

990

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service er section 501(c), 527, or 494/(a)(1) of the internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Ā	For the	e 2017 cale	endar year, or tax year beginning , 2017, and e	nding	_	, 20
В	Check if	applicable.	C Name of organization The Saint Louis Zoo Association		D Emplo	yer identification number
	Address	change	Doing business as		43-1	727309
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address) Roo	m/suite	E Telepho	one number
	Initial ref	tum	One Government Drive	İ	(314	)781-0900
	Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code			<del></del>
$\bar{\Box}$	Amende		Saint Louis, MO 63110		G Gross r	eceipts \$ 52,426,560.
$\bar{\sqcap}$		ion pending	F Name and address of principal officer:	H/al is this a n		subordinates? Yes No
_	- фр		Jeffrey Bonner, Ph.D., (Same as 'C' Above), 6			
	Tay-eyes	mpt status:	∑ 501(c)(3)			a list. (see instructions)
<u>-</u>	Website		www.stlzoo.org	H(c) Group		•
Ξ_					<del></del>	of legal domicile: MO
	arti	Summ		madon, [ 199.	J W State	or legar domicire. P1O
	1					1.1.1
đ	'		escribe the organization's mission or most significant activities: The			
ĕ	}		d enhance the Saint Louis Zoo by providing facilities, funds, and advice. The Association provides			
Ë			conservation and research; administers fundraising campaigns and activi			
Š	1		is box Diff the organization discontinued its operations or dispose	ed of more than	1 - 1	
Ğ	1		of voting members of the governing body (Part VI, line 1a)		3	83
8)			of independent voting members of the governing body (Part VI, line	1b)	4	83
ŧ	1		nber of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
Activities & Governance	1		nber of volunteers (estimate if necessary)		6	1,262
ĕ	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrela	ated business taxable income from Form 990-T, line 34	<u> </u>	7b	0.
	ĺ		ar	Current Year		
9	8	Contributi	ions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) RECEIVED	12,631	,754.	19,843,513.
Š	9	Program s	service revenue (Part VIII, line 2g) . RECEIVE	4,656	,222.	4,861,140.
Revenue	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	1,931	,399.	2,545,000.
<b>E</b>			enue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e) . (2)		,440.	13,067.
			nue-add lines 8 through 11 (must equal Part VIII column (A)-line (2)	19,270		27,262,720.
			d similar amounts paid (Part IX, column (A), lines [1-5].	10,636		5,604,232.
			paid to or for members (Part IX, column (A), line 4)	10/030	0.	0.
	1		ther compensation, employee benefits (Part IX, column (A), lines 5–10)	2,571		2,792,696.
Expenses			nal fundraising fees (Part IX, column (A), line 11e)	2,3,1	,010.	27 132 1 030.
je i			raising expenses (Part IX, column (D), line 25) > 996, 789.			
A			enses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,742		3,259,047.
- {		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,950		11,655,975.
1			ess expenses. Subtract line 18 from line 12			15,606,745.
	19 )	Nevellue I	ess expenses, Subtract line 10 from line 12	2,320, Beginning of Curr		End of Year
Net Assets or Fund Balances	20	Total acc-	to (Part V line 16)			
22 22 23 23 24 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26			ts (Part X, line 16)	100,385,		124,654,101.
2 E	.17		itiés (Part X, line 26)	3,907,		3,745,053. 4
			or fund balances. Subtract line 21 from line 20	96,477,	664.	120,909,048.
	rt II		ire Block			
			r, I declare that I have examined this return, including accompanying schedules and sta- te. Declaration of preparer (other than officer) is based on all information of which prepa			y knowledge and belief, it is
u ue,	, conect,	T	e. Declaration of prepare (other trial officer) is based on all information of which prepare	Ter has any knowled	iye. <del>/ `)</del> /`	1.0
<b></b> .	. [		Synt Bra		5/30	/_18
Sigi			ure of Milder	Date		
Her	e		frey P. Bonner, Ph.D., Association Officer			
		7 .27	or print name and title			
Paid	d	Print/Type	preparer's name Preparer's signature	Date/	Check [	If PTIN
	- parer	1	effrey tarker lellher tarker	8/16/18	self-emplo	oyed (2007) 0000
	Only		ne CliftonLarsonAlled, WLP	Firm's		1-0746749
<i>,</i> 30			dress ▶ 1 Bronze Pointe Belleville, IL 62226	Phone	no. 618	-233-1200
lay	the IRS		this return with the preparer shown above? (see instructions)			X Yes No
F	20000	and Donation		CV 42/05/47 PDO		Fe- 990 (2017)

9.50



Part	
1	Check if Schedule O contains a response or note to any line in this Part III
1	
	The Saint Louis Zoo Association was established to support and enhance the Saint Louis Zoo by providing facilities, funds, and advice. The Association provides direct financial support to the Zoo for renovations, new facilities,
	programs, conservation and research; administers fundraising campaigns and activities for the Zoo, and manages the Zoo's Endowment.
	programmy competitution and research, duministed interesting campaigns and activities for the boo, and manages the boo s bindownshie.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	
	Financial Support - Direct financial support to the Saint Louis Zoo
	for renovations, new facilities, programs, conservation and research.
	***************************************
4b	(Code: ) (Expenses \$ 1,354,890. including grants of \$ 0.) (Revenue \$ 4,450,094.)
	Membership - The Association maintained a membership base of over 52,000 households,
	representing approximately 184,000 individuals in the community. This program
	generated \$4,450,094 in revenue in 2017.
4c	(Code: ) (Expenses \$ 713,977, including grants of \$ 0, ) (Revenue \$ 0, )
46	
	Development Administration - Administering donor development and cultivation that
	generates proceeds to be used to renovate exhibits and expand programs at the
	Saint Louis Zoo, educating and benefiting millions of visitors each year.
4d	
4-	(Expenses \$ 1,508,152. including grants of \$ 1,010,000.) (Revenue \$ 411,046.) See Statement

Form 990 (2017)

rari	Checklist of Required Schedules			
4	to the exponentian decombed in eaching 504(a)(b) on 4047(a)(4) (athority the annual foundation)(2 If 6)(a) 11		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_1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	×	
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		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	×	
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		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<del>-</del>		<u> </u>
	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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	×	
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	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
c	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	-	×
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
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		×
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
ī	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.	116	×	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
b	Schedule D, Parts XI and XII	12a		×
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_×_	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_ ×_
14 a h	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
•	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	×	
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	×	
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? If "Yes," complete Schedule F, Parts III and IV.	16		×
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
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	×	<del></del>
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 Forn	990	(2017)
				·/

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	l	[	ļ
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×_	<b>-</b>
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		1	
		22	ļ	_×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	Ì	1	İ
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
240		23	_×	⊢–
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ļ .	1	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		×
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	<del> </del>	
	to defease any tax-exempt bonds?	24c	Ì	]
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		_	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	}	×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	İ	ì	
	If "Yes," complete Schedule L, Part I	25b		×
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	ł		ļ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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? If "Yes," complete Schedule L, Part III	27	<u> </u>	×
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 IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
С	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	ا ۔۔ ا		
00	•	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	_×	<del> </del>
50	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		×
-,	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>	l	<del>  ^</del>
	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
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	×	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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		<b> </b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	_ ×_	L
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			
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		×
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	00		
	10. 110.0017 and 0.00 miors and required to complete someduje o.	38_	_ <u>×</u> _	(0047

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u></u> :	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	<u>)</u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>⊣</b> 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	] ]	l	
	reportable gamıng (gamblıng) winnıngs to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	,		]
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		_
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
За		-	<b> </b>	
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<b> </b> -	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	[ [		ļ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
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			ļ
	(FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>  ^</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	130	<del>                                     </del>	}
- Ou	organization solicit any contributions that were not tax deductible as charitable contributions?			١.,
<b>L</b>		6a	<b> </b>	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
_	gifts were not tax deductible?	6b	$oxed{oxed}$	L
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1	ļ.,J	
	and services provided to the payor?	7a	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-	-+	<del>-</del>
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	]		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1 1	. }	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 1	.	
11	Section 501(c)(12) organizations. Enter:	<b>1</b> 1		
а	Gross income from members or shareholders		, [	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1	. }	
	against amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
12a		12a	-	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	لـــــا	
	Note. See the instructions for additional information the organization must report on Schedule O.			
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		, ]	
C	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		<u> </u>
~	ee,ee rem is to report these partitions; it its, provide all explanation in achieume of .	1 7 7 7		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management	<u> </u>	<u> </u>	
00011	on Al dotorning Dody and Managorion		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 83	3		-
	If there are material differences in voting rights among members of the governing body, or	1		
	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 .	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		<b> </b>	
_	any other officer, director, trustee, or key employee?	2	<u> </u>	×
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	<del>├</del> -	×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	⊢—	X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? .	6	├	X
7a	Did the organization have members or stockholders?	-	├──	×
, ,	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a	<del> </del>	×
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1,5	<del> </del>	<b>├</b>
	the year by the following.		ĺ	
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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_		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	าue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b		1		
44	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	_ ×_	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100		ļ
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	×	-
C	· · · · · · · · · · · · · · · · · · ·	120	×	
·	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	×	l
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
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?	1		
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	, , , , , , , , , , , , , , , , , , , ,			ļ
	with a taxable entity during the year?	16a	<u> </u>	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			İ
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			<b> </b>
C	organization's exempt status with respect to such arrangements?	16b	Ь	<u></u>
	List the states with which a copy of this Form 990 is required to be filed ► II.			
17 18	List the states with which a copy of this Form 990 is required to be filed   IL  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)~	Only
10	available for public inspection. Indicate how you made these available. Check all that apply.	11 50 10	,0)(0)8	Only
	✓ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	/. an/
	financial statements available to the public during the tax year.	.5.000	,,,	,, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	corde	: <b>•</b>	
	Teffrey Bonner Dh D One Covernment Drive Spint Louis MO 63110 (2110 (2110)			

-cm	$\alpha \alpha \alpha$	(2017)	

# Part VII 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			_	_	_	_	_	_ [	П

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

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

☐ Check this box if neither the organization no	or any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	nt officer, director	r. or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	not ch	Pos neck ss pe d a d	c) ition more rson irect	e than o	one n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joseph T. Ambrose	1.00									
President		×		×				0.	0.	0.
(2) John R. Sondag Vice President	1.00	×		×				0.	0.	0.
(3) Robert B. Smith III Secretary	1.00	×		×				0.	0.	0.
(4) Barbara J. Wilson Treasurer	1.00	×		×				0.	0.	0.
(5) Matthew W. Geekie Director	1.00	×						0.	0.	0.
(6) Barbara C. Archer Director	1.00	×						0.	0.	0.
(7) Thomas F. Barnett Director	1.00	×						0.	0.	0.
(8) Andrew S. Baur Director	1.00	×						0.	0.	0.
(9) James G. Berges Director	1.00	×						0.	0.	0.
(10) Leif Bergquist Director	1.00	×						0.	0.	0.
(11) James H. Buford Director	1.00	×						0.	0.	0.
(12) Virgina M. Busch Director	1.00	×						0.	0.	0.
(13) Mary B. Campbell Director	1.00	×						0.	0.	0.
(14) Mary Elizabeth Coleman Director	1.00	×						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key E	mpio	yees			lighe	st C	ompensated t	imployees (conti	inuea)		
(A) Name and title	(B)  Average hours per week (list any	box,	unles er and	Pos neck ss pe	rson	than on the thick the thic	an	(D)  Reportable compensation	(E)  Reportable compensation from		(F) stimate nount o	-
	week (list any hours for related organizations below dotted line)	Individua or directi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org an	other pensation the anization d relate anization	e on ed
(15) Karen L. Condie Director	1.00	×						0.	0.			0.
(16) Dr. Georgia J. Costello Ph.D. Director	1.00	×						0.	0.			0.
(17) Michael Dierberg Director	1.00	×						0.	0.			0.
(18) Stephanie C. Dorris Director	1.00	×						0.	0.			0.
(19) Kathy S. Federico Director	1.00	×						0.	0.			0.
(20) Sharon D. Fiehler Director Emeritus	1.00	×			- · ·			0.	0.			0.
(21) Steven Finerty JD, CFP Director	1.00	×						0.	0.			0.
(22) Caryl L. Flannery Director	1.00	×						0.	0.			0.
(23) Dr. Eva L. Frazer Director	1.00	×				_		0.	0.			0.
(24) Marguerite P. Garrick Director	1.00	×			×			0.	0.			0.
(25) Randell E. Gelzer Jr. Director	1.00	×						0.	0.			0.
1b Sub-total		<u> </u>		_			<u> </u>	0.	0.	1		0.
c Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>	0.	2,066,457.		311,	598.
d Total (add lines 1b and 1c)	. <u></u> .						<b></b>	0.	2,066,457.		311,	598.
2 Total number of individuals (including bur reportable compensation from the organ		to th	ose	list	ed a	above	e) w	ho received m	ore than \$100,0	00 of	_	
3 Did the organization list any former of	fficer, direc	tor, c	or tr	uste	ee.	kev e	emp	olovee, or high	nest compensat	ed	Yes	No
employee on line 1a? If "Yes," complete							٠.			3	×	
4 For any individual listed on line 1a, is the organization and related organizations												
<ul><li>individual</li></ul>	 or accrue co	 ompe	nsat	tion	 fror	n any	 un	related organiz		ual 4	×	-
for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	edu	ıle J f	or s	such person	<u> </u>	5		×
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest compensation from the organization. Rep year.</li> </ol>												tax
									(C Compe			
2 Total number of independent contractor	ors (includir	ng bu	ıt n	ot I	ımıt	ed to	th	ose listed abo	ove) who			
received more than \$100,000 of compens									.			

Part	VIII	Statement of Reve					5		
		Check if Schedule C	ontains :	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaign	s	1a	4,972.				
irar	b	Membership dues .		1b	2,264,268.	1			
ا في ق	С	Fundraising events .		1c	755,396.	1			
ar /	d	Related organizations		1d	0.				
S, E	е	Government grants (cor		1e	0.				
is is	f	All other contributions, g							
돌		and similar amounts not inc	cluded above	1f	16,818,877.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inclu	ided in lines 1a	-1f <sup>.</sup> \$	834,590.	]			
a C	h	Total. Add lines 1a-1	lf		>	19,843,513.			
ue					Business Code				
ven	2a	Membership			900099	4,450,094.	4,450,094.	0.	0.
8	b	Parent Program	1		900099	411,046.	411,046.	0.	0.
vice	С								
Ser	d								
ᇤ	е								
Program Service Revenue	f	All other program ser							
<u>P</u>	g	Total. Add lines 2a-2				4,861,140.			
	3	Investment income and other similar amo	ounts) .		•	1,154,043.	0.	0.	1,154,043.
	4	Income from investmen		•	•	<del>-</del>	<del> </del>		
	5	Royalties	(ı) Real	• •	(II) Personal				
	6a	Gross rents				1			
	b	Less rental expenses							
	C	Rental income or (loss)				1			
	d	Net rental income or	(loss) .		<del> ▶</del>				
	7a	Gross amount from sales of	(ı) Securit		(II) Other				
		assets other than inventory	26,001,	519.					
	b	Less cost or other basis				1			
		and sales expenses .	24,610,	662.				i	
	С	Gain or (loss)	1,390,9						
	d	Net gain or (loss)			▶	1,390,957.	0.	0.	1,390,957.
nue	8a	Gross income from f	undraising						
Other Reve		events (not including \$ of contributions report	ted on line 1	c).					
her		•		_	3307033.	1	j. l		
ಕ		Less: direct expense					<sub>.</sub>		
		Net income or (loss) Gross income from g See Part IV, line 19		ties.		5,65 <u>7.</u>		0.	5,657.
	ь	Less: direct expense				1			
		Net income or (loss)							
		Gross sales of in	nventory,	less					
	b	Less: cost of goods: Net income or (loss)		. b			-		
	— <u> </u>	Miscellaneous			Business Code	•			
_	11a	Miscellaneous			900099	7,410.	0.	0.	7,410.
	b								
	С								
	d	All other revenue							
	е	Total. Add lines 11a-	–11d		<b>.</b>	7,410.			
	12	Total revenue See	inetrilictione			27 262 720	4 861 140	0	2 558 067

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	ns must complete col	umn (A).
	Check if Schedule O contains a respon				🗆
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,604,232.	5,604,232.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.	0.		· ·
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.	0.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0. 2,250,035.	0. 1,321,648.	0. 680,876.	<u>0.</u>
8	Pension plan accruals and contributions (include	2,230,035.	1,321,048.	000,876.	247,511.
	section 401(k) and 403(b) employer contributions)	226,861.	131,877.	70,285.	24,699.
9	Other employee benefits	152,994.	100,525.	37,866.	14,603.
10	Payroll taxes	162,806.	95,657.	49,348.	17,801.
11	Fees for services (non-employees):		55,555		
а	Management	13,500.	1,500.	12,000.	0.
b	Legal	9,766.	0.	9,766.	0.
С	Accounting	1,186.	0.	1,186.	0.
d	Lobbying	165,515.	0.	165,515.	0.
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	192,051.	0.	192,051.	0.
	(A) amount, list line 11g expenses on Schedule O.)	204,135.	0.	144,716.	59,419.
12	Advertising and promotion	100,196.	72,336.	18,872.	8,988.
13	Office expenses	63,471.	11,569.	41,046.	10,856.
14	Information technology	76,252.	15,934.	60,318.	0.
15	Royalties	0.	0.	0.	0.
16	Occupancy	0.	0.	0.	0.
17 18	Travel	19,042.	1,435.	15,795.	1,812.
40	for any federal, state, or local public officials	0.	0.	0.	0.
19	Conferences, conventions, and meetings .	0.	0.	0.	0.
20 21	Interest	0.	0.	0.	0.
22	Depreciation, depletion, and amortization .	0.	0.	0.	0.
23	Insurance	43,351.	0.	32,551.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	43,331.	0.	32,351.	10,800.
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Supplies	631,910.	159,947.	310,390.	161,573.
b	Printing & Graphics	411,819.	148,401.	178,780.	84,638.
C	Donor Cultivation	212,867.	50,513.	14,801.	147,553.
d	Postage	264,838.	175,273.	49,036.	40,529.
e	All other expenses	849,148.	280,404.	402,737.	166,007.
25	Total functional expenses. Add lines 1 through 24e	11,655,975.	8,171,251.	2,487,935.	996,789.
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)				

complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . . . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances . . . . .

30

32

33

34

**Net Assets** 31

Form 990 (2017) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 22,126,384. 1 19,343,472 2 2 3 3 6.933,610. 10,834,366. 4 4 2,752,437 4,339,959. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0. 5 0. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 0. 6 0. **Assets** 0. 7 0. 0. 8 8 n Prepaid expenses and deferred charges . . 110,706. 72,136. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . 10¢ b 0. Investments—publicly traded securities . . . . . . 69,663,202. 85,676,423. 11 11 12 Investments-other securities. See Part IV, line 11 . . . . 206,901. 12 223,989. 13 Investments—program-related. See Part IV, line 11 . . . . Ο. 13 0. 14 Ο. 14 0. Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . 15 1,375,247. 15 1,380,844. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 100,385,575. 16 124,654,101. 17 453,986. 17 726,048. 18 0. 18 Ο. 19 118,902. 19 104,480. 0. 20 Ο. 20 Escrow or custodial account liability. Complete Part IV of Schedule D. Ο. ٥. 21 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . Ο. 22 0. 23 Secured mortgages and notes payable to unrelated third parties . . . 0. 23 0. Unsecured notes and loans payable to unrelated third parties . . . 0. 24 0. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 3,335,023 25 2,914,525. 26 Total liabilities. Add lines 17 through 25 . 3,907,911 26 3,745,053. Organizations that follow SFAS 117 (ASC 958), check here ▶ 💢 and Balances complete lines 27 through 29, and lines 33 and 34. 49,120,383. 27 61,302,085. 27 15,105,430. 27,020,189. 28 28 29 32,251,851. 29 32,586,774. or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Form **990** (2017)

120,909,048.

124,654,101.

30

31

32

33

34

96,477,664.

100,385,575.

Form 99	0 (2017)			Pa	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	· · ·		<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,2	62,7	720.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11 <u>, e</u>	555,9	<u>}75.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	15,6	06,7	<u> 745.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>96,4</u>	177,6	564.
5	Net unrealized gains (losses) on investments	5	8,8	324,6	<u>539.</u>
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			<u> </u>
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10	120,9	909,0	)48.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                    </u>
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		_	İ	
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın ıı	n	1	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	×
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	ipiled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>	<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?		. 2b	×	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a	a		
	separate basis, consolidated basis, or both:			1	1
	☐ Separate basis ☐ Both consolidated and separate basis			ļ	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for				
	of the audit, review, or compilation of its financial statements and selection of an independent according			×	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın ı	n		
	Schedule O.				L
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth 11	n		
	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits.	3b		
			Fo	rm <b>99</b> 0	(2017)

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

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

			Zoo Associ					43-1727309			
Par				<del></del>	organizations must			<del></del>	ns.		
			-		s: (For lines 1 through		•	•	_	9	
1					on of churches descr				<u> </u>	<b>-</b>	
2	_				(Attach Schedule E (F			, . M	ノ	4	
3 4					ganization described i onjunction with a hosj				iii) En	for the	
7			me, city, and stat		onjunction with a nos	pitai uest	AIDEU III s	section Troto)(T)(A)(	iniya Ciri	iei tile	
5	□An	organizat	=	the benefit of a	college or university	owned o	or operate	ed by a government	al unit	described in	
6		-		•	mental unit described	l in secti	on 170(b)	)(1)(Δ)(ν)			
7	X An	n organizat		receives a subs	tantial part of its sup				n the g	eneral public	
8	□ A (	community	trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)					
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross										
10	red su	ceipts from	n activities related i gross investmen	l to its exempt fu it income and un	e than 331/3% of its sinctions—subject to crelated business taxa 75. See section 509(a	ertain ex ble incon	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 331/3°	% of its	
11					sively to test for public						
12	☐ An	n organizatı	on organized and	operated exclus	sively for the benefit o	f, to perf	orm the f	unctions of, or to car			
					ns described in secti						
					scribes the type of su					_	
а	<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the										
		supportin	ıg organizatıon. <b>Y</b>	ou must comple	ete Part IV, Sections	A and B					
b					sed or controlled in co						
		organızat	ion(s). You must	complete Part I	rganization vested in V, Sections A and C	•			•	* -	
С					ting organization opei ns). <b>You must comp</b>				ally inte	grated with,	
d		Type III r	on-functionally	<b>integrated.</b> A su	pporting organization	operate	d in conn	ection with its suppo	rted or	ganızation(s)	
					nızation generally mu				d an at	tentiveness	
	_	•	•	•	omplete Part IV, Sec		•				
е	П				a written determination at the strain at the				e II, Typ	e III	
f			per of supported	•							
_ <u>_</u> g					orted organization(s).	<u> </u>					
,	(i) Narr	ne of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)	
						Yes	No				
(A)								_			
(B)											
(C)											
(D)	_		<del></del>								
(E)								-		<del></del>	
Total						<del>                                     </del>	<u> </u>	<del> </del>			

Schedule A (Form 990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . . | 13,419,313. | 12,138,763. | 12,123,979. | 12,631,754. | 19,843,513. | 70,157,322. revenues levied 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 . . . . 1,938,000. 2,450,000. 1,800,000. 6,188,000. Total. Add lines 1 through 3 . . . . 13,419,313. 12,138,763. 14,061,979. 15,081,754. 21,643,513. 76,345,322. The portion of total contributions by person (other each than governmental unıt or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 7,893,443. Public support. Subtract line 5 from line 4 68,451,879. Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2014 (c) 2015 (d) 2016 (a) 2013 (e) 2017 (f) Total Amounts from line 4 . . . . . . 7 13,419,313. 12,138,763. 14,061,979. 15,081,754. 21,643,513. 76,345,322. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 1,169,049. 1,213,870. 897,056. 916,838. 1,154,043. 5,350,856. Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 45,127. 102,642. 57,686. 67,048. 7,410. 279,913. Total support. Add lines 7 through 10 11 81,976,091. Gross receipts from related activities, etc. (see instructions) 12 13 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) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . . 83.5% Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 15 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. 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

Explain in P						_																	~				•						-	_
supported o																																•		Ш
Private four						_																											_	_
instructions	•	•	•	<u>.</u>	•	•	•	•	•	•	•	•	•	•	•	 •	 _ •	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	•	<u>.                                    </u>	•	<u>.                                    </u>	<u>.                                     </u>	•	<u>.</u>	•	<u>.                                      </u>	•	•	<u> </u>	<u> </u>
																					-					4		·	n	00.	00	<u> </u>	Z) 20	4-7

Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. 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.

20

Part							. /
	(Complete only if you checked the						der/Part II.
<del></del>	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	(1.)	/
	on A. Public Support	(-) 2012	(h) 0014	(2) 0015	(-N 001C	(2) 2017	(6) Total
Calen 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Total
'	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	<del></del>					
_	sold or services performed, or facilities				1		
	furnished in any activity that is related to the organization's tax-exempt purpose		1		1		
3	Gross receipts from activities that are not an	<del>                                     </del>					
•	unrelated trade or business under section 513				1		
4	Tax revenues levied for the	<del>\</del>					
•	organization's benefit and either paid to	\				ľ	
	or expended on its behalf	}	<b>\</b>			l	
5	The value of services or facilities				1		
	furnished by a governmental unit to the		\				
	organization without charge	]	\			1	
6	Total. Add lines 1 through 5				,		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		1				
b	Amounts included on lines 2 and 3		\			]	
	received from other than disqualified		\				
	persons that exceed the greater of \$5,000		\				
	or 1% of the amount on line 13 for the year		ļ <u>`</u>	<del></del>			
_	Add lines 7a and 7b	ļ		<del>\</del>	<del> </del>		
8	Public support. (Subtract line 7c from			1	l	l	
Socti	on B. Total Support	<u> </u>		<del></del>	L		
	dar year (or fiscal year beginning in)	(a) 2013	<b>₄(Ď)</b> 2014	(c)\2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	(a) 2013	/(b) 2014	(0)/2013	(u) 2010	(6) 2017	(i) Total
_	Gross income from interest, dividends,			1			
	payments received on securities loans, rents,			\			
	royalties, and income from similar sources.			1			
b	Unrelated business taxable income (less			1			
	section 511 taxes) from businesses			•		, ,	
	acquired after June 30, 1975	,			<b>\</b>		
C	Add lines 10a and 10b				1		
11	Net income from unrelated business						
	activities not included in line 10b, whether	1					
	or not the business is regularly carried on				<u> </u>		
12	Other income. Do not include gain or	1					
	loss from the sale of capital assets						
40	(Explain in Part VI.)					-	
13	<b>Total support.</b> (Add/lines 9, 10c, 11, and 12.)					j	
4.4	First five years, If the Form 990 is for the	ho organization	'a first sassa	d third for wth	or fifth toy i		= F01(a)(0)
14	organization, check this box and stop he		· · · · · ·		- 9	ar as a section	
Secti	on C. Computation of Public Suppo			<del></del>	<del></del>	<u>,</u>	<u> </u>
15	Public support percentage for 2017 (line			3 column (fl)		15	
16	Public support percentage for 2017 (interpublic support percentage from 2016 Sc					16.	<del></del>
	on D. Computation of Investment In			<u>· · - · · · · · · · · · · · · · · · · ·</u>	<u>·····</u>	1.0.1	
17	Investment income percentage for 2017			v line 13. colu	mn (f))	17	%
18	Investment income percentage from 2010			•		18	<del></del>
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box					<b>\</b>	
b	331/3% support tests-2016. If the organiz		-		_		_
	line 18 is not more than 331/3%, check this	hay and aton h	ore The ergen	ration qualifies	ae a publicky ei	unnorted ergani	ization >

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on 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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	40		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	-4c -5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
c	Did a disqualified person (as defined in line 9a) 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)	10a		

	_						
Schedule	Α	(Form	ggn	Or	990-	FZ	2017

Part	Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Ì		
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	<del>                                     </del>	<u> </u>
	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		
	on 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	1		ļ
	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	1	ļ	l
	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 Part			l
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Secti	on C. Type II Supporting Organizations		1.7	
1	Mana a majority of the organization's directors of trustees division the tay year also a resignity of the directors		Yes	No
•	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	1		1
	or management of the supporting organization was vested in the same persons that controlled or managed	1	1	}
	the supported organization(s).	1		
Secti	on 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	1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ĺ		İ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	<del> </del> -
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		<del>                                     </del>
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		i	
	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 Part VI the role the organization's	1		1
	supported organizations played in this regard.	<u> </u>		ļ
Secti	on E. Type III Functionally Integrated Supporting Organizations	3	<u> </u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see			
		เกรนน	Cuon	<b>5</b> ).
a b	☐ 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.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(see in	struct	ions).
•				
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		1
	how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities.	2a		
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		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		<u> </u>	<u> </u>
9		2b		<del> </del>
3 a	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		!	
a	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		<b></b>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b>-</b>	<del>                                     </del>	
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions 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):			
a Average monthly value of securities	1a		
<b>b</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 Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y ini	egrated Type III support	ng organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	Type III Non-Functionally Integrated 509(a)(3	<ul><li>Supporting Organi</li></ul>	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes_		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			<u> </u>
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	<b>g</b>		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See			
	instructions.			
3_	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:		<del></del>	· · · · · · · · · · · · · · · · · · ·
	Excess from 2013			
b	Excess from 2014		<del></del>	·
c	Excess from 2015			
<u>d</u>	Excess from 2016	<del></del>		
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)
See Sta	tement

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

Department of the Treasury

Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2017

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

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

• Se	ection 501(c)(3) organizations	that have NOT filed Form 5768 (elect	tion under section 501	(h)). Complete Part II-B. Do i	not complete Part II-A.					
	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Pro then	xy Tax) (see separat	e instructions) or Form 990	P-EZ, Part V, line 35c (Proxy					
• Se	ection 501(c)(4), (5), or (6) org	anizations Complete Part III								
	of organization			Employer ide	ntification number					
	Saint Louis Zoo A			43-17273						
Part		e organization is exempt un	<del></del>	<u> </u>	<del></del>					
1	Provide a description o definition of "political cal	f the organization's direct and impaign activities")	indirect political ca	impaign activities in Part	t IV. (see instructions for					
2		ty expenditures (see instructions)			5					
3		ical campaign activities (see instri								
Part		e organization is exempt un								
1	_	excise tax incurred by the organi								
2	Enter the amount of any	excise tax incurred by organization	on managers under	section 4955 ▶ \$						
3	•	ed a section 4955 tax, did it file F	•	ear?	Yes   No					
4a					🗌 Yes 📙 No					
b	If "Yes," describe in Part			<del>,</del>						
Part		e organization is exempt un			(c)(3).					
1	Enter the amount direct activities	tly expended by the filing organ		527 exempt function	;					
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities									
3	· ·	expenditures. Add lines 1 and		on Form 1120-POL,						
4	Did the filing organization	n file Form 1120-POL for this yea	ar?		. Yes No					
5	organization made paym the amount of political co	ses and employer identification n lents. For each organization listed ontributions received that were pr fund or a political action commit	, enter the amount omptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such					
,	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-					
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										

Par	t II-A Complete if the organization is exempt unde section 501(h)).	er section 501(c)(3) and filed	d Form 5768 (ele	ction under
A C	Check ► ☐ if the filing organization belongs to an affiliated graddress, EIN, expenses, and share of excess lob	. ,	liated group memb	er's name,
ВС	Check 🕨 🗌 if the filing organization checked box A and "limit	ed control" provisions apply.		
	Limits on Lobbying Expenditures	-	(a) Filing	(b) Affiliated
	(The term "expenditures" means amounts paid	l or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opinion (gras	ss roots lobbying)	42,000.	0.
b	Total lobbying expenditures to influence a legislative body (	direct lobbying)	123,515.	0.
¢	Total lobbying expenditures (add lines 1a and 1b)		165,515.	0.
d	d Other exempt purpose expenditures		10,343,671.	0.
е	Total exempt purpose expenditures (add lines 1c and 1d) .		10,509,186.	0.
f	Lobbying nontaxable amount. Enter the amount from	the following table in both		
	columns		675,459.	0.
	If the amount on line 1e, column (a) or (b) is: The lobbying nont	axable amount is:		
	Not over \$500,000 20% of the amount	on line 1e		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15%	of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10%	of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5%	of the excess over \$1,500,000.		
	Over \$17,000,000 \$1,000,000.			
ç	g Grassroots nontaxable amount (enter 25% of line 1f)		168,865.	0.
r	h Subtract line 1g from line 1a. If zero or less, enter -0		0.	0.
i	Subtract line 1f from line 1c If zero or less, enter -0		0.	0.
j	If there is an amount other than zero on either line 1h reporting section 4911 tax for this year?	or line 1, did the organization		Yes 🔲 No
	(Some organizations that made a section 501(h) election	od Under section 501(h) on do not have to complete all ons for lines 2a through 2f.)	of the five colum	ns below.

	Lobby	ring Expenditures D	uring 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) Total
2a	Lobbying nontaxable amount	1,000,000.	665,964.	933,503.	675,459.	3,274,926.
b	Lobbying ceiling amount (150% of line 2a, column (e))					4,912,389.
С	Total lobbying expenditures	102,250.	146,750.	368,900.	165,515.	783,415.
d	Grassroots nontaxable amount	250,000.	166,491.	233,376.	168,865.	818,732.
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,228,098.
f	Grassroots lobbying expenditures	42,250.	40,250.	39,500.	42,000.	164,000.

1 Durii legis refer a Volu b Paid c Med d Maili e Publ f Grar	"Yes," response on lines 1a through 1i below, provide in Part IV a detailed of the lobbying activity.  In the year, did the filing organization attempt to influence foreign, national, state or local station, including any attempt to influence public opinion on a legislative matter or rendum, through the use of.  Interes?	Yes	No	A	Amount	t —
legis refer a Volu b Paid c Med d Mail e Publ f Grar	station, including any attempt to influence public opinion on a legislative matter or rendum, through the use of.  Inteers?					
refer a Volu b Paid c Med d Maili e Publ f Grar	rendum, through the use of. Inteers? Inteers? Inteers? Inteers inteers interest in the staff or management (include compensation in expenses reported on lines 1c through 1i)? In advertisements? In the staff or management (include compensation in expenses reported on lines 1c through 1i)? In advertisements?					
<ul><li>a Volu</li><li>b Paid</li><li>c Med</li><li>d Maili</li><li>e Publ</li><li>f Grar</li></ul>	nteers?					
<ul><li>b Paid</li><li>c Med</li><li>d Mail</li><li>e Publ</li><li>f Grar</li></ul>	staff or management (include compensation in expenses reported on lines 1c through 1i)?  la advertisements?					
c Med d Maili e Publ f Grar	na advertisements?					
d Maili e Publ f Grar	ings to members, legislators, or the public?					_
e Publ f Grar	The state of the s					_
f Gran	ications, or published or broadcast statements?					_
	·					_
<b>g</b> Direc	nts to other organizations for lobbying purposes?					—
	ct contact with legislators, their staffs, government officials, or a legislative body?					
	es, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	er activities?					_
-	II. Add lines 1c through 1i					
	es," enter the amount of any tax incurred under section 4912		-			
	es, "enter the amount of any tax incurred by organization managers under section 4912					_
	e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		ļ			
Part III-A		1(5).	or se	ction		
	501(c)(6).				,	_
					Yes	<u> </u>
	e substantially all (90% or more) dues received nondeductible by members?			1	_	_
	the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	⊢
3 Did t Part III-B	the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)				J.,	L
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."		Parl			3,
	s, assessments and similar amounts from members	•	1			
	tion 162(e) nondeductible lobbying and political expenditures (do not include amounts tical expenses for which the section 527(f) tax was paid).	of				
	ent year	•	2a			
	yover from last year		2b			
<b>c</b> Tota			2c			_
	regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			_
	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	ess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying				
	political expenditure next year?	•	4			
5 Taxa	Supplemental Information	•	5			
rovide the	descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grouctions), and Part II-B, line 1 Also, complete this part for any additional information.	up lis	t), Pa	t II-A,	lines 1	

### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

The	Saint Louis Zoo Association		43-1727309
Par			
	Complete if the organization answered		
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		<del> </del>
3	Aggregate value of grants from (during year) .		
4 5	Aggregate value at end of year	or advisors in writing that the assets h	pold in donor advised
•	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors,		
·	only for charitable purposes and not for the ben-		
Part			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	•
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre	ation or education)   Preservation of	of a historically important land area
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization I	neld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
р	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified	· , ,	
d	Number of conservation easements included in historic structure listed in the National Register		1 1
3	Number of conservation easements modified, train		
•	tax year ►	nsierred, released, extinguished, or ten	minated by the organization during the
4	Number of states where property subject to cons	ervation easement is located ▶	
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on lin		
_			
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easers		lancial statements that describes the
Part			Other Similar Assets
ı arı	Complete if the organization answered		
1a	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	* *	
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts rela	_	
	(ii) Revenue included on Form 990, Part VIII, line (iii) Assets included in Form 990, Part X	1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ 1,308,237.
2	If the organization received or held works of ar	t, historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		<u>\</u> \$
b	Assets included in Form 990, Part X		▶ •

Schedule D (	Form	990)	2017	

Part	Organizations Maintaining	Collections of	Art, Histor	ical T	reasures, o	r Othe	<u>er Similar Ass</u>	ets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):		her records	, chec	k any of the f	ollowin	ng that are a sig	inificant us	se of its
а	➤ Public exhibition		d 🗆	Loan	or exchange	prograr	ms		
b	☐ Scholarly research		e 🗆	Other	•				
С	▼ Preservation for future generations	S							
4	Provide a description of the organiza XIII.	tion's collections	and explain	how t	hey further the	e organ	nization's exem	pt purpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather								⊠ No
Part	IV Escrow and Custodial Arra	angements.							
	Complete if the organization 990, Part X, line 21.						· 		orm
1a	Is the organization an agent, trustee							:	
	included on Form 990, Part X?							☐ Yes	⊠ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the follo	wing ta	able:		<del></del>		
							An	nount	
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 amou								_
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the expl	anatio	n has been pr	ovided	on Part XIII .	<u> </u>	<u> </u>
Par	V Endowment Funds.	1 113 1				_			
	Complete if the organization							4.5	
		(a) Current year	(b) Prior y		(c) Two years b		) Three years back	(e) Four yea	
1a	Beginning of year balance	60,674,660.			53,794,34		0,386,199.	41,777	
b	Contributions	3,962,587.	6,136,	<u> 287.</u>	1,045,84	13.	3,008,990.	3,621	<u>,498.</u>
С	Net investment earnings, gains, and								
	losses	9,957,399.	3,859,		-605,98		1,925,207.	<b>├</b> ──	,423.
d	Grants or scholarships	1,010,000.	1,225,	<u> 593.</u>	1,076,75	50.	914,500.	819	<u>,000.</u>
е	Other expenditures for facilities and								
_	programs	670,414.	699,8		553,24		611,547.	388	,263.
f	Administrative expenses	0.		0.		0.	0.		0.
g	End of year balance							50,386	<u>,199.</u>
2	Provide the estimated percentage of			ine 1g	, column (a)) h	neld as:			
a	Board designated or quasi-endowme		<u>.</u> %						
b	Permanent endowment ► 4								
С	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and								
За	Are there endowment funds not in the	e possession of tr	ne organizat	ion tha	at are held an	d admi	nistered for the		<del></del>
	organization by:							Ye	
	(i) unrelated organizations							3a(i)	×
	(ii) related organizations							3a(ii)	<u>_</u> ×
b	If "Yes" on line 3a(ii), are the related o							3b	
4 Dort	Describe in Part XIII the intended uses		on s endowr	nent te	inus.				
Part	VI Land, Buildings, and Equip Complete if the organization		" on Form	990 F	Part IV line 1	1a. Se	ee Form 990. F	Part X. line	e 10.
	Description of property	(a) Cost or of			r other basis		cumulated	(d) Book va	
	(	(investm			ther)		eciation	4.7	
1a	Land	.			<del></del>				
b	Buildings								
c	Leasehold improvements								
ď	Equipment			-	<del></del>				
e	Other		<del></del>						
	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90 Part X c	olumn	(R) line 10c)				

), Part IV, line 1	Cost or end	hod of valuation -of-year market value
		990, Part X, line 13
		990, Part X, line 13
		990, Part X, line 13
		n 990, Part X, line 13
		n 990, Part X, line 13
		n 990, Part X, line 1:
		n 990, Part X, line 1
		n 990, Part X, line 1
		n 990, Part X, line 1
		n 990, Part X, line 1
		990, Part X, line 1
		1 990, Part X, line 1
		990, Part X, line 1
		990, Part X, line 1
Book value	(c) Me	
ľ	Cost or end	thod of valuation -of-year market value
		·
	<u> </u>	
<u>, Part IV, line 1</u>	1d. See Form	
		(b) Book value
	·	
<del></del>	· · · · <u>· · · · · · · · · · · · · · · </u>	
Down IV Book	4 116 0-	- F 000 Dard V
, Paπ IV, line I	ie or iii. See	e Form 990, Part X,
	<del></del>	
	, Part IV, line 1	, Part IV, line 11d. See Form  , Part IV, line 11e or 11f. See

rail	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	netun	11-
1	Total revenue, gains, and other support per audited financial statements	11	36,633,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a 8,824,639.	1	
b	Donated services and use of facilities	1 1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	9,371,170.
3	Subtract line 2e from line 1	3	27,262,720.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<del>  •  </del>	21,202,120.
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	27 262 720
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	_	27,262,720.
T are	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ei neu	AFT1.
1	Total expenses and losses per audited financial statements	1	12,202,506.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<del>  '  </del>	12,202,300.
a	Donated services and use of facilities		
b	Prior year adjustments	1 1	
c	Other losses	1	
ď	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	546,531.
3	Subtract line 2e from line 1	3	11,655,975.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<del>                                     </del>	11,655,975.
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1	
a b	Other (Describe in Part XIII.)	1 1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,655,975.
	XIII Supplemental Information.		11,055,975.
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in Statement	nformati	on.
			· <i></i>
			.,
		·	<del></del>
			·
		·	
	······································		

# SCHEDULE F (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

The Saint Louis Zoo Association 43-1727309

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the	e grants or as		criteria used to award the	
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	oring the use of its grant	s and other
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	al space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1)	South America	0	0	Grants to recipients in region		51,131.
(2)	Sub-Saharan Africa	0	0	Grants to recipients in region		261,675.
(3)					j	
(4)						
(5)						
(6)			<u> </u>			
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Sub-total Total from continuation sheets to Part I	0	0			312,806.
c	Totals (add lines 3a and 3b)	0	0			312,806.

Page 2

Schedule F (Form 990) 2017

	line 15, for ar	Part IV, line 15, for any recipient who received	ceived more than \$	5,000. Part II car	mis of Entitles Outside the United States. Complete if the organization a more than \$5,000. Part II can be duplicated if additional space is needed.	inplete it the organ additional space is	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	s" on Form 990,
(a) Name of organization	(f) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		South America	Wildlife Consv	51,131.	Wire Xfer			:
(2)		Sub-Saharan Africa	Wildlife Consv	74,600.	Wire Xfer			
(3)		Sub-Saharan Africa	Wildlife Consv	187,075.	Wire Xfer			
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
13)								
14)								
15)								
16)								

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

3 Enter total number of other organizations or entities

REV 11/13/17 PRO

Schedule F (Form 990) 2017

BAA

(a) Type of grant or assistance	( <b>d</b> ) Region	(c) Number of					
(1) (2) (3) (4)	,	scipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
3)		<del>-</del>					
3)							
(1)							
(6							
(9)		·					
(7)							
(8)	•						
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)			1				
(16)							
(17)							
(18)							

the organization may be require Corporation (see Instructions for Corporation (see Instructions for Corporation (see Instructions for may be required to separately Trusts and Receipt of Certain Forust With a U.S. Owner (see Instruction for Certain Foreign Corporations (see Instruction Foreign Corporations (see Instructions for Form See Instructions for Form Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Form Foreign Partnerships (see Instruction for Certain Foreign Partnerships (see Instruction for Form Foreign Partnerships (see Instruction for Fo	REV 11/13/17 PRO	Schedule F (i	orm 990) 2017
the organization may be require Corporation (see Instructions for Corporation (see Instructions for May be required to separately Trusts and Receipt of Certain Farust With a U.S. Owner (see Instruct With a U.S. Owner (see Instruction May be require Certain Foreign Corporations (see Instruction Foreign Corporations (see Instruction Return by a Sharei Fund (see Instructions for Form	operations in or related to any boycotting countries during the tax year? If required to separately file Form 5713, International Boycott Report (see 1't file with Form 990)		<b>⋈</b> No
<ul> <li>the organization may be require Corporation (see Instructions for Corporation (see Instructions for Instructions)</li> <li>Did the organization have an instruction of Certain For Trust With a U.S. Owner (see Instruction of Certain Foreign Corporations)</li> <li>Was the organization a direct qualified electing fund during the Information Return by a Sharei</li> </ul>	wwnership interest in a foreign partnership during the tax year? If "Yes," red to file Form 8865, Return of U.S. Persons With Respect to Certain actions for Form 8865)		X No
<ul> <li>the organization may be require Corporation (see Instructions for Corporation (see Instructions for Instructions for Instruction (see Instructions for Instruction fo</li></ul>	or indirect shareholder of a passive foreign investment company or a ne tax year? If "Yes," the organization may be required to file Form 8621, holder of a Passive Foreign Investment Company or Qualified Electing 8621).		⊠ No
the organization may be require Corporation (see Instructions for Did the organization have an ir may be required to separately Trusts and Receipt of Certain F	wwnership interest in a foreign corporation during the tax year? If "Yes," and to file Form 5471, Information Return of U.S. Persons With Respect To be Instructions for Form 5471)		⊠ No
the organization may be require	nterest in a foreign trust during the tax year? If "Yes," the organization of file Form 3520, Annual Return To Report Transactions With Foreign Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign structions for Forms 3520 and 3520-A; don't file with Form 990)		⊠ No
4	insferor of property to a foreign corporation during the tax year? If "Yes," ed to file Form 926, Return by a U.S. Transferor of Property to a Foreign or Form 926)		🗵 No

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.
	Information. See instituctions.
<u>.</u>	
See Sta	tement
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, <b></b>	
<b>,</b>	
J	······································
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047

Employer identification number Name of the organization The Saint Louis Zoo Association 43-1727309 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants а b ☐ Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g 

Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) organization (III) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in col (i) (ii) Activity custody or control of contributions? or entity (fundraiser) from activity Yes No 1 2 3 6 Я 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	art II	than \$15,000 of fundraisır	ng event contributions	on answered "Yes" on and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1 a	e 18, or reported more nd 6b. List events with
		gross receipts greater tha	(a) Event #1  Zoofari (event type)	(b) Event #2  Jammin at the Zoo (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	1,024,715.	121,063.	168,453.	1,314,231.
Œ	2	Less <sup>.</sup> Contributions Gross income (line 1 minus	698,618.		56,778.	755,396.
		line 2)	326,097.	121,063.	111,675.	558,835.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				14
ot Exp	7	Food and beverages	57,112.	9,348.	20,210.	86,670.
Dire	8	Entertainment	200,055.	30,980.	770.	231,805.
	9	Other direct expenses .	155,543.	20,332.	58,828.	234,703.
	10 11	Direct expense summary. Ac Net income summary. Subtra		, ,		553,178. 5,657.
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	organization answe			reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
_ 	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %			
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes%   ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		·· <u>·</u> ····
	8	Net gaming income summary	/. Subtract line 7 from li	ine 1, column (d)		
	<b>a</b> Is	nter the state(s) in which the ord the organization licensed to co "No," explain:	onduct gaming activities			Yes No
10		ere any of the organization's g "Yes," explain:	aming licenses revoked	I, suspended, or termina	ated during the tax year?	

Schedu	ule G (Form 990 or 990-EZ) 2017			Page	<b>3</b>
11 12	Does the organization conduct gaming activities with nonmembers?	_	Yes	_	
13	formed to administer charitable gaming?	. LJ	Yes	_	lo
a b 14	The organization's facility				<u>%</u>
	records: Name ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
b	revenue?		Yes	□ N	lo
c	amount of gaming revenue retained by the third party ► \$ 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 ☐ Employee ☐ Independent contractor				
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	_ N	ıo
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	_	,,,,		
Part				d	_
		·			

REV 11/13/17 PRO

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Schedule G (Form 990 or 990-EZ) 2017

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047 2017

▶ Attach to Form 990.

Open to Public Inspection **Employer identification number** 

▶ Go to www.irs.gov/Form990 for the latest information.

Ē				
The	The Saint Louis Zoo Association	43-1727309	ď	
Par	Part I General Information on Grants and Assistance	10 17 17 10 1		1
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	r assistance and		- [
	the selection criteria used to award the grants or assistance?	a accionation to	[ X X X	3
2	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	•		Ž
Par	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization and uvos." on Form	otion and and an	mo_ 00 ,00/	- [ -
	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	alioli aliswalau needed		_

200, 1 at 1	, , , , ,	or arry recipient	ווומו ופכפועפט וווו	ore man 45,000.	rari II can be o	upilcated if additio	destructions and recipient diagnetic field as the little of the little of the definition of the destruction of the little of the	
1 (a) Name and address of organization or government	rganization	( <b>b</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) St. Louis Zoological Park One Government Drive Saint Louis MO 63110		43-1027364		5,604,232.		(in		Drog entrout
(2)								
(6)								
(4)				,				
(5)								
(9)								
(A)								
(8)								
(6)								
(10)								
(11)								
(12)								
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	of section of other or	501(c)(3) and gove ganizations listed i	ernment organizati in the line 1 table	ions listed in the lir	line 1 table			1

Schedule I (Form 990) (2017)

REV 11/13/17 PRO

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

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Schedule I (Form 990) (2017)

## **SCHEDULE J** (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

The Saint Louis Zoo Association

Employer identification number 43-1727309

art	Questions Regarding Compensation			
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		Yes	No
ıa	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	<u> </u>		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		-
2	Did the every retire very we cultate the property was a very because of the control of the contr			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		ļ	
	1a?	2		
				-
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	i .	}	
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			İ
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	<u> </u>		
a	Receive a severance payment or change-of-control payment?	4a		×
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			}
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			[ .
	compensation contingent on the revenues of:			
а	The organization?	5a		×
b	Any related organization?	5b		×
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			<u> </u>
a	The organization?	6a		×
b	Any related organization?	6b		×
	If "Yes" on line 6a or 6b, describe in Part III.		!	ļ
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			l
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<b></b>		<del>                                     </del>
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		×
			_	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported on 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 aren't 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.

Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of M-2 and/or 1090-MISC companyation	eac	in listed individual mu	JSt equal the total am	SC compansation	rt VII, Section A, line	a, applicable columi	n (U) and (E) amount	s for that individual.
		S IMPONIO (2)	200 1000 1000	oc compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)-(a)	in column (B) reported as deferred on prior Form 990
Jeffrey P. Bonner, Ph.D.	ε	0.	0.	0.	0.	0	0	0.
& CEO	(ii)	538,766.	0	170,332.	32,940.	14,692.	756,730.	0
Cynthia Holter	(1)	0.	0	0	0	0	0.	
2 VP, External Relations	(ii)	236,922.	.0	9,170.	29,262.	1,638.	276,992.	0.
Michael Macek	(1)	0		0.	0	0.	0	
3 Chief Operating Officer	(ii)	129,224.	0.	6,741.	16,114.	6,652.	158,731.	0.
Stephen E. Barth	Θ	0	0	0.	0.	0.	0.	
ig Opi	€	205,358.	0	8,577.	27,371.	22,698.	264,004.	0.
David McGuire	(3)	.0	0.	0.	0.	0	0.	0.
5 VP, Architecture & Planning	(ii)	167,789.	0.	7,039.	22,464.	19,788.	217,080.	0
John M. Grisham	(i)	0	0		0	.0		.0
6 VP, Animal Collection	(ii)	166,500.	0.	6,759.	21,573.	13,792.	208,624.	0.
Dustin Deschamp	(1)	0.	0	0.	0.	0.	;	.0
7 VP, Internal Relations	(ii)	143,259.	0.	5,973.	19,053.	16,327.	184,612.	0
Cassandra Brown-Ray	(1)	0	0.	0.	0.	.0	0.	.0
8 VP, Finance	€	130,380.	0.	2,565.	16,368.	7,433.	156,746.	0.
	(i)							
6	<b>(ii)</b>							
	(i)							
10	(ii)							
	(1)							
11	<b>(E)</b>		l					
	8							
12	Ξ							
	€							
13	(3)							
	()							
14	<b></b>							
	0							
15	<b>E</b>							
	8							
16	Œ							
ВАА		-	REV 11/13/17 PRO				Sch	Schedule J (Form 990) 2017

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

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

OMB No 1545-0047 2017

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

The Saint Louis Zoo Association 43-1727309 Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles				_			
7	Boats and planes							
8	Intellectual property			<del>_</del>				
9	Securities—Publicly traded	X	80	829,248.	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,	1						
	or trust interests	ļ						
12	Securities—Miscellaneous	<u> </u>						
13	Qualified conservation contribution—Historic				<b> </b>			
	structures							
14	Qualified conservation			<del></del>	-			
17	contribution—Other							
15	Real estate – Residential	<del> </del>						
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles		<del></del>	<del></del>				
19	Food inventory							
20	Drugs and medical supplies			<del></del>	•		_	
21	Taxidermy					_		
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Supplies )	×	3	5,109.	Purchase	Pri	.ce	
26	Other ► (Exhibits )	×	1	233.	Purchase	Pri	.ce_	
27	Other ► ()							
28	Other ► ( )	h., 41 :			<del> </del>			
29	Number of Forms 8283 received which the organization completed				00			
	which the organization completed	1 01111 0200	o, i ait iv, bonee Acknowlet	agement	29	_	Yes	No
30a	During the year, did the organization	tion rooms	by contribution any prope	uty reported in Dort Librar	1 through		163	140
Sua	28, that it must hold for at least the							
	to be used for exempt purposes t					30a		  X
b	If "Yes," describe the arrangemen		· · · · · · · · · · · · · · · · · · ·			ova		$\widehat{}$
31	Does the organization have a		stance policy that require	es the review of any no	onstandard			
	contributions?					31	×	
32a	Does the organization hire or use							
	contributions?					32a		×
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a) i	s checked,			
	describe in Part II.							

Schedule M (	Form 990) 2017 Page <b>2</b>
Part II	<b>Supplemental Information.</b> 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.
See Sta	tement
	i comorti
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Schedule M (Form 990) 2017

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

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

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

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

The Saint Louis Zoo Association

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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OMB No 1545-0047

Open to Public Inspection

Employer identification number 43-1727309

Part	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	e if the organization	answered "Yes"	on Form 990, Pa	rt IV, line 33.	7/1 64	6067
	(a) Name, address, and EIN (if applicable) of disregarded entity	Prims	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(£)							
(2)							
(3)							
(4)							
(5)							
(9)							
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	<b>zations.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had during the tax year.	ne organization ar	Iswered "Yes" or	n Form 990, Parl	t IV, line 34, beca	use it had
		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	# from 536
Ω 0	Zoological Park 43-1027364 nt Drive Saint Louis MO 63110	b teser augist bit bibits that rapped tree. MO	МО	Governmental Unit			Les No
(2)							
(9)							
(4)							
(2)							
(9)							
(2)							
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA	. <b>BAA</b> REV 11/13/17 PRO	17 PRO			Schedule R	Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Part III	Identification of F because it had one	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	ons Taxable ganizations	as a Partner treated as a p	r <b>ship.</b> Co	mplete if the p during the	organizat tax year.	ion answe	red "Yes	" on Form 99	30, Pa	= ≥ ±	ne 34,	
Name rel	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	UBI ox 20 e K-1 65)	(I) General or managing partner?	<del> </del>	(k) Percentage ownership
							į		Yes	No		Yes	°N	
(1)			_											
(2)							ļ					_		
(3)														
(4)														
(5)												-		
(9)								1		1			<u> </u>	
(7)													_	
Part IV	Identification of R line 34, because it	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ons Taxable	as a Corpor zations treate	ation or d as a co	Trust. Comp	olete if the trust durir	organizations of the tax	on answ ear.	ered "Yes" or	n Forr	n 990,	Part IV	, ,
Nam	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	2(b)(13) illed y?
													Yes	ટ
(1)			!											
(2)				<u> </u>			į.							
(3)														
(4)											-			
(2)											-			
(9)											<u> </u>			
(7)					,	<u>;</u>   								
BAA					REV 11/13/17 PRO	'n					Sched	lule R (F	Schedule R (Form 990) 2017	) 2017

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related organ	nizations listed in Part	ts II–IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				×
<b>c</b> Gift, grant, or capital contribution from related organization(s)				×
<b>d</b> Loans or loan guarantees to or for related organization(s)				×
e Loans or loan guarantees by related organization(s)				×
f Dividends from related organization(s)			11	×
g Sale of assets to related organization(s)				×
			=	×
i Exchange of assets with related organization(s)				×
j Lease of facilities, equipment, or other assets to related organization(s)				×
k Lease of facilities, equipment, or other assets from related organization(s)				×
I Performance of services or membership or fundraising solicitations for related organization(s)			- - - - -	×
m Performance of services or membership or fundraising solicitations by related organization(s)				×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				×
<b>o</b> Sharing of paid employees with related organization(s)				×
<b>p</b> Reimbursement paid to related organization(s) for expenses				×
<b>q</b> Reimbursement paid by related organization(s) for expenses				×
				×
s Other transfer of cash or property from related organization(s)				×
2 If the answer to any of the above is "Yes," see the instructions for information on who must o	omplete this line, incl	uding covered relation	complete this line, including covered relationships and transaction thresholds.	esholds.
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved	nt involved
(1) St. Louis Zoological Park	ą	5,604,232.	Grant criteria	
(2) St. Louis Zoological Park	0	2.817.177.	Amt Expended	
			1	
(3)				
(4)				
(5)				
(9)			; ;	
BAA REV 11/13/17 PRO			Schedule R (Form 990) 2017	n 990) 2017

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e)	9	(9)	(6)	(4)	9	(5)	ε	0	8	3
Name, address, and EIN of entity	ctivity	Legal domicile	Predominant	Are all partners	Share of		Disproportionate	code V—UBI		Percentage
		(state or toreign country)	income (related, unrelated, excluded	section 501(c)(3)	total income	end-of-year assets	allocations?	of Schedule K-1	managing partner?	ownership
			sections 512-514)	organizations/			200		200	
(1)				ON CO			163			
	1									
(2)						 				
(3)										
(4)									<u> </u>	1
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Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.	
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