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DLN: 93493281002495

Form **990** 

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

ightharpoonup Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year beginning	01-01-2014 , and ending 12-31-20	14			
_		pplicable	C Name of organization Houston Zoo Inc			D Emplo	yer ider	ntification number
_	dress ch					74-15	90271	•
	me cha	_	Doing business as					
	tıal retu	rn	Number and street (or P.O. boy if ma	all is not delivered to street address) Room/	cuito	E Telepho	ne numl	ber
Fin ret	al urn/terr	mınated	1513 Cambridge	all is not delivered to street address) Room,	suite	(713)	533-6	501
	ended		City or town, state or province, count	try, and ZIP or foreign postal code				
		n pending	Houston, TX 77030	.,, and 22. or relegt, postal code		<b>G</b> Gross r	eceıpts \$	57,364,257
			F Name and address of princ	cinal officer	Ш(а) т			£
			Lee Ehmke	cipal officer		is this a group subordinates?	return	Tor
								F F
						Are all subordi ncluded?	nates	┌ Yes ┌ No
<b>I</b> Ta	x-exem	npt status	5	nsert no )	I	f "No," attach	a lıst	(see instructions)
J W	ebsite	e: ► wv	w houstonzoo org		H(c)	Group exempt	ion nun	nber ►
<b>K</b> For	m of or	ganizatio	n 🔽 Corporation 🗀 Trust 🗀 Association	Cther In	1	of formation 19		State of legal domicile TX
	rt I		1mary	oulei F	L Teal	Of folimation 19	20 14	State of legal doffficile 17
			describe the organization's mission	n or most significant activities				
				plary animal care, delivers an outsta	andına ques	st experience,	creates	s a workplace that
				earning opportunities, promotes cons				
8	'		,,			,		
Ě								
Ĕ	:							
Governance	2	Check t	his box দ if the organization dis	continued its operations or disposed	d of more th	nan 25% of its	net as:	sets
			,					
Activities &				ng body (Part VI, line 1a)			3	36
Ħ.				f the governing body (Part VI, line 1			4	36
ਹੁੰ ਹ				alendar year 2014 (Part V, line 2a)			5	551
4				ecessary)			6	1,866
				ort VIII, column (C), line 12			7a	(
	B	ivet uiii	erated business taxable income in	om Form 990-1, me 34	<del>· · ·</del>	Police Vecan	7b   	Commont Wasse
		C t-	abote a condition of the condition	- 4 1-2		Prior Year	240	Current Year
<u>a</u>	8		ributions and grants (Part VIII, lin am service revenue (Part VIII, lin		20,816,2		17,969,911	
Ravenue	10		am service revenue (Part VIII, in stment income (Part VIII, column		749,5		32,710,981 1,184,318	
歪	11		r revenue (Part VIII, column (A), I		·	-19,8		-35,329
	12			(must equal Part VIII, column (A), li	ine	·		
			<u> </u>			50,120,7		51,829,881
	13		, ,	IX, column (A), lines 1-3)		1,657,9	982	1,644,499
	14		·	(, column (A), line 4)				0
Ø	15	Salar 5-10		e benefits (Part IX, column (A), lines	5	19,205,8	888	20,995,081
Expenses	16a		,	column (A), line 11e)		54,0	009	84,030
Ð	ь		undraising expenses (Part IX, column (D)					
Ω	17			nes 11a-11d, 11f-24e)		13,841,8	000	16 171 671
	18			t equal Part IX, column (A), line 25)		34,759,7		16,171,671 38,895,281
	19			.8 from line 12		15,361,0		12,934,600
* 07		11010	nue 1033 expenses oubcluce line 1			nning of Curre		
₽ # 2 ±						Year		End of Year
9.55 1.55 1.55 1.55 1.55 1.55 1.55 1.55	20	Total	assets (Part X, line 16)			123,654,7	723	138,191,853
38	21	Total	liabilities (Part X, line 26)			4,748,4		6,878,658
	22			ine 21 from line 20		118,906,2	245	131,313,195
Pai	rt II	Sig	nature Block					
	22 t III	Total Net a <b>Sig</b> i	liabilities (Part X, line 26) ssets or fund balances Subtract I			118,906,2	245	6,878,65 131,313,19
my k	nowled	dge and	belief, it is true, correct, and com	plete Declaration of preparer (other				
prepa	arer ha	as any k	knowledge					
		***	***			2015-10-00		
Sigr	•		nature of officer			2015-10-08 Date		
Her		les	ie Forestier CFO					
			e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check 🔽 ıf	PTIN	
Paid	d		Jody Blazek	Jody Blazek		self-employed	P00072	674
	- pare		Firm's name F Blazek & Vetterling			Firm's EIN ►		
	On!		Fırm's address ► 2900 Weslayan Suite 20	0		Phone no (713	) 439-57	'39

Houston, TX 770275132

✓ Yes ☐ No

Form	990 (2014)			Page 2
Par		ram Service Accomplishments ntains a response or note to any line in th	ıs Part III	
1	Briefly describe the organizati	on's mission		
The H	louston Zoo provides a fun, unio	que, and inspirational experience fosterin	g appreciation, knowledge, and care fo	r the natural world
2	Did the organization undertake the prior Form 990 or 990-EZ	any significant program services during	the year which were not listed on	
	If "Yes," describe these new s	ervices on Schedule O		
3	Did the organization cease corservices?	ducting, or make significant changes in h	ow it conducts, any program	
	If "Yes," describe these chang	es on Schedule O		
4	expenses Section 501(c)(3) a	ogram service accomplishments for each nd 501(c)(4) organizations are required e, if any, for each program service report	to report the amount of grants and allo	
4a	(Code ) (Exp	penses \$ 29,447,253 including grants	of \$ 25,807 ) (Revenue \$	31,847,929 )
	this effort The Zoo's animal keepers During this reporting period, the Hot animal experiences for our guests, r Department promotes connections w Education Department personnel pre presence on Zoo grounds, providing	ey can get The Houston Zoo's animal care team, are among the best in the nation, providing uncoriston Zoo conducted 6,000 Meet the Keeper Talks, epresenting more than 4,300 hours of keeper staff with the natural world, empowering our guests to insented 1,175 interpretive programs on grounds rea myriad of services. The primary function of the exhibits and animals. Collectively in 2014, Zoo Range	mpromising excellence in animal care as well a almost 379 behind-the-scenes tours, and more time Providing diverse learning experiences, to quire, act, and conserve During this reporting aching approximately 29,573 participants Zoochighly knowledgeable Zoo Rangers is to engage	s world class guest experiences re than 1,188 other personal the Houston Zoo's Education period, the Houston Zoo's Rangers maintain a constant le Zoo guests and provide
	(Code ) (Ex	penses \$ 2,620,943 including grants	of \$ 1,644,177 ) (Revenue \$	<b>\</b>
	The Houston Zoos Wildlife Conserva wise use of natural resources, and tincluding the U.S. Accordingly, the Izoos, most of which do not make suclose to home, supporting a number elephant, cheetah, rhino and chimpa not just about saving species but ab economic incentives and cultural ser and international conservation agent	tion Program was initiated in 2004 to facilitate lead the appreciation of our natural world. As of fiscal yellouston Zoo has committed 5% of its annual operation substantial commitments to conservation from the of wildlife reintroduction projects right here in Texanzee conservation efforts. These programs quite cout improving the lives of the local communities substitutly are the only way that local communities substitutly are the only way that local communities causes and non-governmental organizations (NGOs), Zoos and Aquariums (AZA), the Houston Zoo activities.	dership in conservation efforts related to the subar 2014, we currently support 25 projects in 1- ating budget to support this program, which contheir operating budget The Houston Zoo recognas, both also across the globe where we supporten focus as much on the human communities they see the benefits of sustainable harvestiful buy into conservation initiatives Through parsuch as the Texas Parks and Wildlife Department	4 countries around the world impares favorably with other nizes the need to work both ort critical efforts to support is we believe conservation is Holistic programs that have therships with local, national, ent, the Texas Nature
	(Code ) (Ex	penses \$ 1,503,244 including grants	of \$ ) (Revenue \$	863,052 )
-	Each year, the Zoo welcomes hundry with weekend classes, summer cam 146,648Academic Programs (1/1 - 1 with numerous local schools, organizand the Harris County Hospital Distri	eds of thousands of students to explore the Zoo or ps, daily programs, overnight programs, and spect 2/31/14)Total Programs 379Total Persons Served tations and institutions, including Texas Children's ct's Ben Taub Hospital to reach thousands of children ey are unable to visit Zoomobile programs (1/1 -	n field trips. The Zoo's informal education progral events School field Trips (1/1 - 12/31/14)Td 1 26,793Through other community outreach p Hospital, M.D. Anderson Cancer Center, Memoren and adults annually in schools, libraries, ho	rams serve thousands of people otal Persons Served rograms, the Zoo also works nal Hermann Children's Hospital spitals, and parks where they
	Other program services (Des	cribe in Schedule O )		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expens	es ► 33,571,440		

Part IV	Checklist of	Rec	uired	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	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	5		No
6	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, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	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	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\blacksquare$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂
	Estantla number respected in Day 2 of Farms 1000 Faton 0 of materialists.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 136  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>.</b> .	.,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
0-		8 9a		No
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No No
.0	Section 501(c)(7) organizations. Enter			110
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		Νo
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans			
		   1/1~		NI o
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Νo

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

Check if Schedule O	contains a	response	or note to an	/ line in	this Part VI			_		_	_			_	_			~
Check ii Schedule O	contains a	1 C3 PO113 C	or mote to an	, ,,,,,	cins i aic vi	•	•	•	•	•	•	•	•	•	•	•	•	•,

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		ı İ		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo

#### 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply own website. Another's website. Upon request. Other (explain in Schedule O)
- **9** 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►Leslie Forestier

1513 Cambridge

Houston, TX 77030 (713) 533-6750

Form 990 (2014)	
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	-		
c	Total from continuation sheets to Part VII, Section A	•		
d	Total (add lines 1b and 1c)	►	1,872,522	134,323

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►15

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

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Alfredo J Garza 2226 Peach Lane Pasadena, TX 77502	Painting services	257,634
LCA Construction Co 315 Sylvan Lane Channelview, TX 77530	Construction service	358,318
RSC Inc 3601 Foster School Road Rosenberg, TX 77471	Operating services	246,810
Hanzon Studios Inc 1585 Glen Bar Drive Lakewood, CO 80215	Event lighting svc	242,319
Meador Staffing Services 722A Fairmont Pkwy Pasadena, TX 77504	Staffing services	154,546
2 Total number of independent contractors (including but not limited to those	listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►6

		Check if Schedi	ule O contains a respor	ise or note to any iii	ne in this Part VIII	<del></del>	<u> </u>	<u> </u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
nts ints	ь	Membership du		5,644,563				
Gra nou		Fundraising eve		658,578				
ts, r Ar	d	Related organiz						
Gif				119 160				
ıns, Sirr	е	Government grants		118,160				
utio ier	f	All other contributions similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	11,548,610				
Contributions, Gifts, Grants and Other Similar Amounts	g	g Noncash contributions included in lines 1a-1f \$		595,254				
Cont and	h	Total. Add lines	s 1a-1f	📦	17,969,911			
				Business Code				
enui	2a	Admission fees		900099	13,137,437	13,137,437		
Rev	b	City management	fee	561499	9,120,655	9,120,655		
93	С	Concessions contra	act	722210	3,220,535	3,220,535		
Serv	d	Educ progr & eve	ents	611600	7,232,354	7,232,354		
Program Serwoe Revenue	e							
'ogr	f	All other progra	am service revenue					
<u>~</u>	g		s 2a – 2f		32,710,981			
	3		ome (including dividendar amounts)		616,733			616,733
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨 🕨	0			
	5	Royalties			0			
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	5,948,377					
		assets other than inventory	-,,					
	b	Less cost or other basis and	5,380,792					
	_	sales expenses Gain or (loss)	567,585					
	c d	Net gain or (los			567,585			567,585
	8a	Gross income f	rom fundraising		·			
ıne		events (not inc \$658	ludıng ,578					
Other Revenue		of contributions	reported on line 1c)					
,		See Part IV, lin	ie 18 <b>a</b>	118,255				
thei	b	Less direct ex	penses <b>b</b>	153,584				
δ	С	Net income or (	(loss) from fundraising	events 🛌	-35,329			-35,329
	9a	Gross income f See Part IV, lin						
	l.	1000	a noncos <b>h</b>					
			penses <b>b</b> (loss) from gaming acti	vities	0			
		Gross sales of returns and allo	inventory, less	·				
	h	loca cost of m	a a					
			oods sold <b>b</b> (loss) from sales of inve	entory 🛌	o			
		Miscellaneous		Business Code				
	11a							
	b							
	С							
	d		ue					
	e 12		s 11a-11d	•	0			
	12	iotal revenue.	See Instructions .	►	51,829,881	32,710,981		1,148,989

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must compl	ete column (A	()
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	Check if Schedule O contains a response or note to any line in this	Part IX	<u> </u>	<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,069,458	1,069,458		
2	Grants and other assistance to domestic individuals See Part IV, line 22	78,516	78,516		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	496,525	496,525		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,262,534	439,012	569,984	253,538
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	,	,	,
7	Other salaries and wages	15,662,972	13,953,606	302,658	1,406,708
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	442,574	393,557	5,506	43,511
9	Other employee benefits	2,379,523	2,123,768	65,761	189,994
10	Payroll taxes	1,247,478	1,072,531	55,010	119,937
11	Fees for services (non-employees)	_,, , , , ,	_, _, _, _,	32,523	
 a	Management	0			
b	Legal	4,955	4,955		
c	Accounting	50,880	4,333	50,880	
d	Lobbying	0		30,000	
e	Professional fundraising services See Part IV, line 17	84,030			84,030
f	Investment management fees	75,564		75,564	04,030
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,054,806	1,818,801	84,640	151,365
12	Advertising and promotion	1,000,932	1,000,932	,	
13	Office expenses	998,895	487,695	23,057	488,143
14	Information technology	858,177	383,825	331,259	143,093
15	Royalties	0	303,023	331,233	113,033
16	Occupancy	979,402	977,125	1,656	621
17	Travel	431,609	388,082	21,098	22,429
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	431,609	300,002	21,098	22,429
19	Conferences, conventions, and meetings	350,757	227,425	4,666	118,666
20	Interest	0		.,555	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,915,191	4,915,191		
23	Insurance	473,826	270,402	203,424	
24	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)	.73,020	270,102	233,121	
а	Supplies	2,199,423	2,109,142	17,208	73,073
b	Grounds/Events	640,073	640,073		
c	Printing and Publications	576,311	261,830		314,481
d	Equipment expense	349,527	340,675	4,644	4,208
е	All other expenses	211,343	118,314	10,225	82,804
25	Total functional expenses. Add lines 1 through 24e	38,895,281	33,571,440	1,827,240	3,496,601
26	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)				

Part X Balance Sheet

1   Cash-non-interest-bearing   11,705,805   1   9,540,205     2   Savings and temporary cash investments   6   623,317   2   13,305,606   3   9,640,333     3   Pladges and grants receivable, net   40   622,405     5   Loans and other receivables from current and former officers, directors, trusteas, key employees, and highest compensated employees. Complete Part II of Schedule   5   0     6   Loans and other receivables from other disqualified persons (as defined under section 435 (F(f.t.l.)), persons described in sect	Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments						• •
3 Pledges and grants receivable, net		1	Cash-non-interest-bearing	11,708,958	1	9,540,284
4   Accounts receivable, net   459,416   4   6022 465		2	Savings and temporary cash investments	6,233,317	2	8,967,725
100   100		3	Pledges and grants receivable, net	13,335,696	3	9,043,533
### Part II of Schedule L. Loans and other receivables from other disqualified persons (as defined under section 4958(n/C1)), persons described in section 4958(n/C1)(B), and contributing employers and sponsoring organizations of section 511c(P) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L		4	Accounts receivable, net	459,418	4	622,495
10   Lams and other recurvobles from other dequalified persons (as defined under section 4958 (n)(1)), persons described in section 4958 (c)(3)(8), and contributing employers and spinsoring organizations of section 501 (c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L		5	employees, and highest compensated employees Complete Part II of		_	0
9   19   19   19   19   19   19   19	×	6	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		_	
9   19   19   19   19   19   19   19	Sel					
9   19   19   19   19   19   19   19	AS		·			
10s	_	8		<u>'</u>	-	
Complete Part VI of Schedule D   10a   120,137,828   10c   92,860,515   10c   92,860,515   11c   16,292,125   12c   17,898   12c   17,898   13c   18,292,125   12c   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198,198   19,998,198		9		691,104	9	702,605
11   Investments—publicly traded securities   15,586,045   11   16,282,125     12   Investments—other securities See Part IV, line 11   17,871   12   0     13   Investments—program-related See Part IV, line 11   13   0     14   Intangible assets   14   0     15   Other assets See Part IV, line 11   13,864,723   16   138,191,853     16   Total assets, Add lines 1 through 15 (must equal line 34)   123,654,723   16   138,191,853     17   Accounts payable and accrued expenses   4,265,450   17   6,567,654     18   Grants payable   4,133,883   18   206,592     19   Deferred revenue   69,045   19   104,012     20   Tax—exempt bond liabilities   20     21   Escrow or custodial account liability   Complete Part IV of Schedule   21     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   22     23   Secured mortgages and notes payable to unrelated third parties   23     24   Unsecured notes and loans payable to unrelated third parties   23     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   25     26   Total liabilities Add lines 17 through 25   4,748,478   26   6,878,688     27   Organizations that follow SFAS 117 (ASC 958), check here   and complete lines 27 through 29, and lines 33 and 34.     28   Temporarily restricted net assets   87,151,941   27   93,474,231     29   Permanently restricted net assets   3,501,405   29   3,508,311     30   Capital stock or trust principal, or current funds   30     31   Paid-in or capital surplus, or land, building or equipment fund   31     32   Retained earnings, endowment, accumulated income, or other funds   32     33   Total net assets or fund balances   118,906,245   33   131,313,115		10a				
12   Investments—other securities See Part IV, line 11   17,871   12   0   0   13   10   14   14   15   0   0   14   15   0   0   14   15   0   0   15   0   16   16   16   16   16   16   16		b	Less accumulated depreciation	75,476,561	10c	92,860,515
13   10   13   10   14   10   14   10   14   10   15   15   15   15   16   16   16   16		11	Investments—publicly traded securities	15,586,045	11	16,292,125
14		12	Investments—other securities See Part IV, line 11	17,871	12	0
15		13	Investments—program-related See Part IV, line 11		13	0
16   Total assets. Add lines 1 through 15 (must equal line 34)   123,654,723   16   138,191,853		14	Intangible assets		14	0
17		15	Other assets See Part IV, line 11		15	0
18   Grants payable   19   206,992   19   Deferred revenue   69,045   19   104,012   20   20   20   20   20   20   20		16	Total assets. Add lines 1 through 15 (must equal line 34)	123,654,723	16	138,191,853
19 Deferred revenue		17	Accounts payable and accrued expenses	4,265,450	17	6,567,654
Total liabilities. Add lines 17 through 25  Total liabilities. Add lines 17 through 25  Total liabilities. Add lines 33 and 34.  Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.		18	Grants payable	413,983	18	206,992
21   Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	69,045	19	104,012
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		20	Tax-exempt bond liabilities		20	
Unsecured notes and loans payable to unrelated third parties	ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Unsecured notes and loans payable to unrelated third parties	ilitie	22				
Unsecured notes and loans payable to unrelated third parties	qе		persons Complete Part II of Schedule L		22	
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		23	Secured mortgages and notes payable to unrelated third parties		23	_
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	_
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule			
Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.         ✓ and complete lines 27 through 29, and lines 33 and 34.           27         Unrestricted net assets						
lines 27 through 29, and lines 33 and 34.   27 Unrestricted net assets		26		4,748,478	26	6,878,658
30 Capital stock or trust principal, or current funds	S e S					
30 Capital stock or trust principal, or current funds	an	27	Unrestricted net assets	87,151,941	27	93,474,231
30 Capital stock or trust principal, or current funds	න ස	28	Temporarily restricted net assets	28,252,899	28	34,330,653
30 Capital stock or trust principal, or current funds	돧	29	Permanently restricted net assets	3,501,405	29	3,508,311
30 Capital stock or trust principal, or current funds	r Fui		•			
31 Paid-in or capital surplus, or land, building or equipment fund	0	30	•		30	
33 Total net assets or fund balances	ξ	31			31	
33 Total net assets or fund balances	AS.	32			32	
<b>34</b> Total liabilities and net assets/fund balances	ষ	33	Total net assets or fund balances	118,906,245	33	131,313,195
	Z	34	Total liabilities and net assets/fund balances	123,654,723	34	138,191,853

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	•			୮				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		51,8	329,881				
2	Total expenses (must equal Part IX, column (A), line 25)	2	395,281						
3	Revenue less expenses Subtract line 2 from line 1	3			<sup>/</sup> 934,600				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				906,245				
5	Net unrealized gains (losses) on investments	ns (losses) on investments							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9							
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		131,	313,195				
Par	t XIII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				. Г				
				Yes	No				
1	Accounting method used to prepare the Form 990								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n						
	Separate basis Consolidated basis Both consolidated and separate basis								
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate							
	▼ Separate basis								
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	ne <b>2c</b>	Yes					
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						

**Software ID:** 14000265 **Software Version:** 2014v5.0

**EIN:** 74-1590271 **Name:** Houston Zoo Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	1	iti acto 		(C)				(6)	<b>(E)</b>	<u>/</u> E\
<b>(A)</b> Name and Title	(B) A verage	Posit		(C) do no	nt ch	neck		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount
Nume and Title	hours per	Position (do not check more than one box, unless		compensation	compensation	of other				
	week (list	perso						from the	from related	compensation
	any hours	and a	dire					organization (W-	organizations (W-	from the
	for related organizations	옥호	=	♀	중	탏	ਹਾ	2/1099-MISC)	2/1099-MISC)	organization and related
	below	Individual trustee or director	蠶	Officei	Keş emploşee		Former			organizations
	dotted line)	<del>X</del> 5	雷	-	∌	10 St	4			
		Y #	<u> </u>		γol	ľ° ĕ				
		<u>\$</u>	∄		9	Į ž				
		#:	Institutional Truste			Highest compensated employee				
			œ.			lē				
(1) Suzanne Nimocks	4 00									
Board Chair	0 00	X		Х				0	0	0
(1) Linnet Deily	1 00									
		X		Х				0	0	0
Vice Chair (2) Stacy Methvin	0 00						<u> </u>			
		×		Х				0	0	0
Vice Chair (3) Stephen Newton	0 00									
		×		х				0	0	0
Vice Chair (4) Barbara Coldfield	0 00					<u> </u>				
(4) Barbara Goldfield	1 00	×		х				0	0	0
Secretary	0 00									
(5) Philip Bahr	1 00	l x						0	0	0
Board Member	0 00									
(6) E William Barnett	1 00	l x						0	0	0
Dir Emeritus	0 00							Ů		
(7) Monica Benton	1 00	l x						0	0	0
Board Member	0 00	^						O O	V	
(8) Rafael Bustillo	1 00							0	0	0
Board Member	0 00	X						0	0	
(9) Joe Cleary	1 00	,								
Board Member	0 00	×						0	0	0
(10) Roberto Contreras	1 00									
Board Member	0 00	×						0	0	0
(11) Michael Cordua	1 00									
Board Member	0 00	X						0	0	0
(12) Rufus Cormier Jr	1 00									
Board Member	0 00	X						0	0	0
(13) Joseph Dilg	1 00									
Board Member	0 00	X						0	0	0
(14) Anne Duncan	1 00									
		X						0	0	0
Dir Emeritus (15) Zeina Fares	0 00									
		X						0	0	0
Board Member (16) Kathleen Gallagher	0 00									
		x						0	0	0
Board Member	0 00									
(17) Dr Cullen Geiselman	1 00	x						0	0	0
Board Member	0 00									
(18) Martyn Goossen	1 00	l x						0	0	0
Board Member	0 00									
(19) John Graf	1 00	l x						0	0	0
Board Member	0 00							Ů		
(20) Robert Graham	1 00	l x						0	0	0
Board Member	0 00						L			
(21) Winell Herron	1 00								^	
Board Member	0 00	X						0	0	0
(22) Tom Hix	1 00								_	
Board Member	0 00	×						0	0	0
(23) Jill Jewett	1 00									
Board Member	0 00	×						0	0	0
(24) Stephen Kaufman	1 00									
Board Member	0 00	×						0	0	0
Dodia Piellibei	1 000			<u> </u>	<u> </u>		<u> </u>			<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	ependent Cor					, .	,	ıp.oyees, i.i.g.		
(A) Name and Title	(B) A verage hours per week (list any hours			( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) Peggy Kostial	1 00	x						0	0	0
Board Member (1) Neal Manne	0 00									
Board Member	0 00	x						0	0	0
(2) Walt Mischer Jr	1 00									
Board Member	0 00	X						0	0	0
(3) Alıreza Moshırı	1 00	x						0	0	0
Board Member (4) Bobbie Nau	0 00									
Board Member	0 00	х						0	0	0
(5) Sara Ortwein	1 00	.,								
Board Member	0 00	Х						0	0	0
(6) Lynnae Partridge Board Member	1 00	х						0	0	0
(7) Jim Postl	1 00	x						0	0	0
Board Member (8) Alexandra Pruner	0 00									
Board Member	0 00	Х						0	0	0
(9) Ricky Raven	1 00	x						0	0	0
Board Member	0 00	_ ^						Ů	0	,
(10) Barbara Samuels	1 00	x						0	0	0
Board Member (11) Tony Sanchez III	1 00									
Board Member	0 00	X						0	0	0
(12) Brent Smolik	1 00	x						0	0	0
Board Member	0 00							,		
(13) Stephen Trauber	1 00	x						0	0	0
Board Member (14) Lori Vetters	0 00									
Board Member	0 00	X						0	0	0
(15) Randa Duncan Williams	1 00	x						0	0	0
Board Member (16) Austin Young	0 00									
Board Member	0 00	x						0	0	0
(17) Deborah Cannon	40 00									
President & CEO	0 00			Х				369,721	0	20,227
(18) Rodrick Barongi	40 00			x				286,150	0	16,086
Zoo Director (19) Leslie Forestier	0 00									
CFO	0 00			х				157,575	0	11,714
(20) David Brady	40 00							205 420		20.602
VP Marketing & Dev	0 00				Х			206,139	0	20,692
(21) Sharon Joseph	40 00				х			162,147	0	12,084
VP Animal Programs (22) Chris Lyons	0 00 40 00						-			
VP Operations	0 00					x		150,513	0	8,305
(23) Reina Mendez	40 00					×		127,475	0	6,843
IT Manager	0 00					<u>  ^</u>		127,473		0,043
(24) Lila Soussan	40 00					x		131,598	0	17,088
Controller	0 00	<u> </u>	<u> </u>		1	1		<u> </u>		<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

( <b>A</b> ) Name and Title	(B) A verage hours per week (list any hours for related	ion (d an oi n is b	ne bo oth a ctor/	an off trust	nless ficer :ee)		(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	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee		Key employee	Highest compensated	Former			related organizations
(51) Mark Van Wickler  Exhibit Artist	40 00					х		164,865	0	11,469
(1) Ronnie Pendergrass Dir Facililties	40 00					х	·	116,339	0	9,815

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493281002495

**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

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

Open to Public Inspection

nousto	on 200	Inc					74-1590271					
Pai	rt I	Reason for Publi	c Charity S	<b>Status</b> (All organiza	tions must co	mplete this i		ns.				
		zation is not a private fo										
1	$\Gamma$	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> l	b)(1)(A)(i).					
2	$\Gamma$	A school described in	section 170(b	)(1)(A)(ii). (Attach S	chedule E )							
3	$\Gamma$	A hospital or a cooper	atıve hospıtal	service organization of	described in <b>sec</b>	tion 170(b)(1)	)(A)(iii).					
4	$\Gamma$	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	lescribed in <b>se</b>	ction 170(b)(1)(A)(iii	). Enter the				
	_	hospital's name, city,		-								
5	Г	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in				
	_	section 170(b)(1)(A)(iv). (Complete Part II)										
6		A federal, state, or loc	al governmen	t or governmental unit	described in <b>se</b>	ection 170(b)(1	1)(A)(v).					
7	~	An organization that n	•	•	• •	om a governme	ental unit or from the <u>c</u>	jeneral public				
8	$\overline{}$	described in <b>section 1</b> A community trust des				+ 11 )						
9	<u>'</u>	An organization that n					hutions membershin	fees and aross				
•	'	receipts from activitie										
		its support from gross										
		acquired by the organi						. 54511145545				
10	$\Box$	An organization organ										
11	,	An organization organ	·		•	•		out the nurnoses of				
	•	one or more publicly s										
	_	the box in lines 11a th										
а	ı	Type I. A supporting of										
		supported organization organization				ty of the direct	ors or trustees of the	supporting				
b	$\Gamma$	Type II. A supporting	<del>-</del>			ı wıth ıts suppo	rted organization(s), l	by having control or				
		management of the su			same persons t	hat control or r	manage the supported	organization(s) You				
_	_	must complete Part I	•									
С	1	Type III functionally is supported organization	_		•			grated with, its				
d	$\Box$	Type III non-function						anızatıon(s) that ıs				
		not functionally integr	ated The orga	nızatıon generally mu	st satisfy a dist	rıbutıon requir						
_	_	(see instructions) Yo					T I T II T	111 6				
е	1	Check this box if the contegrated, or Type II.					s a Type I, Type II, T	ype III functionally				
f		Enter the number of si										
g		Provide the following i										
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of				
		organization		organization	listed in your		monetary support	other support (see				
				(described on lines 1-9 above or IRC	1 ' ' 1							
				section (see								
				ınstructions))								
					Yes	No						
Total												

supported organization

instructions

Page 2 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. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 3,620,843 8,840,516 23,642,927 20,816,248 17,969,911 74,890,445 include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 3,620,843 8,840,516 23,642,927 20,816,248 17,969,911 74,890,445 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 10,565,410 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 64,325,035 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (d) 2013 (c) 2012 (e) 2014 (f) Total beginning in) 🟲 20,816,248 Amounts from line 4 3,620,843 8,840,516 23,642,927 17,969,911 74,890,445 Gross income from interest, dividends, payments received on 98,092 securities loans, rents, royalties 314,818 562,483 614,867 616,733 2,206,993 and income from similar sources 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) 11 Total support Add lines 7 77,097,438 through 10 12 Gross receipts from related activities, etc (see instructions) 125,009,159 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 83 430 % Public support percentage for 2013 Schedule A, Part II, line 14 15 80 120 % 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** 

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### 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  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	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		
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 $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	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 Part VI, 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 charitable 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 II of Schedule L (Form 990).	8		
9a	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		
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? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9c		
L0a	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," 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		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

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

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
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 <b>Part VI</b> 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		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection 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 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		
S	ection 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?	1		
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 <b>Part VI</b> 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		
S	ection 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  The organization satisfied the Activities Test Complete line 2 below  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 instructions.			
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		
	<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	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.	За		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-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		

	Section 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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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		

### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section 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			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> 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 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c 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)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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

#### DLN: 93493281002495

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

	me of the organization		Emp	loyer identification number
1100	ISON 200 IIC		74-	1590271
Pa	organizations Maintaining Donor Adv	Part IV, line 6.	Funds	or Accounts. Complete if th
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the organization of	<del>-</del>		sed <b>Yes No</b>
5	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?	t of the donor or donor advisor, or fo	r any othe	r purpose <b>Yes No</b>
Pai	rt II Conservation Easements. Complete if	the organization answered "Yes	" to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education) Preservation of Preservation of	a certifie	cally important land area d historic structure
	easement on the last day of the tax year	qualified conservation contribution	in the form	Tota conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c	
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transferre	ed, released, extinguished, or termin	ated by th	ie organization during
	the tax year 🕨			
	Number of states where property subject to conservati	on easement is located 🕨		
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?		andling of	violations, and <b>Yes No</b>
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation eas	sements o	luring the year
	A mount of expenses incurred in monitoring, inspecting	and enforcing concernation eacome	nte durin	a the year
	► \$	, and emorcing conservation easeme	ints during	g the year
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?	) above satisfy the requirements of s	section 17	70(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	footnote to the organization's financ		
ar	Complete if the organization answered "Ye			her Similar Assets.
а	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its re is held for public exhibition, education	venue sta on, or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its reveni s held for public exhibition, educatio	ue statem	ent and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS:			
a	Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$
Ь	Assets included in Form 990, Part X			
_	ASSELS IIICIUUEU III FOITII YYU, PAIT X			<b>▶</b> \$

Par	t IIII Organizations Maintaining Co	llections of Art,	Histo	rical Tı	reasur	es, or O	the	r Similar As	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, chec	k any of	the follo	wing that a	re a	significant use	of its	
а	Public exhibition		d F	Loan	or exch	ange progr	ams			
b	✓ Scholarly research		е Г	Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney furthe	er the or	ganızatıon	's ex	empt purpose i	n	
5	During the year, did the organization solicit								_	_
Door	assets to be sold to raise funds rather than t	· ·							Yes	✓ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					answere	u i	es to ronni s	90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					other ass	ets i		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	ollowing	g table		_				
						_		An	ount	
С	Beginning balance					_	1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow	orcusto	dıal accou	nt lia	bility?	Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	explana	ition has	been pr	ovided in F	art	XIII		Г
Pa	rt V Endowment Funds. Complete						_			
	Banana a sérra a balana	(a)Current year 8,394,467	(b)Prio	r year 7,224,721	<b>b (c)</b> Two	years back 4,866,268		Three years back 4,873,111	(e)Four y	years back 3,527,496
1a L	Beginning of year balance	466,768		4,225		1,925,545	-	62,246		879,075
b	Contributions	400,700		7,223		1,723,543		02,240		
С	Net investment earnings, gains, and losses	590,197		1,236,300		485,419		-20,106		481,000
d	Grants or scholarships	32,485		4,148		3,000		2,601		
е	Other expenditures for facilities and programs									
f	Administrative expenses	75,564		66,631		49,511		46,485		14,560
g	End of year balance	9,343,383		8,394,467		7,224,721		4,866,165		4,873,011
2	Provide the estimated percentage of the cur	rent year end balance	e (lıne 1	.g, colum	nn (a)) h	eld as				
а	Board designated or quasi-endowment 🕨	44 130 %								
b	Permanent endowment ► 37 550 %									
С	Temporarily restricted endowment • 18. The percentages in lines 2a, 2b, and 2c sho	320 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organizat	tıon tha	t are hel	d and ad	lmınıstered	l for	the	,	
	organization by							[ <u></u>	Yes	+
	(i) unrelated organizations						•	3a( 3a(		No No
ь	(ii) related organizations			edule R?			٠.	<u>  54(</u>		l No
4	Describe in Part XIII the intended uses of the	· ·							<u> </u>	
Par	Land, Buildings, and Equipme 11a. See Form 990, Part X, line		ne orga	anızatıoı				Form 990, Pa	rt IV, l	ine
	Description of property			<b>a)</b> Cost or asis (invest		<b>(b)</b> Cost or ot basıs (othe		(c) Accumulated depreciation	( <b>d)</b> B	ook value
1a	Land									
b	Buildings		.							
c	Leasehold improvements		.			81,856	,761	22,557,55	1	59,299,207
d	Equipment		. [			8,654	,504	4,719,759	9	3,934,745
e	Other	<u></u> .				29,626	,563			29,626,563
	al. Add lines 1a through 1e <i>(Column (d) must e</i>			(B), line	10(c).)			🛌		92,860,515
			<u> </u>					Schedule D	(Form	990) 2014

(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	
Part VIII Investments—Program Related. Co	mplete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization	a answered 'Ves' to Form O	20 Part IV line 11d See Form 000 Part V line 15
(a) Descr		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the orga		to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of the property of the	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability	inization answered 'Yes'	

amounts included in F/S but not

Part XII, Line 2d Other expenses

ıncluded on form 990

and losses per audited F/S

Part		on of Revenue per Audited Financial Statements With Revenue p on answered 'Yes' to Form 990, Part IV, line 12a.	er R	<b>Return</b> Complete If				
1		and other support per audited financial statements	1	51,246,937				
2	A mounts included on	line 1 but not on Form 990, Part VIII, line 12						
a	Net unrealized gains (	(losses) on investments   2a   -527,650						
b	Donated services and	d use of facilities						
c	Recoveries of prior ye	ear grants						
d	Other (Describe in Pa	art XIII )						
e	Add lines 2a through 2	2d	2e	-507,380				
3	Subtract line <b>2e</b> from l	line 1	3	51,754,317				
4	A mounts included on	Form 990, Part VIII, line 12, but not on line 1						
a	Investment expenses	s not included on Form 990, Part VIII, line 7b . 4a 75,564						
b	Other (Describe in Pa	art XIII )						
c	Add lines 4a and 4b.	<del> </del>	<b>4</b> c	75,564				
5	Total revenue Add lin	nes <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12) . . . . . .	5	51,829,881				
Part		on of Expenses per Audited Financial Statements With Expenses	per	Return. Complete				
		ation answered 'Yes' to Form 990, Part IV, line 12a.		Т				
1	·	osses per audited financial statements	1	38,839,987				
2		line 1 but not on Form 990, Part IX, line 25						
а	Donated services and	l use of facilities						
b	, ,	s						
С	Otherlosses							
d	Other (Describe in Pa	rt XIII )						
e	Add lines 2a through 2	2d	2e	20,270				
3	Subtract line <b>2e</b> from l	line 1	3	38,819,717				
4	Amounts included on I	Form 990, Part IX, line 25, but not on line 1:						
a	Investment expenses	not included on Form 990, Part VIII, line 7b 4a 75,564						
b	Other (Describe in Pa	rt XIII)..........						
С			4c	75,564				
5		lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	38,895,281				
	XIII Supplemen							
Part \		quired for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional				
	Return Reference	Explanation						
elected	I, Line 1a If organizati 1 under SFAS 116 to no storical treasures, o		quisiti ctions zations ns coi ns coi noxima nent t nimals ot rec	ion The Houston Zoo is The Houston Zoo S Under the direction intinue to be cared for, ately \$111,000 and to enhance worldwide s with other cord any liability for				
	I, Line 4 Description o	of The Houston Zoo is a conservation, education, and recreation organization	n ded	licated to the				
_	zation's collections and s its purpose	I how it reproduction, protection, and exhibition of animals in their habitats. The Fundamental unique and inspirational experience fostering appreciation, knowledge and	reproduction, protection, and exhibition of animals in their habitats. The Houston Zoo provides a fun,					
Part V,	, Line 4 Intended uses nent fund		<u>. care</u>	, for the natural world				
	, Line 2d Other reveni	ue Direct donor benefits \$20270						

Direct donor benefits \$20270

Jenedale 2 (1 31111 33 3) 23 13	1 age 5	
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493281002495

SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Internal Floreride Convice						
Name of the organization Houston Zoo Inc	ı				Employer ident	ification number
Trouston 200 The					74-1590271	
		n on Activition of IV, line 14b		ne United States. C	omplete if the organiz	ation answered
1 For grantmakers	<b>s.</b> Does the o	rganızatıon m	aıntaın record	s to substantiate the	amount of its grants	
and other assist	ance, the gra	ıntees' elıgıbılı	ty for the grar	nts or assistance, and	the selection criteria	
used to award th	e grants or a	issistance?.				✓ Yes
2 For grantmakers assistance outside			ganızatıon's p	rocedures for monitor	ng the use of its grant	s and other
3 Activites per Region	on (The follow	ing Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed )	
(a) Region		<b>(b)</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	<b>(f)</b> Total expenditures for and investments in region
(1) East Asia/Pacific		0	0	Program	Conservation	118,655
(2) Sub-Saharan Afric	a	0	0	Program	Conservation	185,600
(3) Cntl America/Cari	bbean	0	0	Program	Conservation	36,475
(4) Europe		0	0	Program	Conservation	66,535
(5) South America		0	0	Program	Conservation	56,300
<b>3a</b> Sub-total						463,565
<b>b</b> Total from continu to Part I	ation sheets					
c Totals (add lines 3	a and 3h)			1		463 565

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
( 2)								
(3)								
(4)								
(5)								
( 6)								
(7)								
(8)								
(9)								
(10)								
(11)								
( 12)								
( 13)								
( 14)								
( 15)								
( 16)								
			l	l .	l			l .

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 . . . . .

10

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

Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	( <b>h)</b> Method of valuation (book, FMV, appraisal, other)			
(1) Conservation support	East Asia/Pacific	1	7,750	Wire transfer						
( 2) Conservation support	Europe	3	45,434	Wire transfer						
(3) Conservation support	Sub-Sah Africa	1	25,000	Wire transfer						
(4)										
(5)										
( 6)										
(7)										
(8)										
(9)										
(10)										
(11)										
( 12)										
( 13)										
( 14)										
( 15)										
( 16)										
( 17)										
( 18)										

## Part IV Foreign Forms

1	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)	Γ	Yes	[~	Νo
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)	Г	Yes	ি	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)	Γ	Yes	<b>▽</b>	Νo
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)	Г	Yes	<b>~</b>	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)	Г	Yes	F	Νo
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)	Г	Yes	[~	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

#### Part V 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).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	The Houston Zoo's selection standards for awarding grants are based on our mission stateme in the goals and long term development of regional programs. We do not solicit proposals nor do we have a formal process for receiving and evaluating grant requests instead we actively seek out projects that fit in with the areas of interest to the Zoo and its staff. We the in meet with the researchers to see how well they would fit with our zoo. We never spend muture chimoney up front until we are satisfied that they will communicate and interact with the zoo (web, media, reports, speaker requests, articles, etc.) and their program is sustainab. It is every the next 1-3 years we intend to partner with them. We monitor their progress throut ghipperiodic site visits where practicable and request that they provide periodic reports of activities.

## **Additional Data**

**Software ID:** 14000265

**Software Version:** 2014v5.0

**EIN:** 74-1590271

Name: Houston Zoo Inc

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America	See Part V	33,450	Wire			
		E Asia/Pacific	See Part V	49,500	Wire			
		E Asia/Pacific	See Part V	56,935	Wire			
		Europe	See Part V	12,100	Wire			

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		Europe	See Part V	9,000	Wire						
		South America	See Part V	53,000	Wire						
		Sub-Sah Africa	See Part V	17,200	Wire						
		Sub-Sah Africa	See Part V	27,000	Wire						

, Form 990 Scheau	orm 990 Schedule F Part II - Grants or Entitles Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Sah Africa	See Part V	49,800	Wire		1				
		Sub-Sah Africa	See Part V	60,000	Wire	1	1				

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DLN: 93493281002495

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Houston Zoo Inc

(Form 990 or 990-EZ)

Name of the organization

**SCHEDULE G** 

**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.

**Supplemental Information Regarding** 

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

Inspection **Employer identification number** 

						74-1590271	
a	Fundraising Active filers are not require			janizatio	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-EZ
L	Indicate whether the organ	ızatıon raısed funds t	hrough ar	nv of the f	following activities Che	eck all that apply	
а	Mail solicitations				Solicitation of non		
b	Internet and email solu	citations		f	Solicitation of gov		
c	Phone solicitations			q	Special fundraisin	<del>-</del>	
d	✓ In-person solicitations			9	, openia ianaraian	g 0.01110	
_	•						
2a	Did the organization have a or key employees listed in						Ves
b	If "Yes," list the ten highes to be compensated at least	t paid individuals or a 5,000 by the organ	entities (f nization	undraisei	rs) pursuant to agreem	ents under which the fur	ndraiser is
	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo	Did ser have ody or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
				utions?			
1	Sterling Assoc	Fdrsg	Yes	No No		84,030	
	55 Waugh Dr601						
	Houston, TX 77007						
3							
4							
5							
6							
7							
8							
9							
10							
ot a				<b></b>		84,030	
	List all states in which the	organization is regist	ered or lu	_	solicit contributions o	·	exempt from
	registration or licensing					2 2 2 2	
Χ							

		G (Form 990 or 990-EZ) 2014				Page <b>2</b>					
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut								
			(a) Event #1  Conserv Gala	(b) Event #2  Ambassador gala	(c) O ther events	(d) Total events (add col (a) through col (c))					
			(event type)	(event type)	(total number)						
E E	1	Gross receipts	680,556	96,277	,	776,833					
Revenue	2	Less Contributions	583,81	74,767		658,578					
~ 	3	Gross income (line 1 minus line 2)	96,74!	5 21,510		118,255					
	4	Cash prizes									
မွ	5	Noncash prizes									
Expenses	6	Rent/facility costs	9,140	8,965		18,105					
	7	Food and beverages .	46,877	8,684		55,561					
Direct	8	Entertainment	12,152	950		13,102					
Δ	9	Other direct expenses .	65,145	1,671		66,816					
	10	10 Direct expense summary Add lines 4 through 9 in column (d)									
	11	Net income summary Subtract li	ne 10 from line 3, columi	n (d)		-35,329					
Revenue	1	\$15,000 on Form 990-EZ, li  Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))					
s	,	Cash prizes									
sesuedy		Non-cash prizes									
ш	4	Rent/facility costs									
Direct	5	Other direct expenses									
	6	Volunteerlabor	┌ Yes	┌ Yes %	│ Yes						
	7	Direct expense summary Add line	s 2 through 5 in column (	(d)							
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)							
9 a b	Is	ter the state(s) in which the organiz the organization licensed to conduc 'No," explain	t gaming activities in eac	h of these states?							
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspei	nded or terminated during							

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>					
11	Does the organization conduct gaming	activities with nonn	members?	T <sub>Yes</sub> [						
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity							
	formed to administer charitable gaming	,,		Г <sub>Yes</sub> Г	— No					
13	Indicate the percentage of gaming acti		1 1	, , , ,						
а	The organization's facility		13a		%					
b	An outside facility				%					
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records							
	Name <b>▶</b>									
	Address ►									
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming							
154				┌ Yes 「	– <sub>No</sub>					
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization <b>&gt;</b> \$ and the							
С	If "Yes," enter name and address of the third party									
	Name ►									
	Address 🏲									
16	Gaming manager information									
	Name •									
	Gaming manager compensation 🕨 \$		······							
	Description of services provided									
	Director/officer	<del>_</del> Employee	☐ Independent contractor							
17	Mandatory distributions									
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to							
	retain the state gaming license?			Γ <sub>Yes</sub> [	Γ <sub>No</sub>					
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent							
	ın the organization's own exempt activi		·							
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr							
	Return Reference		Explanation							

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(Form 990)

See Additional Data Table

DLN: 93493281002495

OMB No 1545-0047

2014

**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.

Department of the Treasury Internal Revenue Service  Attach to Form 990.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .								pen to Public Inspection
Name of the organization						Employe	er identification	on number
Houston Zoo Inc						74-159	90271	
Part I General Informa	ation on Grants and	d Assistance				<b>I</b>		
<ul><li>Does the organization main the selection criteria used t</li><li>Describe in Part IV the organization</li></ul>	to award the grants or as	sıstance?						✓ Yes
	r Assistance to Do , line 21, for any reci							s" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	1,	cription of assistance	(h) Purpose of gran or assistance

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	17
3	Enter total number of other organizations listed in the line 1 table	0

other)

Part III Grants 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>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Conservation research support	2	78,516			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanation								
Grants are Used	The Houston Zoo's selection standards for awarding grants are based on our mission statement goals and long term development of regional programs We do not solicit proposals nor do we have a formal process for receiving and evaluating grant requests. Instead we actively seek out projects that fit in with the areas of interest to the Zoo and its staff. We then meet with the researchers to see how well they would fit with our zoo. We never spend much money up front until we are satisfied that they will communicate and interact with the zoo (web, media, reports, speaker requests, articles, etc.) and their program is sustainable over the next 1-3 years we intend to partner with them. We monitor their progress through periodic site visits where practicable and request that they provide periodic reports of activities.								

#### **Additional Data**

**Software ID:** 14000265

**Software Version:** 2014v5.0

**EIN:** 74-1590271

Name: Houston Zoo Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Americans for Oxford Inc500 Fifth Avenue 32nd Floor New York, NY 10110	52-1495060	501(c)(3)	23,373	0			Research

Form 990,Schedule 1, Pa	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Baylor College of Medicine One Baylor Plaza 315 Houston,TX 77030	74-1613877	501(c)(3)	66,567	0			Research				

Form 990, Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Columbus Zoological Park Asso9990 Riverside Drive Powell,OH 43065	31-4390844	501(c)(3)	15,000	0			Research			

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Conservation Breeding Group 12101 Johnny Cake Ridge Road Apple Valley,MN 55124	41-1719362	501(C)(3)	20,000	0			O perating Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Gorilla Rehabilitation & Ctr PO Box 334 Cumberland, ME 04021	46-2308758	501(c)(3)	109,000	0			O perating Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
International Elephant FdnPO Box 366 Azle,TX 76098	75-2815706	501(c)(3)	20,000	0			O perating support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
International Rhino Fdn201 Main Street Suite 2600 Fort Worth,TX 76102	75-2395006	501(c)(3)	40,000	0			O perating Support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Jane Goodall Institute4245 North Fairfax Dr 600 Vienna, VA 22182	94-2474731	501(c)(3)	10,000	0			O perating Support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Johns Hopkins University 733 North Broadway St 117 Baltimore, MD 21205	52-0595110	501(c)(3)	44,495	0			Research		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Lincoln Park Zoo2001 N Clark Street Chicago,IL 60614	36-2512404	501(c)(3)	10,000	0			O perating Support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Mountain Gorilla Veterinary P1876 Mansion House Drive Baltimore, MD 21217	06-1752363	501(c)(3)	142,000	0			O perating Support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Smithsonian Institution1500 Remount Road Front Royal, VA 22360	53-0206027	501(c)(3)	74,259	0			O perating Support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
The Dian Fossey Gorilla Fund 800 Cherokee Avenue SE Atlanta, GA 30315	52-1118866	501(c)(3)	202,090	0			O perating Support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
The National Elephant Center 8225 N Wickham Rd Melbourne,FL 32940	20-5860576	501(c)(3)	10,000	0			O perating Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
White Oak Conservation Center581705 White Oak Road Yulee,FL 32097	26-0035224	501(c)(3)	6,235	0			O perating Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Wildlife Conservation Network209 Mississippi Street San Francisco, CA 94107	30-0108469	501(c)(3)	162,460	0			O perating Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wildlife Guardians110 Stewart Avenue Alexandria, VA 22301	36-4712624	501(c)(3)	10,000	0			O perating Support

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DLN: 93493281002495

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization Houston Zoo Inc

**Employer identification number** 

74-1590271

Pai	t I Questions Regarding Compensation	)				
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	$\vdash$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\vdash$	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des			1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensation	at apply	y Do not check any boxes for methods			
	✓ Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u>                                      </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	, Section A , line 1a with respect to the filing organization $% \left( 1\right) =\left( 1\right) \left( 1\right$			
а	Receive a severance payment or change-of-control p	paymen	t?	4a		No
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ions mu	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
a	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7	Yes	
8	Were any amounts reported in Form 990, Part VII, pa	aid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$ ?	rebutta	able presumption procedure described in Regulations	9		No

#### 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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 Chris Lyons, VP Operations	(i) (ii)	140,301	10,212		2,706	5,599	158,818	
2 David Brady, VP Marketing & Dev	(i) (ii)	180,927	25,212		7,230	13,462	226,831	
<b>3</b> Deborah Cannon, President & CEO	(i) (ii)	319,497	50,224		10,400	9,827	389,948	
4 Leslie Forestier, CFO	(i) (ii)	152,363	5,212		6,069	5,645	169,289	
5 Mark Van Wickler, Exhibit Artist	(i) (ii)	162,655	2,210		3,400	8,069	176,334	
<b>6</b> Rodrick Barongi, Zoo Director	(i) (ii)	255,914	30,236		10,182	5,904	302,236	
<b>7</b> Sharon Joseph, VP Animal Programs	(i) (ii)	156,920	5,227		6,452	5,632	174,231	

Schedule J (Form 990) 2014

### Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 7 Non-Fixed payments	The Compensation Committee reviews and approves all executive staff salaries, the overall pool for the zoo and approves any discretionary bonuses
not listed above	Based upon the overall success of the zoo's operations during 2014, the Compensation Committee approved the payments of bonuses to employees

Schedule J (Form 990) 2014

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DLN: 93493281002495

OMB No 1545-0047

Department of the Treasury

SCHEDULE M

(Form 990)

▶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.

**Noncash Contributions** 

Open to Public

Internal Revenue Service		Inspection
Name of the organizati Houston Zoo Inc	en Employ	yer identification number
- <u>-</u>	74-15	90271

	(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
<b>1</b> Art—Works of art				
<b>2</b> Art—Historical treasures .				
3 Art—Fractional interests				
4 Books and publications				
<b>5</b> Clothing and household				
goods				
<b>6</b> Cars and other vehicles				
<b>7</b> Boats and planes				
<b>8</b> Intellectual property				
<b>9</b> Securities—Publicly traded .	X	3	357,683	NYSE
<b>0</b> Securities—Closely held stock .				
1 Securities—Partnership, LLC, or trust interests				
<ul><li>Securities—Miscellaneous</li><li>Qualified conservation contribution—Historic</li></ul>				
structures 4 Qualified conservation				
contribution—Other				
5 Real estate—Residential .				
Real estate—Commercial				
Real estate—Other				
Collectibles				
Food inventory				
Drugs and medical supplies .				
L Taxidermy				
2 Historical artifacts				
Scientific specimens				
4 Archeological artifacts				
5 Other►( rent Supplies)	X	39	138,201	FM∨
Other►( ants)	X	1	34,500	FMV
Other►( uction items )	Х	50	64,870	FMV
3 Other ► ()				
Number of Forms 8283 received by to for which the organization completed				9
<b>Da</b> During the year, did the organization	receive by	contribution any property r	reported in Part I, lines 1	Yes No through 28, that
ıt must hold for at least three years	from the date	e of the initial contribution,	, and which is not required	I to be used
for exempt purposes for the entire h	oldıng period	<sup>9</sup>		<b>30a</b> No
<b>b</b> If "Yes," describe the arrangement	ın Part II			
1 Does the organization have a gift ac				
2a Does the organization hire or use th contributions?	ird parties or	related organizations to s	olicit, process, or sell nor	ncash · · · 32a No
<b>b</b> If "Yes," describe in Part II				
3 If the organization did not report an	amount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,

Page 2

Schedule M (Form 990) (2014)

Part II 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.

Return Reference Explanation

Schedule M (Form 990) (2014)

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As Filed Data -

DLN: 93493281002495

OMB No 1545-0047

2014

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

# 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.

▶ 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.

Name of the organization	Employer identification number
Houston Zoo Inc	
	74-1590271

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation			
Form 990, Part VI, Line 11b Form 990 Review Process				
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The Zoo's Board of Directors has a conflict of interest policy to ensure that both the Zoo and its directors and officers are protected from concerns of conflict of interest. The policy asks the directors and officers to disclose their relationship with other organizations or people that might give rise to a situation in which the officer or director would be subject to criticism for a conflict. Each year we ask the directors and officers of the company to complete and file a form with the Zoo to meet this requirement. The Chairperson of the Audit Committee is responsible for the oversight process and the Chairperson of the Board of Directors is responsible for addressing any conflicts that may be disclosed in the process.			
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The compensation of top management officials and key employees is determined by the Compen sation Committee of the Board of Directors. The Committee reviews both comparable salaries for similar positions listed on other organizations' 990s as well as comparable position salaries in the American Zoological Association Salary Survey.			
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	See above for process followed for individuals described in question 15b			
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	These documents are provided upon request			