreign country.  5 a Was the organization on a foreign country.  5 b If Yes', do the organization that the was or is a party to a prohibited tax shelter transaction?  5 b If Yes', do the organization that it was the organization flee form 888-17?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of solicitation an exploration of the organization of the organization through the organization through the organization through the organization receive a purpose of the organization receive a purpose of the organization receive a purpose of the value of the goods or services provided?  6 b If Yes, did the organization receive a purpose of the value of the goods or services provided?  7 a X  6 b If Yes, did the organization receive a contribution of underty, to pay premiums on a personal benefit contract?  7 a X  6 b If Yes, indicate the number of Forms 8282 filed during the year  9 b Old the organization received a contribution of underty, to pay premiums on a personal benefit contract?  7 b X  7 d If the organization received a contribution of underty, to pay premiums on a personal benefit contract?  7 c X  8 D did the organization	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
b if Yes has it filled a Form 990-T for this year? If No 10 line 3b, provide an explanation in Schedule 0  4 a 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 accountity.  4 a X  b if Yes, enter the name of the foreign country.  5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5 a Was the organization are organization that it was or is a party to a prohibited tax sheller transaction?  5 b Unit Yes, it line 5 a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  5 c If Yes, to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  5 a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charactible contributions?  6 a C Yes, did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 b If Yes, did the organization receive a payment in excess of \$76 made party as a contribution and partly for goods and services provided to the payor?  9 b If Yes, did the organization notify the donor of the value of the goods or services provided?  7 b If Yes, did the organization or forms \$282 field during the year  9 b If Yes, did the organization or receive any funds, directly or indirectly, on a personal benefit contract?  7 c X d If Yes, indicate the number of Forms \$282 field during the year  9 b If Yes, and the organization received a contribution of qualified intellectual property, did the organization file a Form 1086-C?		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4 a A tany 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)?  5 a Was the organization or party to a prohibited tax sheller transaction at any time during the tax year?  5 a Was the organization or party to a prohibited tax sheller transaction at any time during the tax year?  5 a D Ind any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5 b X or If Yes; to line 5 are 5b, diff the organization the form 888-7?  5 c C F S D D S S S S S S S S S S S S S S S S	3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
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Form 990 (2014) The Saint Louis Zoo Association 43-1727309 Page 6 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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year  $\dots$ 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . . . . . 99 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х 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 Did the organization make any significant changes to its governing documents 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 X 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Nο 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . . . . 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c X 13 Х Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . 15 a Х 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?...... 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply, Another's website Other (explain in Schedule O) Own website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

BAA

63110

State the name, address, and telephone number of the person who possesses the organization's books and records

Ph.D.

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and Title	(B) Average hours per	director/trustee)				personand a	n	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Margaret A. Ritter President	1.00	Х		Х				0.	0.	0.	
(2) Matthew Geekie Vice President	1.00	х		Х				0.	0.	0.	
(3) Sander H. Coovert II Secretary	1.00	x		х				0.	0.	0.	
(4) Joseph T. Ambrose Treasurer	1.00	х		Х				0.	0.	0.	
	1.00	х						0.	0.	0.	
(6) Michael Abbene, Jr Director	1.00	x						0.	0.	0.	
_(7) <u>Dr. Kelvin R. Adams</u> Director	1.00	à						0.	0.	0.	
(8) Barbara C. Archer Director	1.00	х						0.	0.	0.	
(9) JoAnn S. Arnold Director	1.00	х						0.	0.	0.	
(10) Jacqueline N. Baker  Director	1.00	х						0.	0.	0.	
(11) Andrew S. Baur Director	1.00	х						0.	0.	0.	
(12) James G. Berges Director	1.00	х						0.	0.	0.	
(13) Susan S. Block Director	1.00	х						0.	0.	0.	
(14) Kenneth J. Bower Director	1.00	х						0.	0.	0.	

Part VII   Section A. Officers, Directors	(B)	<u> ey</u>	EIT	1 <b>P</b> 10		es,	an	d Hignest Con	ipensated Em	ployees (continuea)
(A) Name and title	(A) Name and title  Name week  Average hours per officer week		, unle	Position not check more than one unless person is both an cer and a director/trustee)				(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	for related organiza - tions below dotted line)	ndividual trustee or director	nstitutional trustee	Q.	Key employee	Highest compensated employee	ier			and related organizations
(15) Virginia M. Busch Director	1.00_	x		-				0.	0	. 0.
(16) John R. Capps Director	1.00	X						0.1	0	
(17) Karen Condie Director	1.00	Х						0.	0	
(18) Jennifer B. Demoff Director	1.00	Х						0.	0	. 0.
(19) Michael Dierberg Director	1.00_	Х						0.	0	0.
C20) Marlyn Essman Director Emeritus	1.00	х						0.	0	0.
(21) Kathy Federico Director	1.00	х						0.	0	. 0.
(22) Sharon D. Fiehler Director	1.00	х						0.	0	0.
(23) Robert N. Fox Director	1.00_	х						0.	0	. 0.
Director	1.00	Х						0.	0	. 0.
Director	1.00	х						0.	0	<del></del>
1 b Sub-total	Section A	 	• •				<b>&gt;</b>	0. 0.	0 2,128,788 2,128,788	352,394. 352,394.
2 Total number of individuals (including but not from the organization ► 0	limited to those	listed	abo	ove)	who	rece	eive	d more than \$100,0	000 of reportable co	
3 Did the organization list any former officer, do on line 1a? If 'Yes,' complete Schedule J for s										Yes No
4 For any individual listed on line 1a, is the sum the organization and related organizations gre such individual	ater than \$150,	00Ö?	If 'Y	'es'	com	plete	Sci			4 X
5 Did any person listed on line 1a receive or according for services rendered to the organization? If '	crue compensat	on fr	om a	any	unre	lated	org	ganization or individ	fual	
Section B. Independent Contractors  1 Complete this table for your five highest component compensation from the organization Report of	ensated indepe	nden	t cor	ntra	ctors	that	rec	eived more than \$	100,000 of	
(A) Name and business			-		, , ,			( <b>B</b> ) Descπption o		(C) Compensation
							_			
2 Total number of independent contractors (incl	•	nited	to th	ose	liste	ed ab	ove	) who received mo	re than	The same of the same
\$100,000 of compensation from the organizat		TEEA	2400	02/0	045		_	<del></del>		Form 990 (2014)

Part VIII Statement of Revenue (C) (A) Total revenue (B) (D) Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 1 a Federated campaigns . . . . . Contributions, Gifts, Grants 1 a and Other Similar Amounts 0. 1 b b Membership dues . . . . . 1,798,475 c Fundraising events . . . . . . 1 c 354,796 1 d d Related organizations . . . . . 4,615 e Government grants (contributions) . . 1 e 0 f All other contributions, gifts, grants, and similar amounts not included above . . 9,980,877 g Noncash contributions included in lines 1a-1f \$ 231,055 12,138,763 Program Service Revenue **Business Code** 2a Membership 900099 3,976,523 0. 3,976,523 n 900099 0 0 340,132 340,132 f All other program service revenue . . 4,316,655. 3 investment income (including dividends, interest and 1,213,870 ,213,870 Income from investment of tax-exempt bond proceeds . . . 0 0 0 0 5 0 0 0 0 (ı) Real (II) Personal 6 a Gross rents . . . . . 0 b Less. rental expenses 0 c Rental income or (loss) . . n d Net rental income or (loss) . . . . . . . . 0 0 0 (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 46,262,857 **b** Less cost or other basis and sales expenses . . . .640.698 c Gain or (loss) . . . . 622,159. 622,159 0 0 622,159 8 a Gross income from fundraising events Offher Revenue (not including . . S 354,796. of contributions reported on line 1c). See Part IV, line 18. . . . . . . . . . 343,661 **b** Less. direct expenses . . . . . . . . ь 352,078 c Net income or (loss) from fundraising events . . . . . . . ▶ -8.4170. -8,417.9 a Gross income from gaming activities. See Part IV, line 19. . . . . . . . . . . . . . . **b** Less. direct expenses . . . . 0. c Net income or (loss) from gaming activities . . . . . . . . ▶ 0 0 0 n 10 a Gross sales of inventory, less returns and allowances . . . . . . . . . . . . **b** Less: cost of goods sold . . . . . . . 0 c Net income or (loss) from sales of inventory \_ . . . . . . ▶ 0 0 0 0. **Business Code 11a** <u>Miscellaneous</u> 900099 49 0 0. 49. b Cell Tower Lease 900099 102,593 0 0 102,593 d All other revenue . . . .

12

e Total. Add lines 11a-11d . . . . . .

102,642

4,316,655

18,385,672.

0

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX										
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
Grants and other assistance to domestic organizations and domestic governments.     See Part IV, line 21	21,074,740.	21,074,740.								
Grants and other assistance to domestic individuals. See Part IV, line 22	0.	0.								
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16.	0.	0.								
	0.	0.	<del></del>							
Benefits paid to or for members      Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.						
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7 Other salaries and wages	2,003,957.	1,309,702.	515,239.	179,016.						
Denotes also assemble and contributions	2,003,937.	1,309,702.	515,255.	110,010.						
(include section 401(k) and 403(b) employer contributions)	271,184.	175,586.	71,385.	24,213.						
9 Other employee benefits	147,049.	105,571.	29,150.	12,328.						
10 Payroll taxes	145,357.	95,186.	37,342.	12,829.						
11 Fees for services (non-employees)										
a Management	12,000.	0.	12,000.	0.						
<b>b</b> Legal	491.	0.	491.	0.						
c Accounting	749.	0.	749.	0.						
d Lobbying	102,250.	0.	102,250.	0.						
e Professional fundraising services See Part IV, line 17 .	116,937.			116,937.						
f Investment management fees	119,756.	0.	119,756.	_0.						
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,387.	0.	28,972.	15,415.						
12 Advertising and promotion	101,984.	77,686.	16,309.	7,989.						
13 Office expenses	39,597.	9,620.	23,977.	6,000						
14 Information technology	76,913.	32,874.	44,039.	0.						
<b>15</b> Royalties										
<b>16</b> Occupancy										
17 Travel	[ -	3,985.	14,001.	2,124						
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.						
19 Conferences, conventions, and meetings	0.	0.	0.	0.						
20 Interest	0.	0.	0.	0.						
21 Payments to affiliates	0.	0.	0.	0.						
22 Depreciation, depletion, and amortization	0.	0.	0.	0						
23 Insurance	153,851.	0.	143,051.	10,800						
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		·	, , , ,							
a Supplies	509,058.	108,656.	261,075.	139,327.						
b Printing & Graphics	513,793.	174,304.	214,334.	125,155						
<pre>c Donor Cultivation</pre>	430,109.	67,451.	9,924.	352,734						
d Postage	299,111.	186,877.	67,658.	44,576						
e All other expenses	763,590.	264,180.	348,363.	151,047						
25 Total functional expenses. Add lines 1 through 24e	26,946,973.	23,686,418.	2,060,065.	1,200,490						
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following										
SOP 98-2 (ASC 958-720)	TEEA0110 05/	<u> </u>	<u> </u>	Form <b>990</b> (2014						

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A) Beginning of year		(B) End of year
П	1	Cash — non-interest-bearing	16,924,142.	1	9,089,052.
}	2	Savings and temporary cash investments	208,109.	2	208,933.
	3	Pledges and grants receivable, net	16,203,331.	3	13,837,627.
1	4	Accounts receivable, net	1,103,362.	4	2,498,304.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	,
(2)	7	Notes and loans receivable, net	0.	7	0.
Assets	•	Inventories for sale or use	0.		0.
3	8	<b>]</b>	69,808.	8	29,940.
^	9	Prepaid expenses and deferred charges	86,635.	9	93,263.
		Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D	,		
	b	Less accumulated depreciation 10b 108,156.	0.	10 c	0.
- {	11	Investments publicly traded securities	67,946,409.	11	62,093,240.
	12	Investments — other securities. See Part IV, line 11	258,450.	12	239,568.
l	13	Investments – program-related See Part IV, line 11		13	
- 1	14	Intangible assets		14	
\ 	15	Other assets See Part IV, line 11	1,596,608.	15	1,547,696.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	104,396,854.	16	89,637,623.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	165,123.	17	159,806.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	730,258.	19	117,831.
	20	Tax-exempt bond liabilities	0.	20	0.
8	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,353,786.	25	2,376,674.
١	26	Total liabilities. Add lines 17 through 25	9,249,167.	26	2,654,311.
S S		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		:	,
Ě	27	Unrestricted net assets	41,976,974.	27	33,201,136.
ğ	28	Temporarily restricted net assets	23,818,183.	28	22,832,155.
퓌	29	Permanently restricted net assets	29,352,530.	29	30,950,021.
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-ın or capıtal surplus, or land, buildıng, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	<del> </del>
ē	33	Total net assets or fund balances	95,147,687.	33	86,983,312.
Z	34	Total liabilities and net assets/fund balances	104,396,854.	34	89,637,623.
BA			101,000,004.		Form 990 (2014)

orm	990 (2014) The Saint Louis Zoo Association 43-1	727309		Pag	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			. 📗
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,38	35,6	72.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,94	16,9	73.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,5	51,3	01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	95,1	17,6	87.
5	Net unrealized gains (losses) on investments	5	3	6,9	26.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	86,9	33,3	12.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
	Officer in deficiency of contains a response of fine to any line in this factorial visit in the second of the seco			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • • •	2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both				·-·-
	Separate basis Consolidated basis Both consolidated and separate basis				
ŧ	Were the organization's financial statements audited by an independent accountant?	• • • • •	2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, o <u>r</u> both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
•	of 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?	i, 	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
1	b If Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au		3 b		

BAA

Form 990 (2014)

TEEA0112 05/28/14

#### **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.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

Employer Identification number

		int Louis Zoo Asso					43-172730					
Part		Reason for Public Cha	rity Status (All or	ganizations must co	omplete	this p	art.) See instruction	ns.				
he or	gan	ization is not a private foundat	ion because it is. (For	lines 1 through 11, check	conly on	e box.)						
1	П	A church, convention of church	hes, or association of o	churches described in se	ction 17	0(b)(1)(	A)(i).					
2	П	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	_	A medical research organization						ne hospital's				
	ш	name, city, and state.	on operator in conjunc	don mar a moopital accor				io noophalio				
5	$\Box$	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in		(vi). (Complete Part II.)								
9	ш	An organization that normally in from activities related to its existed to its existed and unrelated and unrelated 30, 1975. See section 5	empt functions – subje ted business taxable ir	ect to certain exceptions, nome (less section 511	and (2)	no more	than 33-1/3% of its supp	port from gross				
10	П	An organization organized and	operated exclusively	to test for public safety. §	See <b>sect</b>	ion 509	(a)(4).					
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.											
а												
b	ш	Type II. A supporting organiza management of the supporting must complete Part IV, Secti	organization vested in	trolled in connection with the same persons that	its supp control o	orted or r manag	ganization(s), by having je the supported organiz	control or ation(s). You				
C		Type III functionally integrate organization(s) (see instruction	ed. A supporting orgarns). You must comple	nization operated in conn ete Part IV, Sections A,	ection w <b>D, and E</b>	ith, and	functionally integrated w	ith, its supported				
d	ш	Type III non-functionally inte functionally integrated. The org instructions) You must comp	ganization generally m	ust satisfy a distribution i	connecti requirem	on with i ent and	ts supported organization an attentiveness require	n(s) that is not ment (see				
е	П	Check this box if the organizat integrated, or Type III non-fund	non received a written	determination from the IF	RS that is	a Type	I, Type II, Type III functi	onally				
f		er the number of supported or										
		vide the following information	•					<u> </u>				
		(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organizatio in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
A)					-	<u> </u>						
B)												
C)												
D)												
_					j		,					
E)												
otal												

Page 2

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III )

Section A. Public Support										
begin	dar year (or fiscal year ning in) ►	(a) 2010	( <b>b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	14,985,533.	13,500,357.	9,796,003.	13,419,313.	12,138,763.	63,839,969.			
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	14,985,533.	13,500,357.	9,796,003.	13,419,313.	12,138,763.	63,839,969.			
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,659,425.			
6	Public support. Subtract line 5 from line 4						58,180,544.			
Sec	tion B. Total Support		·			·				
Caleı begir	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
7	Amounts from line 4	14,985,533.	13,500,357.	9,796,003.	13,419,313.	12,138,763.	63,839,969.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	700,103.	624,840.	1,524,612.	1,169,049.	1,213,870.	5,232,474.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	12,980.	18,305.	18,638.	45,127.	102,642.	197,692.			
11	Total support. Add lines 7 through 10						69,270,135.			
12	Gross receipts from related activit	es, etc (see instru	ctions)			12				
13	First five years. If the Form 990 i organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fifth	ntax year as a sec	tion 501(c)(3)	▶ []			
Sec	tion C. Computation of Pu									
14	Public support percentage for 201						83.99 %			
15	Public support percentage from 20	013 Schedule A, P	art II, line 14			15	85.48 %			
16 a	33-1/3% support test — 2014. If and stop here. The organization of	the organization d qualifies as a publi	id not check the bo cly supported orga	ox on line 13, and t nization	he line 14 is 33-1/3	3% or more, check · · · · · · · · · · ·	this box $X$			
b	33-1/3% support test — 2013. If and stop here. The organization	the organization di qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a inization · · · ·	and line 15 is 33-1	/3% or more, checl	k this box			
17 a	10%-facts-and-circumstances to or more, and if the organization meets the facts-	eets the 'facts-and	-circumstances' te	st, check this box a	and stop here. Ex	olain in Part VI hov	v			
	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and -circumstances' tes	l-circumstances' te st. The organization	st, check this box a n qualifies as a pul	and <b>stop here.</b> Ex olicly supported or	plaın ın Part VI hov ganızation	v the			
18	Private foundation. If the organization	zation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instruction	ons ▶ [_]			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fail
to qualify under the tests listed below, please complete Part II )

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		1				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	Total. Add lines 1 through 5 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						
c	Add lines 7a and 7b						
- 8 	Public support (Subtract line 7c from line 6.)		·		· · · · · · · · · · · · · · · · · · ·		_
<u>Sec</u>	tion B. Total Support						
	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	Add lines 10a and 10b						,
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	<b>Total support.</b> (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 is organization, check this box and s	top here		hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ ∏
	tion C. Computation of Pu						
15	1, ,						5 %
16	Public support percentage from 20				<u> </u>	<u>   1</u>	6 ૄ
	tion D. Computation of Inv						<del></del>
17	Investment income percentage for						7 %
18	Investment income percentage fro						8 %
	33-1/3% support tests - 2014. If is not more than 33-1/3%, check to	his box and <b>stop h</b>	ere. The organizat	ion qualifies as a p	publicly supported	organization .	▶ [ ]
b	33-1/3% support tests — 2013. If Ine 18 is not more than 33-1/3%,						
20	Private foundation. If the organiz						
===	<del></del>		TEE 40403			1 11 1/5	- 000 000 [7] 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	tion A. All Supporting Organizations		Yes	No
			162	- 10
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		ļ
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b	'-	
		30	,	
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)  purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If Yes, describe in Part VI how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b	- 33	<del> </del>
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that	<u> </u>	•	
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	ļ	<del> </del> -
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			,
	amendment to the organizing document)	5a	_	-
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		<u> </u>
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the chantable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of		-	
	the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			
	regard to a substantial contributor? If Yes,' complete Part I of Schedule L (Form 990)	7		┼
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		ļ
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If 'Yes,' provide detail in <b>Part VI</b>	9a	<del> </del>	<del> </del>
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	96	-	-
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If Yes,' provide detail in Part VI	90		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	40		-
	answer (b) below	10a	+	+-
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	;	-

Pa	rt IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		_ ]	ļ
	governing body of a supported organization?	11a		<u> </u>
1	b A family member of a person described in (a) above?	11b		<u> </u>
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	,	
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			<u> </u>
	of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	" Ž		<u>.</u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3	;	
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		7
1	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations. Answer (a) and (b) below.			
;	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If Yes,' describe in Part VI the role played by the organization in this regard	 3b		L _ }

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Sect	lovem ions A	ber 20, 1970 See instruc through E.	tions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1 a		
k	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1_		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		<del></del>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	d Typ	e III supporting organization	on
BAA			Schedule A (For	m 990 or 990-EZ) 2014

Р	ane	7
г	ayc	•

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sect	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	s		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	• • •	· ·	
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations		
4	Amounts paid to acquire exempt-use assets		<u>.</u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u></u>		. <u> </u>
Sect	tion E — Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		1	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7. \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount	<del></del>		
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
a	1			
b	<u> </u>			
С				
d	Excess from 2013			
	Excess from 2014			
	ENGOGO II GIII EO IT		<u>. '</u>	`

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Ln 10

Other Income Part II, Line 10 Description: Miscellaneous 2010: 12980. 2011: 18305. 2012: 18638. 2013: 16561. 2014: 49. Description: Cell Tower Lease 2013: 28566. 2014: 102593.

#### 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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

	ection 501(c)(4), (5), or (6) org	janizations Complete Part III.			
Name	of organization			Employer identifica	ation number
The	<u>Saint Louis Zoo A</u>	ssociation		43-172730	9
Par	t [-A   Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
		rganization's direct and indirect political camp	_		
		<u> </u>			
Par	te Ball Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	•	se tax incurred by the organization under secti		=	
2	Enter the amount of any excis	e tax incurred by organization managers und	er section 4955	▶ \$	
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		· · · Yes No
4 a	Was a correction made?				· · · Yes No
b	If 'Yes,' describe in Part IV				
Ŗār	Complete if the o	rganization is exempt under section	on 501(c) , except	t section 501(c)(3).	•
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	/ities ▶ \$	
2	Enter the amount of the filing function activities	organization's funds contributed to other orga	nızatıons for section 52	?7 exempt	
3	Total exempt function expendine 17b	itures. Add lines 1 and 2. Enter here and on F	orm 1120-POL,		
4	Did the filing organization file I	Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) of al For each organization listed, enter the amou ns received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing of elivered to a separate p	rganization's funds. Also iolitical organization, suc	enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	<del></del>				

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if section 501(		is exempt under sec	tion 501(c)(3) and	filed Form 5768 (ele	ction under
<u></u>		s to an affiliated group (and I	ıst ın Part IV each affilial	ed group member's name	
<u> </u>	-	hare of excess lobbying exp		group monitor o name	•
	· · ·	ed box A and 'limited control'	•		
(The term	Limits on Lobbyir 'expenditures' mear	ng Expenditures ns amounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditur	res to influence public	opinion (grass roots lobbyin	g)	42,250.	
<b>b</b> Total lobbying expenditur	res to influence a legis	slative body (direct lobbying)	[	60,000.	
c Total lobbying expenditur	res (add lines 1a and	1b)		102,250.	
	•		-	25,644,233.	
e Total exempt purpose ex	penditures (add lines	1c and 1d)		25,746,483.	
f Lobbying nontaxable ame	ount. Enter the amou	nt from the following table in		1 000 000	
If the amount on line 1e, colu	umn (a) or (b) is	The lobbying nontaxable a	mount is:	1,000,000.	
Not over \$500,000	- · · · · · · · · · · · · · · · · · · ·	20% of the amount on line 1e	illouit 13.		
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess of	over \$500,000		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess of			
Over \$1,500,000 but not over \$	<del></del>	\$225,000 plus 5% of the excess of			
Over \$17,000,000	<del></del>	\$1,000,000	70,000,000	1	
<del></del>		ine 1f)		250,000.	
_	•	nter -0		230,000.	
•	•	ter -0	<b>I</b>	0.	
		fine 1h or line 1i, did the org		reporting	· · Yes No
(Som	e organizations that	-Year Averaging Period Ur made a section 501(h) ele s below. See the instructio	ction do not have to co	omplete all of the five a 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d</b> ) 2014	(e) Total
2 a Lobbying non-taxable amount	685,820	6. 1,000,000.	1,000,000.	1,000,000.	3,685,826.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					5,528,739.
c Total lobbying expenditures	183,25	185,000.	182,250.	102,250.	652,750.
d Grassroots nontaxable amount	171,45	7. 250,000.	250,000.	250,000.	921,457.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,382,186.
f Grassroots lobbying expenditures	43,25	0. 45,000.	42,250.	42,250.	172 <b>,</b> 750.
BAA				Schedule C (Form )	990 or 990-FZ\ 2014

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

	(a	a)		b)	-
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?				, ,	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					` 
c Media advertisements?				_	
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
I Other activities?					
j Total Add lines 1c through 1i	-				
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912		۳.		<del>-1</del>	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				<del></del> -	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			14 3 1 2 have	المؤخرة و	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	or			
section 501(c)(6).	<b>(</b> 0)(0)	,			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	or s	ection 5	01(c)	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	ÍII-Á,	line 3, is	<b>,</b> ',	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
<b>b</b> Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
		٠,			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV   Supplemental Information					
11	_				

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1 Also, complete this part for any additional information.

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer Identification number

Department of the Treasury Internal Revenue Service

Name of the organization

	The Saint Louis Zoo Associat	ion				
<b>6</b> 120	Organizations Maintaining Donor		ner Similar Funds		-1727309 nts	
Rar	Complete if the organization answer	ed 'Yes' to Form 990, F	Part IV, line 6.	o Accou	113.	
		(a) Donor advised	funds	(b) Funds	and other accou	nts
1	Total number at end of year			<u>``</u>		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor ac are the organization's property, subject to the organization's	dvisors in writing that the ass nization's exclusive legal cor	ets held in donor advis	ed funds	· . Yes	No
6	Did the organization inform all grantees, donors, ar for charitable purposes and not for the benefit of th impermissible private benefit?	e donor or donor advisor, or	for any other purpose of	conferring		□No
	Conservation Easements.					1
<u>Fai</u>	Complete if the organization answer	ed 'Yes' to Form 990. I	Part IV. line 7.			
1	Purpose(s) of conservation easements held by the	<del></del>	<del></del>	<del></del>		
	Preservation of land for public use (e.g., recrea	-	Preservation of a	nistorically imp	ortant land area	
	Protection of natural habitat		Preservation of a	ertified histori	c structure	
	Preservation of open space		ب			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation o	ontribution in the form	of a conservat	ion easement on	the
	last day of the tax year		1	11-14	-445 F-d -645	. T V.
	Total number of conservation easements				at the End of th	e rax tear
	o Total number of conservation easements o Total acreage restricted by conservation easement			2 a 2 b	<del></del>	<del></del>
	Number of conservation easements on a certified h			2 c		
				20	<del></del>	<del></del>
•	I Number of conservation easements included in (c) structure listed in the National Register	acquired aπer 8/17/06, and	not on a historic	2 d		
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguish	ed, or terminated by the	organization	during the	
4	Number of states where property subject to conser	vation easement is located	·			
5	Does the organization have a written policy regard and enforcement of the conservation easements it	ing the periodic monitoring, i	nspection, handling of v	violations,	Yes	No
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing con	servation easements di	unng the year		
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conserva	ation easements during	the year		
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requ	irements of section 170	0(h)(4)(B)(ı)	Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	conservation easements in r organization's financial state	ts revenue and expense ements that describes t	e statement, a he organizatio	nd balance sheet in's accounting fo	t, and or
Pa	Organizations Maintaining Collections Complete if the organization answer	tions of Art, Historica ed 'Yes' to Form 990,	I Treasures, or O Part IV. line 8.	ther Simila	r Assets.	
1	a If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial s	AS 116 (ASC 958), not to rep	oort in its revenue state	ment and bala herance of pul	nce sheet works blic service, provi	of de,
	b If the organization elected, as permitted under SFA historical treasures, or other similar assets held for following amounts relating to these items	AS 116 (ASC 958), to report public exhibition, education	in its revenue statemer , or research in furthera	nt and balance nnce of public	sheet works of a service, provide t	ırt, he
	(i) Revenue included in Form 990, Part VIII, line	1		<i></i>	. ▶\$	
	(ii) Assets included in Form 990, Part X					479,880
	If the organization received or held works of art, he amounts required to be reported under SFAS 116	storical treasures, or other s (ASC 958) relating to these	mılar assets for financi items.	al gaın, provid	e the following	
	a Revenue included in Form 990, Part VIII, line 1					
	b Assets included in Form 990, Part X			. <i></i>	. ▶\$	

Page 2

Partilla Organizations Mainta	ining Collections	of Art, Historica	I Treasures, or C	<u> Other Similar Ass</u>	ets (con	itinued)
<ol> <li>Using the organization's acquisition items (check all that apply)</li> </ol>	n, accession, and othe	r records, check any c	f the following that are	a significant use of its	collection	J
a X Public exhibition		d Loan or exc	hange programs			
b Scholarly research		e Other			_	
c X Preservation for future generat						
4 Provide a description of the organia Part XIII.	zation's collections and	d explain how they fun	her the organization's	exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather than	n to be maintained as i	part of the organization	n's collection?	[	Yes	X No
Escrow and Custodia line 9, or reported an ar	I Arrangements. mount on Form 99	Complete if the o	rganization answe	red 'Yes' to Form	990, Pa	rt IV, 
1 a Is the organization an agent, truste on Form 990, Part X?					Yes	XNo
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and complete	the following table				
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				10		
f Ending balance				1f	Tv	TVIN.
2 a Did the organization include an am				· •	Yes	X No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII Check here	it the explanation has	been provided in Part	XIII		· 📙
PartV Endowment Funds. C	omplete if the era	onization answer	od 'Ves' to Form 9	90 Part IV line 10		
Panty   Endowment Funds. C	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		r years back
1 a Beginning of year balance	50,386,199.	41,777,541.	37,432,490.	0.	(e) Foul	years back
<b>b</b> Contributions	3,008,990.	3,621,498.	1,155,346.	<del></del>		
	3,000,330.	3,021,430.	1,155,540.	37,432,430.	<del> </del>	
c Net investment earnings, gains, and losses	1,925,207.	6,194,423.	4,321,152.	0.		
d Grants or scholarships	914,500.	819,000.	730,174.	0.		
e Other expenditures for facilities and programs	611,547.	388,263.	401,273.	0.		
f Administrative expenses			0.	0.		
g End of year balance	53,794,349.	50,386,199.	41,777,541.	37,432,490.		
2 Provide the estimated percentage	of the current year end	balance (line 1g, colu	ımn (a)) held as			
a Board designated or quasi-endown	nent ►20	.00 <sup>ફ</sup>				
<b>b</b> Permanent endowment ►	57.50 %					
c Temporarily restricted endowment	22.5	<u>0</u> %				
The percentages in lines 2a, 2b, ar	nd 2c should equal 100	)%.				
3 a Are there endowment funds not in	the possession of the	organization that are h	eld and administered	for the	_	<del></del>
organization by:					<del></del> -	es No
(i) unrelated organizations					3a(i)	X
(ii) related organizations					3a(ii)	X
b If 'Yes' to 3a(ii), are the related orga		•	?		3b	
4 Describe in Part XIII the intended u		n's endowment funds			<del></del>	
Land, Buildings, and Complete if the organiz		es' to Form 990,	Part IV, line 11a.	See Form 990, Pa	rt X, line	10.
Description of property	(a) Cost (in	or other basis (b	) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	ok value
1 a Land				A 18 18 18 18 18 18 18 18 18 18 18 18 18		
<b>b</b> Buildings						
c Leasehold improvements						
d Equipment						
e Other	<del></del>		108,156.	108,156.		0.
Total. Add lines 1a through 1e (Column	(d) must equal Form 9	90, Part X, column (B	), line 10c.)			_ 0.
BAA				Schedu	ile D (Forr	m 990) 2014

<u>43-1727309</u>
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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
) Financial derivatives		
Closely-held equity interests		
Other		
<u> </u>		<u></u>
<u></u>		
<u>′                                    </u>		
, ) 		<del> </del>
	<u> </u>	<del> </del>
<u>;)</u>		<del></del>
<u> </u>		<del> </del>
) 		<del> </del>
tal. (Column (b) must equal Form 990, Part X, column (B) line 12) >	<u>L </u>	<u> </u>
art VIII Investments - Program Related.	Yes' to Form 990 F	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
	(b) Book value	(c) Method of Valuation Cost of Cha-bi-year market Valu
(1)		<del> </del>
(2)		<del> </del>
(3)	<del></del>	<del> </del>
(4)		<del> </del>
(5)	<del> </del>	·
(6)		<u> </u>
(7)	ļ	
(8)		
(0)	1	
(9)		
<del></del>		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)►  Part IX Other Assets.	Yes' to Form 990 I	Part IV June 11d. See Form 990. Part Y. Jine 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13)>  Part IX Other Assets.  Complete if the organization answered  (a) De	Yes' to Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13)>  Part IX Other Assets.  Complete if the organization answered  (a) December 13		
(10)  otal. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)		
(10)  otal. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)		
(10)  otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX  Other Assets.  Complete if the organization answered  (a) December (1)  (2)  (3)  (4)  (5)		
(10)  otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX  Other Assets.  Complete if the organization answered  (a) December (1)  (2)  (3)  (4)  (5)  (6)		
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.  Complete if the organization answered  (a) December (1)  (2)  (3)  (4)  (5)  (6)  (7)		
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.  Complete if the organization answered  (a) December (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)		
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.  Complete if the organization answered  (a) December (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)		
10)  Datal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.  Complete if the organization answered  (a) December (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)		
(10)  otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.  Complete if the organization answered  (a) December (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	escription	(b) Book value
(10)    Otal. (Column (b) must equal Form 990, Part X, column (B) line 13). ▶   Part IX	line 15.)	(b) Book valu
(10)  otal. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Fotal. (Column (b) must equal Form 990, Part X, column (B),	line 15.)	(b) Book valu
(10)  otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X  Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability	line 15.)	(b) Book value  (b) Book value  11e or 11f. See Form 990, Part X, line 25
(10)  otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets.  Complete if the organization answered  (a) December (b) December (c) December	line 15.)	(b) Book value  (b) Book value  11e or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered  (a) December (b) must equal Form 990, Part X, column (B) line 13).  (a) December (c) Complete if the organization answered (a) December (b) Column (c) Colum	line 15.)	(b) Book value    1e or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered  (a) December (b) must equal Form 990, Part X, column (B) line 13).  Complete if the organization answered (a) December (b) Must equal Form 990, Part X, column (B), Part X  Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability  (1) Federal income taxes  (2) Obligation under trust agreement (3) Due to Affiliates	line 15.)	(b) Book value  11e or 11f. See Form 990, Part X, line 25  48. 0.
Other Assets. Complete if the organization answered  (a) December 20  (b) Must equal Form 990, Part X, column (B) line 13).  (c) Complete if the organization answered (a) December 20  (d) Column (b) Must equal Form 990, Part X, column (B), Part X  Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes  (2) Obligation under trust agreement  (3) Due to Affiliates  (4) Charitable Gift Annuity Contracts	line 15.)	(b) Book value  11e or 11f. See Form 990, Part X, line 25  48. 0.
Other Assets. Complete if the organization answered  (a) December 2.  (b) Column (b) must equal Form 990, Part X, column (B) line 13).  (c) Complete if the organization answered (a) December 2.  (d) Column (b) must equal Form 990, Part X, column (B), Part X	line 15.)	(b) Book value  11e or 11f. See Form 990, Part X, line 25  48. 0. 11. 0.
Other Assets. Complete if the organization answered  (a) December (a) December (b) must equal Form 990, Part X, column (B) line 13).  (b) Complete if the organization answered (a) December (a) December (b) Must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to Feart X Other Liabilities.  (a) Description of liability  (b) Federal income taxes  (c) Obligation under trust agreement  (d) Due to Affiliates  (e) Charitable Gift Annuity Contracts  (f) Other Liabilities  (g) Madagascar Fauna Group Passthrouge  (h) Madagascar Fauna Group Passthrouge	line 15.)	(b) Book value    11e or 11f. See Form 990, Part X, line 25   12
Other Assets. Complete if the organization answered  (a) December (a) December (b) must equal Form 990, Part X, column (B) line 13).  (b) Complete if the organization answered (a) December (a) December (b) Must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to Feart X Other Liabilities.  (a) Description of liability  (b) Federal income taxes  (c) Obligation under trust agreement  (d) Due to Affiliates  (e) Charitable Gift Annuity Contracts  (f) Other Liabilities  (g) Madagascar Fauna Group Passthrough  (g) Grevy's Zebra Trust Passthrough	line 15.)	(b) Book value    1e or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered  (a) December (b) must equal Form 990, Part X, column (B) line 13).  (b) Complete if the organization answered (a) December (b) Complete if the organization answered (b) Column (c) Column (c	line 15.)	(b) Book value    1e or 11f. See Form 990, Part X, line 25
Other Assets.  Complete if the organization answered (a) December (b) must equal Form 990, Part X, column (B) line 13).  Complete if the organization answered (a) December (b) December (b) December (c) December (c) December (c) December (c) Description of liability (c) December	line 15.)	(b) Book value    1e or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered  (a) December (b) December (a) December (b) December (b) December (c)	line 15.)	(b) Book value    1e or 11f. See Form 990, Part X, line 25
otal. (Column (b) must equal Form 990, Part X, column (B) line 13).  Complete if the organization answered  (a) December (Column (B) must equal Form 990, Part X, column (B) (Column (Column (B) (Column (Colu	line 15.)	(b) Book value  11e or 11f. See Form 990, Part X, line 25  48. 0. 11. 0. 11. 99.
Other Assets.  Complete if the organization answered (a) De (1)  (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X  Other Liabilities.  Complete if the organization answered 'Yes' to F (a) Description of liability  (1) Federal income taxes (2) Obligation under trust agreement (3) Due to Affiliates (4) Charitable Gift Annuity Contracts (5) Other Liabilities (6) Madagascar Fauna Group Passthrough (7) Grevy's Zebra Trust Passthrough (8) Punta San Juan Humboldt Penguin Passthrough (9)	line 15.)	(b) Book value    11e or 11f. See Form 990, Part X, line 25

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	19,132,030.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	1 :	
c Recoveries of prior year grants	1	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	746,358.
3 Subtract line 2e from line 1	. 3	18,385,672.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1	
b Other (Describe in Part XIII.)	1 1	
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	18,385,672.
		10,303,072.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
		n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Returi	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	Returi	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1 1	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	Returi	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1 1	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1 1	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  C Other losses.  d Other (Describe in Part XIII.).  2 a  349,430.	Return 1	349,430.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  C Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	Return 1	27,296,403.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	Return 1	349,430.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1.  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a  b Other (Describe in Part XIII.).  4 b	Return 1 2e 3	349,430.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1.  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.).  4 Ab C Add lines 4a and 4b.	Return 1 2e 3	349,430. 26,946,973.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1.  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a  b Other (Describe in Part XIII.).  4 b  4 b	Return 1 2e 3	349,430.

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

The Association's audited financial statements net cost of goods sold related to the A Zoo Ado major fundraising event out of the event's revenue. On the form 990 these costs are included with the Association's expenses.

Pt XII, Line 4b

The former Endowment Trust received a bequest during the year ended December 31, 2011, which included artwork and other items. At December 31, 2014, the measurable value of this bequest is \$1,479,880. A portion of this collection is the newest exhibit in Peabody Hall, "Inspired by Nature," a collection of original paintings by wildlife artist and conservationist Robert Bateman. This artwork is directly related to the Zoo's mission to educate the public about wildlife and conservation. These assets were transferred to the Association as a result of the dissolution of the Endowment Trust.

The endowed funds are held for the purpose of advancing the Saint Louis

Pt III, Line 4

Schedule **D** (Form 990) 2014

#### Part XIII Supplemental Information (continued)

Zoo and furthering its conservation and education mission. Specifically, the endowed funds currently provide funding for the WildCare Institute, education outreach, professional positions, employee recognition, and zoological operations. The endowed funds were transferred to the Association at 12/31/2011 as a result of the dissolution of the Endowment Trust.

Pt V, Line 4

The Association has adopted ASC 740-10, Accounting for Uncertainty in Income Taxes, as it relates to uncertain tax positions and has evaluated its tax positions taken for all open tax years. Currently, the 2011 and subsequent tax years are open and subject to examination by the Internal Revenue Service for the Association (including former Foundation, Friends, and Endowment Trust). However, the Association is not currently under audit nor have they been contacted by this jurisdiction. Based on the evaluation of the Association's tax position, management believes all positions taken would be upheld under an examination. Therefore, no provision for the effects of uncertain tax positions has been recorded as of December 31, 2014.

Pt X, Line 2

\$349,430 in fundraising event direct expenses are classified as expenses on the audited financial statements but net against fundraising event revenue on the form 990.

Pt XI, Line 2d

\$349,430 in fundraising event direct expenses are classified as expenses on the audited financial statements but net against fundraising event revenue on the form 990.

Pt XII, Line 2d

#### Schedule F (Form 990)

#### Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is

2014

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

The Saint Louis Zoo Association

Employer identification number 43-1727309

Part I General Info on Form 990,	rmation on Activiti Part IV, line 14b.	es Outside th	e United States. Complet	e if the organization	answered 'Yes'
			ostantiate the amount of its granti tion criteria used to award the gr		X Yes No
2 For grantmakers. De United States.	scribe in Part V the orga	nızatıon's procedui	res for monitoring the use of its g	rants and other assistan	ce outside the
3 Activities per Region	(The following Part I, line	3 table can be du	plicated if additional space is nee	eded )	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) South America	0	0	Grants to recipients in region		36,868.
(2) Sub-Saharan Afr	:1ca0	0	Grants to recipients in region		265,036.
(3)			,		
(4)					
(5)					
(6)					
(7)	_ <del>.</del>				
(8)					
(9)					
10)					
11)					
12)					
13)					
14)			,		
15)					
16)					
17)					
<b>3 a</b> Sub-total b Total from continuation	n 0	0	,		301,904.
sheets to Part I	(b)			. 65 - 34	301 904

43-1727309

Schedule F (Form 990) 2014

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (f applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		South America	America Wildlife Consv	36,868.	wire xfer			
(2)		Sub-Saharan Africa Wildlife Consv	Wildlife Consv	70,692.	wire xfer			
(3)		Sub-Saharan Africa Wildlife Consv	Wildlife Consv	73,443.	wire xfer			
(4)		Sub-Saharan Africa Wildlife Consv	Wildlife Consv	120,399.	wire xfer			
(5)								
(9)								
(τ)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)					-			
(14)								
(15)								
(16)								
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ions listed above that a ection 501(c)(3) equiva	ire recognized as cha	rrities by the forer	gn country, recogni	zed as tax-exempt	by the IRS, or for wh	hich •	4

. . . . ► Schedule F (Form 990) 2014

3 Enter total number of other organizations or entities. . . . BAA

TEEA3502 06/13/14

Page 3

Schedule F (Form 990) 2014 The Saint Louis Zoo Association

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Field Work - Madagascar Fauna Sub-Saharan Africa 1	Sub-Saharan Africa	1	502.	wire xfer			
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)					:		
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)					•		
(17)							:
(18)							
ВАА			TEEA3503 06/13/14			Schedule F	Schedule <b>F</b> (Form 990) 2014

Sche	dule F (Form 990) 2014 The Saint Louis Zoo Association	43-1727309	Page 4
Par	ttlVS Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	· · · · ☐Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	· · · · Tyes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	· · · · Tyes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	· · · · Tyes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year?  If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	· · · · · Tyes	X No
BAA	TEEA3505 06/16/13	Schedule F (Fo	orm 990) 2014

#### Rartiv Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).



#### **SCHEDULE G** (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	r the organization					1	er identificat	
The	Saint Louis Zoo Assoc						<u>.727309</u>	9
Par	Fundraising Activities. Comp Form 990-EZ filers are not requ	ete if the organi ired to complete	zation ans this part.	wered Yes	s' to Form 990, Part IV, III	ne 17.		
1	Indicate whether the organization rai	sed funds throug	gh any of t	he followin	g activities. Check all tha	t apply		
а	X Mail solicitations			е	X Solicitation of non-go	overnment gran	nts	
ь	X Internet and email solicitations			f	X Solicitation of govern	_		
c	X Phone solicitations			g	X Special fundraising e	-		
d	=.			9	A Special full dialising e	34611(3		
2 a	Did the organization have a written c employees listed in Form 990, Part \	or oral agreement (II) or entity in co	it with any	ındıvıdual with profes	(including officers, directorsional fundraising service	ors, trustees or	key	X Yes No
	If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	iduals or entities						
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	undraiser dy or control abutions?	(iv) Gross receipts from activity	(v) Amount p (or retained fundraiser lis column	f by) sted in	(vi) Amount paid to (or retained by) organization
			Yes	No	<del></del>		<del>''</del>	
			162	10				
1	Skystone Partners, Inc	Canaultant		l x	4 020 100	1.5	5.415.	4 004 765
	Skystone Partners, Inc	Consultant	<del>                                     </del>		4,820,180.		,415.	4,804,765.
	Harris Connect, LLC	Phone Solicitation	<b> </b>	Х	386,860.	116	5 <u>,937.</u>	269,923.
3								
4								
5								
6								
7								
8								
9								
10								
Tota	List all states in which the organizati	on is registered	or license	d to solicit	5, 207, 040.	132	2,352.	5,074,688.
	or licensing.	on io regiotores	O/ 1100/100	a to concit		THOUNGE IC IS C.	compt iroi	ii registi attori
						<b></b>		
	Illinois						<del>-</del>	
	D1							
	T/							
	77 . 4 . 1.							
				. <b></b>				
				- <del>-</del>				
		<u>-</u>	- <b></b>					

Schedule G (Form 990 or 990-EZ) 2014 The Saint Louis Zoo Association Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 (b) Event #2 (c) Other events (add column (a) Make Tracks Zoo Ado through column (c) REVENUE (event type) (event type) (total number) Gross receipts 498,610 93,641 106,206 698,457. 0 354,796. 2 Less Contributions . . . . . . 354,796. 0. Gross income (line 1 minus line 2). . . . 143,814 93,641 106,206. 343,661. Cash prizes . . . Noncash prizes . . DIRECT Rent/facility costs . . . Food and beverages . . 79,889 2.771 21,815. 104,475. EXPERSES 0. Entertainment . . . . 57,155. 27,553. 84,708. Other direct expenses. . . . . 89,211 42.916 30,768 162,895. Direct expense summary Add lines 4 through 9 in column (d) . . . . . . . . 352<u>,078.</u> -8,417. |Part III | Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (c) Other gaming (a) Bingo REVENUE bingo/progressive (add column (a) bingo through column (c)) Gross revenue . . . . . . . . . . . . . . . . . . 2 Cash prizes . . . EXPENSE DIRECT Noncash prizes . . . . Rent/facility costs . . . . 왕 용 Yes Yes 왕 No No No Volunteer labor . . Direct expense summary. Add lines 2 through 5 in column (d) . . . . . . . . . 

9 Enter the state(s) in which the organization conducts gaming activities.  a Is the organization licensed to conduct gaming activities in each of these states?	es No
b If 'No,' explain:	
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	ш

CHE	dule G (1 dill 950 di 950-EZ) 2014 The Saint Louis Zoo Association 43-1/2/309	raye s
11	Does the organization operate gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	8
b	An outside facility	ક
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name •	
	Address •	
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?	□No
	of Yes,' enter the amount of gaming revenue received by the organization   \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	□•
	of gaming revenue retained by the third party	
c	If 'Yes,' enter name and address of the third party:	
	Name •	
	Address ►	i
16	Gaming manager information.	
	Name •	
	Gaming manager compensation > \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
-	organization's own exempt activities during the tax year \$	
<u>Hal</u>	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

# SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No 1545-0047

Employer Identification number

43-1727309

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and The Saint Louis Zoo Association
Range General Information on Grants and Assistance

ů	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	<b>Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) St. Louis Zoological Park - One Government Drive Saint Louis MO 63110	43-1027364		21,070,125.				Prog. support
(3)							
(4)							
(7)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	and government orgar ns listed in the line 1 ta		sted in the line 1 table				1
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the instructions	s for Form 990.		TEEA3901 06/19/14	06/19/14	Schedu	Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) The Saint Louis Zoo Association

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
63					
4					
L?					
9					
7				•	
Partiv Supplemental Information. Provide the information		required in Part I, lir	ne 2, Part III, columi	required in Part I, line 2, Part III, column (b), and any other additional information.	ditional information.

Funds are transferred to the relevant Zoo entity based on

The finance office monitors grant funds. Funds are transferred to the relevant Zoo entity base pre-determined criteria. The finance office determines if all criteria have been met prior to transferring any funds.

Pt I Line 2

#### SCHEDULE J (Form 990)

Compensation Information

or certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. Attach to Form 990.

OMB No 1545-0047 2014

**Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

43-1727309 The Saint Louis Zoo Association **Questions Regarding Compensation** Part I Yes No 1 a 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 Х Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are 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. 1 b Х Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . 2 Х Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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 4 a Х 4 b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4 c c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . Х If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5 a a The organization? . . . . . Х **b** Any related organization?..... 5 b Х If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? . . . . . . 6 a Х 6 b **b** Any related organization?.... Х If 'Yes' to line 6a or 6b, describe in Part III 7 Х 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 Regulations section 53.4958-4(a)(3)? 8 Х If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations 

Schedule J (Form 990) 2014 The Saint Louis Zoo Association

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and other deferred compensation	oenens Oenens	(a)-(i)(a)siiiii)	reported as deferred in prior Form 990
Jeffrey P. Bonner	€	0	0	0.	0.	0	0	0
nt. &	: €	513,537.	0	211,505.	40,404.	13,666.	779,11	0.
	ε	l	0.			0 0	0	-0
elations	(ii)	222,085.		8,517.	33,947.	93.	264,64	0
Robert E. Miller	ε	0	0	0	0	-0		-0
oological Operations		202,916.		1	,17	5,325.	258,52	
	(I)	0	0	0	0	0	-0	-0
nes	(ii)	191,919.		7,850.	31,903.	21,070.	2,74	0.
id McGuire	(1)	T•0	0	0	0	0		·0
5 VP, Architecture & Planning	(ii)	157,790.		6,601.	.,	18,460.	209,16	0.
Wyndel Hill	ε	0		0 1	. O	0 1	-	·0   
l Relations	(ii)	59,38		6,292.	83	13,599.	205,103.	0.
John M. Grisham	ε	0	0		O	•0 		·I O I
7 VP, Animal Collection	(1)	153,466.	0.	6,370.	119	16,868.	201,901.	0.
Charles H. Hoessle	€	0	0	0	0	0	0	-0
	<b>(E)</b>	0.		2,000.	0.	0.	2,00	0.
er	Ξ	0	0	0	     	-0	 	-i -i -i -i -i -i
	(1)	0.		13,972.	0.	0.	13,9	0.
	<b>E</b>				           	         		 
10	(II)							
	(E)		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
11	<u>(ii)</u>							
	ε		 	         	 	 	         	1 1 1 1 1 1 1
12	<b>(ii)</b>							
	 =				       	         		         
13	(ii)							
	(e)		1 1			 	1 1	 
14	▣							
	(E)					         		 
15	(E)							
	<u>=</u>	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		 
	(ii)							
ВАА			TEEA4102 06/19/14				Schedule J	Schedule J (Form 990) 2014

# Part III Supplemental Information

Schedule J (Form 990) 2014

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

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990. ► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Employer identification number

	Saint Louis Zoo Association  Types of Property	- <del></del> -		143-	1/2/309
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes		_		
8	Intellectual property				
9	Securities – Publicly traded	X	57	227,287.	Fair market value
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests			L	
12	Securities - Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate – Other				
18	Collectibles				
19	Food inventory	X	1	1,825.	Sale price of items
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Fixtures & Supplies ).	Х	3	1,943.	Sale price of items
26	Other () .				
27	Other () .		<u> </u>		
28	Other ().		<del> </del>		
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee				29
	During the year, did the organization receive by con hold for at least three years from the date of the initi purposes for the entire holding period?	al contributio	n, and which is not requi	ired to be used for exem-	pt
	of Yes,' describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy	that requires	s the review of any non-s	standard contributions?	31 X
	a Does the organization hire or use third parties or rel noncash contributions?				32a X
١	of Yes, describe in Part II.				<b>高兴之事</b>
33	If the organization did not report an amount in colum describe in Part II.	nn (c) for a ty	pe of property for which	column (a) is checked,	74 244

**Partill** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

Supplemental Information to Form 990 or 990-EZ

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

2014

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Opën të Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Other

Other

Other

Employer identification number

The Saint Louis Zoo Association 43-1727309 The form 990 is prepared by the organization's management and is signed by the organization's tax advisor. A draft of the form 990 is made available to the Audit Committee and the Board of Directors for their review. Upon their review, any questions or changes are communicated Pt VI, Line 11b and addressed prior to filing with the IRS. Each of the officers of the Saint Louis Zoological Park are required by the Missouri Ethics Commission to complete a "personal financial disclosure statement" each year. This form documents other sources of income that could create a conflict of interest for employment at the Pt VI, Line 12c Zoo. The Chief Executive Officer of the Saint Louis Zoological Park has his compensation reviewed annually. The occurance and/or degree of any change in the compensation is the final decision of the chairman of the Pt VI, Line 15a Zoological Park Subdistrict Commission. The determination of compensation for the other officers and key employees is a multi-step process. After a full time position becomes available, the opening is graded at a certain level and then matched within a specific salary range. Determining the rate of pay for each candidate involves consideration of cost-of-living data and that candidate's experience level, education, and current salary. is weighed against comparable positions at similar institutions and the local market. A discussion is held with the director of human resources, the hiring manager, and the division vice president. Pt VI, Line 15b Finally, after all of these steps are completed, an offer is tendered. The governing documents, conflict-of-interest policy, and financial statements are available to the public upon request through the public Pt VI, Line 19 relations office. Part I Line 1, Part III Line 1: The Saint Louis Zoo Association was established to support and enhance zoological programs, research, and institutions in the St. Louis region by providing facilities, funds, and advice. The Association provides direct financial support to the Saint Louis Zoo for renovations, new facilities and programs. The Association also administers fundraising campaigns and activities for the Zoo and manages the Zoo's endowment. The Saint Louis Zoo's mission is to

conserve animals and their habitats through animal management, research, recreation, and educational programs that encourage the support and enrich the experience of the public.

Part VI, Line 17: This form 990 does not have a state filing requirement.

Part VII, Line 2: All employees of the combined entity are employed by and issued W2 forms the Saint Louis Zoological Park, EIN 43-1027364.

# SCHEDULE R (Form 990)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.Attach to Form 990. Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service Name of the organization

The Saint Louis Zoo Association

2014

OMB No. 1545-0047

Employer identification nur 43-1727309

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Partities Complete if the Intities Complete if the	omplete if the organizati	e organization answered 'Yes' on Form 990, Part IV, line 33.	on Form 990, Pa	rt IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	-	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(J)							
(2)							
(2)							
	ganizations Complete	if the organization a	inswered 'Yes' o	n Form 990, Par	t IV, line 34 becau	use it had	
Name, address, and ElN of related organization  Primary activity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	ing Sec 512(b)(13) controlled entity?	(13)
							٥ ٧
(1) St. Louis_Zoological_Park	To conserve animals & their habitats, through management & research	МО	Governmental Unit				
1 1			· · · · ·				
(3)							
(4)							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	lions for Form 990.		TEEA5001 08/22/14		Schec	Schedule R (Form 990) 2014	2014

Page 2

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Schedule R (Form 990) 2014 The Saint Louis Zoo Association

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Schedule R (Form 990) 2014 The Saint Louis Zoo Association

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Part IV, line 34

Peranting Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34

Perant III because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax excluded sections	· <del> </del>	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(I) Code V-UBI amount in box \$? 20 of Schedule K-1 (Form	General or managing partner?	or Percentage ownership	ntage rrship
		country)		512-514)				Yes	No 1065)	Yes	No	
(1)												
											_	
(2)				i								
(3)									 			
		-										
Parally Identification of	Identification of Related Organizations Taxable a line 34 because it had one or more related organizat	izations re related	Taxable as I organizatio	s a Corporation or Trust Complete if the organization a lons treated as a corporation or trust during the tax year.	on or Trust a corporation	Complete if	the organizativing the tax	ation answ year.	<b>s a Corporation or Trust</b> Complete if the organization answered 'Yes' on Form 990, Part IV, ions treated as a corporation or trust during the tax year.	orm 990, P	art IV,	
(a) Name, address, and EIN of related organization	of related organization		(b) Pnmary activity (	(c) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp,		(f) Share of total income	(g) Share of end-of- year assets	(h)   Percentage   ownership	Sec 512(b)(13) controlled entity?	)(13) entity?
				country)	entity	or tru	st)				Yes	ટ
(1)		 					<u>                                     </u>					
		<del></del>				_		_				
		<del></del>								_		
(2)												
	1   1   1   1   1   1   1   1   1   1	<del>-</del>	_									
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>-</del>	<u> </u>									
(3)		 				i				L		
	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	<del>-</del>										
ВАА				TEEA	TEEA5002 08/22/14					Schedule <b>R</b> (Form 990) 2014	Form 990)	) 2014

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2014 The Saint Louis Zoo Association

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	٤
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?	isted in Parts II-IV?				!
a Receipt of (i) interest (ii) annuities (iii) royalities or (iv) rent from a controlled entity			1a		×
b Gift, grant, or capital contribution to related organization(s)			1b	×	
c Giff, grant, or capital contribution from related organization(s)		•	10		×
(a) model and and an analysis and a model as and a like			1		: ;
d Loans of loan guardinees to or for related of garrization(s)			<b>-</b>		4
Loans or loan guarantees by related organization(s)					×
					,
f Dividends from related organization(s)			1.		<b>×</b>
g Sale of assets to related organization(s)			 1g		×
h Purchase of assets from related organization(s)			1.		×
i Exchange of assets with related organization(s)			-		×
Lease of facilities, equipment, or other assets to related organization(s)			<b>-</b>		×
k Lease of facilities, equipment, or other assets from related organization(s)			*	1	×
l Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			 1 m		×
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)			-	×	1
Sharing of paid employees with related organization(s)			101	>	
				1.	
a Delimination and to related executive for countries			1	>	;
P Nemidou sement paid to leaded organization (%) to expenses		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<b>{</b>	
q Keimbursement paid by related organization(s) for expenses			:	×	
(a) mailting and best for at the same and a sold a sold a sold a sold and a sold a sold				1	;
r other transfer of cash of property to related organization(s)					×
s Other transfer of cash or property from related organization(s)			18		×
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	red relationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	(d) determir involved	guir.
(1) St. Louis Zoological Park	q	21,070,125.	Grant	criteria	ria
(2) St. Louis Zoological Park	C	2,576,054.	Amt Expe	Expended	
(4)				Į.	1
(5)					
(9)					
<b>BAA</b> TEEA5003 08/22/14		Sched	Schedule R (Form 990) 2014	1 990) 2	2014

43-1727309

The Saint Louis Zoo Association Schedule R (Form 990) 2014 **Bankwill** Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

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

1		- 1-			-					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	Share of	(g) Share of	(n) Dispropor-	Code V-UBI	General or	Percentage
			6 G	501(c)(3) organizations?		assets	allocations?	20 of Schedule K-1 Form (1065)		
			section 512-514)	Yes No			Yes No		Yes No	
(2)										
	_								_	
(3)										
				_						
1					-					
(4)										
							,			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						,				
(5)										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
(9)										
(L)										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
(8)										
ВАА			TEE	TEEA5004 08/22/14				Schedu	Schedule R (Form 990) 2014	90) 2014

Provide additional information provide additional information for responses to questions on Schedule R (see instructions).

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

region by providing facilities, funds, and advice. The Association provides direct See Schedule O for continuation.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

	ranii service repor	
Code:	Description	Endowment Harvest - In 2014, the Association provided funding for
Expenses _	914,500.	the WildCare Institute (\$613,875), unrestricted/zoo operations (\$146,235),
Grants Of _	914,500.	professional positions (\$44,050), education programs (\$54,715), veterinary medicine (\$39,800),
Revenue.	0.	employee and volunteer recognition (\$9,965), and animal enrichment (\$5,860).
Code:	Description:	Parent Program - This program allows for direct
Expenses	160,343.	compensation to the Zoo's commissary budget to
Grants Of	0.	offset the costs of feeding the animals. This program
Revenue.	340,132.	also creates educational opportunities for its donors.
		Animal fact sheets are offered to donors, and an annual
		Zoo Parents celebration is held where donors are
		welcome to visit the commissary and veterinary hospital.
Code:	Description:	Docent & Volunteer Services - Organizing and
Expenses _	257,367.	managing a base of over 1,400 volunteers and
Grants Of	0.	docents who provide time and services to provide
Revenue.	0.	an enriched educational experience to Saint Louis Zoo visitors.
_		

# Form 990

# **Continuation Sheet for Form 990**

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

43-1727309

The Saint Louis Zoo Association

Partivilla Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Highest Compensated E	(B)	Ĺ		(0	:)	<del></del>		(D)	(E)	(F)
Name and Title		Posi	tion (d			at apply)	)	Reportable	Reportable	Estimated
Name and The	Average hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
26 Christopher J. Gaia Director	1.00	Х						0.	0.	0.
27 Marguerite P. Garrick Director	1.00	X			-			0.	0.	0.
28 Catherine Gidcumb	1.00		-				_			
Director _29_Laurna_Godwin	1.00_	X	-	-			-	0.	0.	0.
Director 30 Janis G. Goldstein	1.00	X			-			0.	0.	0.
Director 31 Karl A. Grice	1.00	X .			-			0.	0.	0.
Director 32 Shawn Hagan	1.00	X	_	-	-		-	0.	0.	0.
Director_ 33 Jeffrey L. Hall	1.00	X		-	-	<u></u>		0.	0.	0.
Director 34 Gary A. Halls	1.00	<u>x</u>	-		-		<u> </u>	· 0.	0.	0.
Director 35 Steven W. Hays	1.00	х	-		_	_	-	0.	0.	0.
Director 36 Patricia A. Heim	1.00	X	_	-	_		-	0.	0.	0.
Director		X	-		_		-	0.	0.	0.
37 Wendy J. Henry Director	1.00_	X			_		<u> </u>	0.	0.	0
38 Robert R. Hermann Director Emeritus	1.00_	х			_		_	0.	0.	0
39 Douglas E. Hill Director Emeritus	1.00_	X		_			L	0.	0.	0
40 Bruce B. Holland Director	1.00_	х						0.	0.	0
41 David M. Hollo Director	1.00_	x						0.	0.	0
42 John M. Howell Jr. Director	1.00	Х						0.	0.	0
43 Joseph F. Imbs III Director	1.00	Х						0.	0.	0
44 Don Imholz Director	1.00	X						0.	0.	0
45 Margie Imo Director	1.00	Х						0.	0.	
46 John J. Irace Director	1.00	X					+	0.	0.	0
Director		1 4	Ь-	Ь_	ــــــــــــــــــــــــــــــــــــــ		ļ	10.	10,	Form <b>990</b> Cont 201

# Form 990 ,

# **Continuation Sheet for Form 990**

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

43-1727309

The Saint Louis Zoo Association

Rart VIII Continuation: Officers, Directors, Trustees, Key Employees, and

(A) Name and Title	(B)			((	<b>C)</b>		_	(D)	(E)	(F)
	Average				all th	at apply	)	Reportable	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)		amount of other compensation from the organization and related organizations
47 Stephen C. Jones Director	1.00_	х						0.	0.	
48 Lawrence P. Katzenstein	1.00									
Director	<b></b>	x	Ì		ļ			0.	0.	0
49 Alan Kindsvater	1.00									
Director	7	X	l	ļ				0.	0.	
50 Lee C. Kling	1.00									
Director		x		ļ				0.	0.	C
51 Nancy Koplar	1.00									<u></u>
Director	7	x		l	1	l		0.	0.	0
52 Todd J. Korte	1.00									
Director		<u>x</u>						0.	0.	(
53 David Kowach	1.00									<del></del>
Director		Х	Ĺ					0.	0.	(
54 Susan B. Krawll	1.00_				Ī					
Director		Х	l					0.	0.	
55 F. Holmes Lamoreux	1.00_									
Ex-Officio Director		x						0.	0.	(
56 Davida Layer	1.00									
Director		Х	l					0.	0.	(
57 Katherine Lintz	1.00									
Director		X	<u> </u>		L_		L.	0.	0.	(
58 Martin J. Lyons, Jr. Director	1.00_	Х						0.	0.	(
59 Mark P. Mantovani	1.00						Ì			
Director		Х	<u> </u>	_				0.	0.	(
60 Megan Martin Ex-Officio Director	1.00_	х					_	0.	0.	(
61 Selden MArtinDirector	1.00_	X						0.	0.	(
62 Nancy Matheny	1.00_									
Director		X	<u> </u>	<u></u>		<u> </u>		0.	0.	(
63 Charles Merz	1.00				1					
Director		Х		L_	_	<u> </u>	L_	0.	0.	
64 Pamela S. Moench Director	1.00_	Х						0.	0.	(
65_Erin_Moloney	1.00_								0	<del></del>
Director	1 00	X	├-	├—	-	<del>                                     </del>	├-	0.	0.	(
66 Elizabeth Monticelli Director	1.00_	х			_			0.	0.	(
67 <u>Dr. Sean P. Mulqueeny</u> Director	1.00	x						0.	0.	(

# Form 990

# **Continuation Sheet for Form 990**

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

43-1727309

The Saint Louis Zoo Association

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A)	(B)			((	;)			(D)	(E)	(F)
Name and Title		Posi	tion (	•	•	at apply	)	Reportable	Reportable	Estimated amount of other compensation from the organization and related organizations
	Average hours per week (list any hours for related organizations below dotted line)	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)	
68 Barbara Mungenast Director	1.00_	х						0.	0.	0.
69 Grace M. Nichols Director	1.00_	Х						0.	0.	0 .
70 Lisa W. Nouss Director	1.00_	х						0.	0.	0
71 J. Barry O'Neil Director	1.00_	Х						0.	0.	0
72 Cheryl D. Polk Director	1.00_	x						0.	0.	0
73 Steven S. Pope Director	1.00_	X	<del>                                     </del>		-		-	0.	0.	0
74 Gregory Portell	1.00				-					
Director 75 Maurice E. Quiroga	1.00	X			-		_	0.	0.	0
Director 76 Kevin Riggs	1.00_	X	T					0.	0.	0
Director 77 Nicole Ringenberg	1.00_	X	-	-	$\vdash$			0.	0.	0
Director 78 Sally H. Roth	1.00	X	-		-			0.	0.	0
Director 79 Rakesh Sachdev	1.00_	X	-					0.	0.	0
Director  80 Angela D. Schaefer	1.00_	X	-		-			0.	0.	0
Director 81 Steven F. Schankman Director	1.00_	X	1					0.	0.	0
82 Dr. Larry J. Shapiro Director	1.00_	X	<del> </del>					0.	0.	0
83 Jeanne C. Sinquefield Director	1.00_	Х						0.	0.	
84 Robert B. Smith III Director	1.00_	Х						0.	0.	
85 John R. Sondag Director	1.00	x						0.	0.	
86 Donn E. Sorensen Director	1.00_	X						0.	0.	
87 Kenneth B. Steinback Director	1.00	Х						0.	0.	(
88_Walter A. Suhre, Jr Director	1.00_	x						0.	0.	

# Form 990 ,

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the Organization

The Saint Louis Zoo Association

Employler Identification number

43-1727309

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Highest Compensated Employees											
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	individual trustee or director	institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the organization and related organizations	
89 Jack C. Taylor	1.00_								0		
Director Emeritus	1 00	X					<u> </u>	0.	0.	0.	
90 F. Todd Tiefenauer Director	1.00_	X					İ	0.	0.	0.	
91 Steven R. Tschudy	1.00	_					<del> </del>	0.	<u> </u>		
Director	1=	х						0.	0.	0.	
92 Trudy B. Valentine	1.00	l ^								<u> </u>	
Director	1=	x	ļ					0.	0.	0.	
93 Virgil Van Trease	1.00								_		
Director	1	X	i					0.	0.	0	
94 William W. Vierling	1.00										
Director		Х						0.	0.	0.	
_95_Mahlon B. Wallace III _	1.00										
Director Emeritus		Х	<u> </u>			<u> </u>		0.	0.	0.	
96 John K. Wallace, Jr.	1.00_										
Director Emeritus	ļ	X	<u> </u>					0.	0.	<u> </u>	
97 James F. Whalen	1.00_	١	ŀ		ŀ				_	^	
Director	1 00	X	├-	-			_	0.	0.	0.	
98 Richard M. Whiting	1.00_		Ì			1		0.	0.	0.	
Director  99 O. Sage Wightman III	1.00	Х			$\vdash$	ļ <u>.</u>	-	0.			
Director	1=-00-	X						0.	0.	0.	
100 Gerald E. Wiley	1.00			-	-			0.	<u> </u>		
Director	1=	x						0.	0.	0.	
101 Susan S. Williams	1.00_						$\vdash$			·	
Director		1 x		i	ļ			0.	0.	0.	
102 Robert M. Williams, Jr.	1.00									<u>.                                      </u>	
Director	1	X						0.	0.	0.	
103 Barbara J. Wilson	1.00_						1				
Director		Х	<u>L</u>					0.	0.	0.	
104 Lynn H. Yaeger	1.00_				l		ŀ				
Director	<u> </u>	Х	<u> </u>				_	0.	0.	0.	
105 Jeffrey P. Bonner	15.00										
President & CEO	<u> </u>	<u> </u>	_	X	<u> </u>		<b> </b>	0.	725,042.	54,070.	
106 Cynthia Holter	30.00		1							2. 2.2	
VP, External Relations		₩-	-	-	X	<u> </u>	├-	0.	230,602.	34,040.	
107 Robert E. Miller	5.00_	1	1					_	]	26 501	
SR VP, Director Zoological Operations		<del> </del>	$\vdash$	Х	╁	<del> </del>	┼	0.	222,019.	36,501.	
108 Stephen E. Barth	10.00	1		"				0.	199,769.	52,973.	
VP, Business Operations	0.00	+	+-	Х	$\vdash$		├-	<del> </del>	199,109.	34,913.	
109 David McGuire  VP, Architecture & Planning		1				X		0.	164,391.	44,771.	
VI, Alchitecture a riaming	L	<u> </u>	Ц_		—	1 1	1			Form <b>990</b> Cont 2014	

Form 990 Cont 2014

# Form 990

# **Continuation Sheet for Form 990**

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

The Saint Louis Zoo Associ	ation								43-1727309	
<u>Partivilla</u> Continuation: Officers, I Highest Compensated E										
(A)	(B)			(C				(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F)  Estimated amount of other compensation from the organization and related organizations
Name and Title	Average hours per week (list any hours for related organizations below dotted line)				Key employee	Highest compensated employee	Former			
110 Wyndel Hill VP, Internal Relations	5.00_					x		0.	165,673.	39,430.
111 John M. Grisham VP, Animal Collection	0.00					х		0.	159,836.	42,065.
112 Cassandra Brown-Ray Director of Finance	10.00					х		0.	123,931.	24,455.
113 Cheryl S. Asa Director of Research	10.00					Х		0.	121,784.	24,089.
114 Charles H. Hoessle Former Director	5.00						Х	0.	2,000.	0.
115 William J. Boever Former Director	5.00						х	0.	13,741.	0.
		-								
				-	<del>  -  </del>					
					L					
	<del> </del>		_							
	<del> </del>				_					
					L					
			Ц.	Ь.		<u> </u>	<u> </u>	<u></u>	<del></del>	