# PUBLIC INSPECTION COPY

Form **990** 

(Rev. January 2020)

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

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.

**20**19

OMB No. 1545-0047

Open to Public Inspection

For the 2019 calendar year, or tax year beginning , 2019, and ending Check if applicable: D Employer identification number Address change Houston Zoo, Inc. 74-1590271 1513 Cambridge Telephone number Name change Houston, TX 77030 713-533-6501 Initial return Final return/terminated Amended return **G** Gross receipts \$ 87,957,811 F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Yes Lee Ehmke **H(b)** Are all subordinates included? If "No," attach a list. (see instructions) Same As C Above Yes No Tax-exempt status: 4947(a)(1) or 527 X 501(c)(3) 501(c) ( (insert no.) Website: ► www.houstonzoo.org **H(c)** Group exemption number ▶ Κ L Year of formation: 1920 M State of legal domicile: TX Form of organization: X Corporation Trust Other > Part I Summary Briefly describe the organization's mission or most significant activities: We strive to be a zoo that practices exemplary animal care, delivers an outstanding guest experience, creates a workplace that instills respect and teamwork, provides learning opportunities, promotes conservation awareness, and inspires community support. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... Number of independent voting members of the governing body (Part VI, line 1b)..... 37 5 675 Total number of volunteers (estimate if necessary)..... 6 937 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, line 39..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 65,803,520 32,441,395. 40,199,677. Program service revenue (Part VIII, line 2g)..... 36,675,604 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 838,342 1,325,179. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 -89,080-33,920.Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 73,932,331. 12 103,228,386 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 2,950,497 383,437 Benefits paid to or for members (Part IX, column (A), line 4)..... 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 26,052,083 27,503,498. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... 85,282. 156,000. **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 20,770,323. 21,854,047. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 49,858,185 52,896,982. Revenue less expenses. Subtract line 18 from line 12..... 21,035,349. 53,370,201. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 253,408,258. 226,345,789. 21 Total liabilities (Part X, line 26)..... 9,395,135. 14,013,189. 22 Net assets or fund balances. Subtract line 21 from line 20..... 216,950,654. 239,395,069. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Electronically Filed Signature of officer Sign Here Lee Ehmke President & CEO Type or print name and title Print/Type preparer's name Preparer's signature Barbara Murphy P01386215 Barbara Murphy self-employed Paid Preparer ► Blazek & Vetterling Use Only Firm's address ▶ 2900 Weslayan, Suite 200 Firm's EIN ► 76-0269860 (713) 439-5739 Houston, TX 77027

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . .

No

Yes

 4e Total program service expenses
 ▶ 45,991,547.

 BAA
 TEEA0102L 07/31/19

 Form 990 (2019)

) (Revenue \$

including grants of

4 d Other program services (Describe on Schedule O.)

(Expenses

# Form 990 (2019) Houston Zoo, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8	Х	
9	Did the organization report an amount in Part X, line 21, 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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
C	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Χ	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	Х	
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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Χ	

# Form 990 (2019) Houston Zoo, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	X	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		Х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
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):			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	X	Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		Х
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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1.0
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
(	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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Form 990 (2019) Houston Zoo, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 675			
Ŀ	of fat least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	<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)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
Ł	the Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
Ł	olf 'Yes,' enter the name of the foreign country▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
Ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
Ł	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X	
Ł	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Χ	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			37
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
r	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring	,		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
Ł	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10 -		
7	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
1.	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14a 14b		- 1
	the contract of the contract o	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
10		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		^

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 37 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 37 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X 15 a **b** Other officers or key employees of the organization...See .Schedule..Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records Jeri Nordbrock 1513 Cambridge Houston TX 77030 713-533-6750

# 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.....

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

				(C)	)					
(A) Name and title	(B) Average hours per	thar	one b both dire	box, an o ector/	unles fficer truste	,	on	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	wook	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Lee Ehmke	40									
President & CEO	0			Χ				436,755.	0.	18,799.
(2) Sheryl Kolasinski COO	$-\frac{40}{0}$	•		Χ				243,514.	0.	17,275.
(3) Mark Van Wickler	40									
Exhibit Design Dir	0					Χ		200,765.	0.	14,708.
	$-\frac{40}{0}$			Х				200,152.	0.	15,306.
(5) Roberto Espinosa	40							,		•
VP Development	0					Х		166,606.	0.	15,748.
(6) Kristin Finney	40							·		<u> </u>
VP HR	0					Χ		150,518.	0.	15,482.
(7) Peter Riger	40									
VP Conservation	0					Χ		150,486.	0.	12,396.
(8) Lisa Avendano	40									
VP Animal Ops	0					Χ		150,149.	0.	12,375.
(9) Leslie Forestier	40_									
VP Finance	0			Χ				64,640.	0.	13,030.
(10) Stacy Methvin	4							•	•	
Board Chair	0	Χ		Χ				0.	0.	0.
(11) Joe Cleary	1	37		37				0	0	0
Vice Chair	0	Х		Χ				0.	0.	0.
(12) Cullen Geiselman Vice Chair	0	Х		Χ				0.	0.	0.
(13) Robert Graham	_1_									
Vice Chair	0	X		Χ				0.	0.	0.
(14) Neal Manne	1									
Vice Chair	0	X		Χ				0.	0.	0.

Part VII   Section A. Officers, Directors,	Trustees,	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Emp	loyees	(cont	inued)
	(B)			((	,							
(A) Name and title	Average hours per	box	, unle	check ess pe	erson direct	than is botl or/trus	h an tee)	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from		<b>(F)</b> ated am	nount
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe the o an	of other nsation rganiza d relate anizatio	tion d
(15) Jim Postl Vice Chair	10	Х		Х				0.	0.			0.
(16) Suzanne Nimocks Imm Past Chair	1	X		Х				0.	0.			0.
(17) Sami Ahmad Board Member	10	Х						0.	0.			0.
(18) Roxanne Almaraz Board Member	10	Х						0.	0.			0.
(19) Bill Barnett  Member Emeritus	10	Х						0.	0.			0.
(20) Carlos Bueno Board Member	10	Х						0.	0.			0.
(21) Roberto Contreras Board Member	10	Х						0.	0.			0.
(22) Joshua Davidson Board Member	10	Х						0.	0.			0.
23) Joe Dilg Board Member	1	Х						0.	0.			0.
22) Mike Dishberger Board Member	1	Х						0.	0.			0.
C25  Jeff_Dudderar   Board Member   Ib Subtotal   Board Member   Board Member	1	Х					<b>•</b>	0.	0.	1	25	0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c).							<b>▶</b>	1,763,585. 0. 1,763,585.	0. 0. 0.			119. 0. 119.
2 Total number of individuals (including but not lir from the organization ► 24							ved					119.
3 Did the organization list any <b>former</b> officer,	director truste	م لام	OV At	mnle	OVE	or	hial	nest compensated	employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for  4 For any individual listed on line 1a, is the su	such individu	ıaİ		•••						. 3		Х
the organization and related organizations g such individual	reater than \$1	50,0	00?	<i>lf '</i> } 	/es, 	con	nple 	te Schedule J for		. 4	X	
<ul> <li>5 Did any person listed on line 1a receive or a for services rendered to the organization? If</li> <li>Section B. Independent Contractors</li> </ul>	ccrue comper 'Yes,' comple	satio te So	n fro chea	om dule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	individual	. 5		X
Complete this table for your five highest concompensation from the organization. Report corrections	npensated indenpensation for	epen the c	dent alen	t cor dar <u>'</u>	ntra year	ctors endi	tha	t received more the	nan \$100,000 of ganization's tax yea	r.		
(A) Name and business address  (B) Description of services  Comp								Compe	C) ensatio	on		
Tellepsen Builders 777 Benmar #400 Houston, TX 77060 Construction 16,603,718												
									329.			
									020.			
Strike Marketing 906 Rutland Street Houston, TX 77008 Advertising 1,38												
Service Systems Associates 4624 Central  2 Total number of independent contractors (included)						d abo	Ve)	Food service	than	۷, ۱	UI,	371.
\$100,000 of compensation from the organization	-	nou l	o uic	JJC I	اعال	∡ ฉม∪	v=)	THE TOOLINGUITION	man			

## Form 990

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

**2019** 

Department of the Treasury Internal Revenue Service

Name of the Organization

Houston Zoo, Inc.

Employler Identification number
74-1590271

Houston Zoo, Inc.

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

Highest Compensated E (A)	<del></del>							<b>(D)</b>	<b>(E)</b>	<b>(E)</b>
, ,	(B)	Posi	ition (	(C) (check all that apply)			lv)	(D)	<b>(E)</b>	(F)
Name and title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	• •	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Anne Duncan Member Emeritus	1	Х						0.	0.	0.
Robert Edwards Board Member	$-\frac{1}{0}$	X						0.	0.	0.
Jenny Elkins Board Member	1	Х						0.	0.	0.
Kat Gallagher	11									
Board Member Amy Garrou	0 1	Х						0.	0.	0.
Board Member Eureka Gilkey	0	Х						0.	0.	0.
Board Member Marty Goossen	0	Х						0.	0.	0.
Board Member	0	Х						0.	0.	0.
Gillian Hobson Board Member	- 1 0	Х						0.	0.	0.
Tandra Jackson Board Member	1	Х						0.	0.	0.
Jill Jewett	11							0.	0.	
Board Member Myrtle Jones	0 1	X								0.
Board Member Peggy Kostial	0 1	X						0.	0.	0.
Board Member Kimberly McKay	0	Х						0.	0.	0.
Board Member	0	Х						0.	0.	0.
Clay Neff Board Member	0	Х						0.	0.	0.
Bruce Niemeyer Board Member	$-\frac{1}{0}$	Х						0.	0.	0.
Alie Pruner Board Member	$-\frac{1}{0}$	Х						0.	0.	0.
Ron Rand Board Member	<u> </u>	Х						0.	0.	0.
Tim Roberts	11									
Board Member Brent Smolik	0 1	X						0.	0.	0.
Board Member Bas Solleveld	0	Х						0.	0.	0.
Board Member Macey Stokes	0	Х						0.	0.	0.
Board Member	0	Х						0.	0.	0.

Form **990** Cont 2019

## Form 990

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

Employler Identification number

74-1590271 Houston Zoo, Inc. Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Highest Compensated Employees (A) (B) (C) (D) (E)												
(A)	(B)			((				(D)	(F)			
Name and title	Average hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	a Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
Molly Voorhees Board Member	10	Х						0.	0.	0.		
Cynthia Walker Board Member	10	Х						0.	0.	0.		
Randa Duncan Williams Member Emeritus	10	Х						0.	0.	0.		
Austin Young Member Emeritus	10	Х						0.	0.	0.		
		-										
		-										
		-										
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		-										
		-										

		Check if Schedule O contains a respo	nse or note to any	y line in this Part V	III		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1 a			revende		312-314
E E	b	Membership dues 1 b	7,538,100.				
υĔ	С	Fundraising events	1,264,744.				
ir A	d	Related organizations 1 d					
ວ ≌		Government grants (contributions) 1 e					
Sis		All other contributions, gifts, grants, and					
E E	_		23,638,551.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in					
草豆		lines 1a-1f	2,771,998.				
	h	Total. Add lines 1a-1f		32,441,395.			
Эце			Business Code				
<u>₹</u>	2 a	Admission fees 9	00099	15,322,836.	15,322,836.		
æ	b	Educ. progr. & events 6	511600	10,793,136.	10,793,136.		
<u>.</u> 2			61499	10,127,489.	10,127,489.		
ē			22210	3,956,216.	3,956,216.		
S	е			0,000,220,	0,500,220		
Ē	f	All other program service revenue					
Program Service Revenue		Total. Add lines 2a-2f	<b>&gt;</b>	40,199,677.			
	_			40,199,677.			
	3	Investment income (including dividends, int other similar amounts)	erest, and	601,681.			601,681.
	4	Income from investment of tax-exempt b		001,001.			001,001.
	_	•					
	5	Royalties	(ii) Personal				
	_	.,,	(II) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a 14302145.					
	b	other than inventory Less: cost or other basis					
	_	and sales expenses <b>7b</b> 13578647.					
	С	Gain or (loss) <b>7c</b> 723, 498.					
	d	Net gain or (loss)		723,498.			723,498.
<i>a</i> \	0 -	Gross income from fundraising events		. = = 1			. = = / = = = .
ΞŒ	оа	(not including \$ 1,264,744.					
ē		of contributions reported on line 1c).					
æ		See Part IV, line 18 8a	412,913.				
9	h	Less: direct expenses 8b					
Other Reven		Net income or (loss) from fundraising ev		22 020			22 020
Q			renta	-33,920.			-33,920.
	9 a	Gross income from gaming activities. See Part IV, line 19					
	<b>L</b>	·					
		•					
	С	Net income or (loss) from gaming activit	iles				
	10 a	Gross sales of inventory, less					
		returns and allowances 10a					
		Less: cost of goods sold	l.				
	С	Net income or (loss) from sales of inven	-				
zí			Business Code				
ᇫ	11 a						
ᇎᆲ	b						
Miscellaneous Revenue	11a b c d						
ß Æ	d	All other revenue					
Σ		Total. Add lines 11a-11d					
		Total revenue. See instructions		73,932,331.	40,199,677.	0.	1,291,259.
				, 0 , 0 0 2 , 0 0 1 .	10, 10, 011.	0.	±127±1277.

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX.											
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,383,398.	1,383,398.									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	14,496.	14,496.									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,985,543.	1,985,543.									
4 5	Benefits paid to or for members	1,009,471.	432,668.	400,369.	176,434.							
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	21,425,619.	18,487,981.	991,197.	1,946,441.							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	707,765.	610,425.	32,353.	64,987.							
9	Other employee benefits	2,697,542.	2,296,728.	146,624.	254,190.							
10	Payroll taxes	1,663,101.	1,414,652.	97,679.	150,770.							
11	Fees for services (nonemployees):											
a	Management											
ŀ	Legal	67,070.		67,070.								
(	: Accounting	28,472.		28,472.								
(	<b>I</b> Lobbying	= , - : = ;		= 5, = 1 = 1								
•	Professional fundraising services. See Part IV, line 17	156,000.			156,000.							
f	Investment management fees	105,806.		105,806.								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	4,022,120.	3,004,267.	703,455.	314,398.							
12	Advertising and promotion	1,559,749.	1,534,985.	16,076.	8,688.							
13	Office expenses	848,984.	584,663.	52,725.	211,596.							
14	Information technology	397,352.	181,131.	137,344.	78,877.							
15	Royalties	03.70021	202,2021	201/0111	7070171							
16	Occupancy	946,537.	916,751.	21,662.	8,124.							
17	Travel	358,567.	326,924.	13,360.	18,283.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	333,331		==,===								
19	Conferences, conventions, and meetings	585,307.	373,819.	3,279.	208,209.							
20	Interest	7,615.		7,615.								
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	8,754,159.	8,754,159.									
23	Insurance	643,294.	579,116.	31,145.	33,033.							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).											
ā	Supplies	1,959,317.	1,928,080.	250.	30,987.							
ŀ	Printing & publications	647,226.	292,136.	29,627.	325,463.							
	Grounds/Events	485,369.	484,533.	608.	228.							
	Equipment_expense	437,103.	405,092.	30,199.	1,812.							
	All other expenses.	50.006.000	45 001 545	0.016.015	2 200 500							
25	Total functional expenses. Add lines 1 through 24e	52,896,982.	45,991,547.	2,916,915.	3,988,520.							
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)											
BAA		TEE A 0.1.1.01 0.7			Form <b>990</b> (2019)							

	•	Check if Schedule O contains a response or note to	any lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing			12,852,677.	1	19,681,656.
	2	Savings and temporary cash investments			20,093,319.	2	9,918,910.
	3	Pledges and grants receivable, net			54,592,432.	3	59,616,920.
	4	Accounts receivable, net			627,463.	4	654,804.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contrib	er, director, outor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section		6			
	7	Notes and loans receivable, net	` '			7	
Ø	8	Inventories for sale or use		<u></u>	90,526.	8	102,910.
Assets	9	Prepaid expenses and deferred charges		<u> </u>	994,815.	9	1,022,378.
As	-	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	i i	205, 268, 635.	JJ4, 013.		1,022,570.
		Less: accumulated depreciation.		66,498,745.	117,642,177.	10 c	138,769,890.
	11	Investments – publicly traded securities			19,452,380.	11	22,580,443.
	12	Investments – other securities. See Part IV, line 11			17,432,300.	12	1,060,347.
	13	Investments – program-related. See Part IV, line 11.		<u> </u>		13	1,000,547.
	14	Intangible assets.				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line		F	226,345,789.	16	253,408,258.
	17	Accounts payable and accrued expenses			5,572,772.	17	8,933,849.
	18	Grants payable		<u> </u>		18	
	19	Deferred revenue		<u> </u>	3,751,880.	19	4,139,254.
	20	Tax-exempt bond liabilities		<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part I		L	70,483.	21	107,779.
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or	35%		22	
	23	Secured mortgages and notes payable to unrelated th	nird part	ies		23	832,307.
	24	Unsecured notes and loans payable to unrelated third	parties	i		24	•
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		<u> </u>		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			9,395,135.	26	14,013,189.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	: <b>&gt;</b>	X			
aa	27	Net assets without donor restrictions			144,066,349.	27	161,036,906.
ñ	28	Net assets with donor restrictions			72,884,305.	28	78,358,163.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	·► ∐			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	nent fun	d		30	
SS	31	Retained earnings, endowment, accumulated income,	or othe	er funds		31	
it A	32	Total net assets or fund balances			216,950,654.	32	239,395,069.
ž	33	Total liabilities and net assets/fund balances			226,345,789.	33	253,408,258.

Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI.				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	73	, 932	,331.
2 Total expenses (must equal Part IX, column (A), line 25).	2	52	,896	,982.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1	3	21	,035	,349.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	216	,950	,654.
5 Net unrealized gains (losses) on investments	5			,066.
6 Donated services and use of facilities	6			
7 Investment expenses	7			
8 Prior period adjustments	8			
9 Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
column (B))	10	239	<u>, 395</u>	,069.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
			Ye	s No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	ed on a	a		
<b>b</b> Were the organization's financial statements audited by an independent accountant?		:	2b 🕽	ζ
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	ate			
<b>c</b> If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 		2 c 2	ζ
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a	Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b	
BAA TEEA0112L 01/21/20		F	orm <b>99</b>	<b>0</b> (2019)

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

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Houston Zoo, Inc. 74-1590271 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. 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 supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E)

Total

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

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

ndar year (or fiscal year nning in) ► Gifts grants contributions and	<b>(a)</b> 2015					
Gifts grants contributions and	` `	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	14246988.	16879194.	33435509.	65803520.	32441395.	162806606.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
The value of services or facilities furnished by a governmental unit to the organization without charge						0.
Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	14246988.	16879194.	33435509.	65803520.	32441395.	162806606. 54,897,706.
Public support. Subtract line 5 from line 4						107908900.
tion B. Total Support						
ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
Amounts from line 4	14246988.	16879194.	33435509.	65803520.	32441395.	162806606.
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	666,304.	603,974.	536,064.	538,598.	601,681.	2,946,621.
Net income from unrelated business activities, whether or not the business is regularly carried on	,	,	,	,	, , , , , , ,	0.
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
Total support. Add lines 7 through 10						165753227.
Gross receipts from related activ	ities, etc. (see ins	tructions)			12	187197761.
organization, check this box and	stop here		rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □
tion C. Computation of Pul	olic Support P	ercentage				
						65.10 %
33-1/3% support test—2019. If the	ne organization di	d not check the b	ox on line 13. and	d line 14 is 33-1/3	% or more, check	63.37 % k this box
33-1/3% support test-2018. If th	e organization did	not check a box	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, o	check this box
or more, and if the organization	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop her	e. Explain in Part	t VI how
or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	s' test, check this tion qualifies as a	box and <b>stop her</b> a publicly support	<b>e.</b> Explain in Parted organization.	t VI how the▶
	include any 'unusual grants.').  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or bublicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Public support. Subtract line 5 from line 4  Total. Support  Mar year (or fiscal year ming in) Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see ins First five years. If the Form 990 is for the organization organization, check this box and stop here.  The organization qualifies as a put 33-1/3% support test—2019. If the organization did and stop here. The organization qualifies as a put 10%-facts-and-circumstances test—2019. If the or or more, and if the organization meets the 'facts-and-circumstances' to organization meets the '	include any 'unusual grants.')	include any funusual grants.). 14246988. 16879194. 33435509. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3. The portion of total contributions by each person (other than a governmental unit or publicly supported organization by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Public support. Subtract line 5 from line 4. (a) 2015 (b) 2016 (c) 2017  Amounts from line 4. (a) 2015 (b) 2016 (c) 2017  Amounts from line 4. (a) 2015 (b) 2016 (c) 2017  Amounts from line 4. (a) 2015 (b) 2016 (c) 2017  Amounts from line 4. (a) 2015 (b) 2016 (c) 2017  Amounts from line 4. (a) 2015 (b) 2016 (c) 2017  Amounts from line 4. (a) 2015 (b) 2016 (c) 2017  Amounts from line 4. (a) 2015 (b) 2016 (c) 2017  Amounts from line 4. (a) 2015 (b) 2016 (c) 2017  Total support loans, rents, royalties, and income from similar sources. (a) 666, 304. 603, 974. 536, 064.  Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on. (b) 2016 (c) 2017  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  Total support. Add lines 7 through 10. Gross receipts from related activities, etc. (see instructions).  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth to organization, check this box and stop here. The organization qualifies as a publicly supported organization 33-1/3% support test-2018. If the organization did not check a box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33-1/3% support test-2018. If the organization did not check a box on or more, and if the organization meets the 'facts-and-circumstances' test, check this	14246988   16879194   33435509   65803520	Include any 'unusual grants')

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support							
	lar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2010	(5) 2510	(4) ==	(4) 2318	(6) 2513	(i) Foto:
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		1 1		T		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1					
14	First five years. If the Form 990 organization, check this box and						
	tion C. Computation of Pul						
15	Public support percentage for 20	19 (line 8, colum	n (f), divided by lir	ne 13, column (f)	))		%
	Public support percentage from 2				<u></u>	16	%
Sec	tion D. Computation of Inv						
17		•	• • •	-			%
18	Investment income percentage f	rom <b>2018</b> Schedu	ıle A, Part III, line	17		18	90
19a	<b>33-1/3% support tests—2019.</b> If t is not more than 33-1/3%, check	the organization of this box and <b>sto</b>	did not check the b	oox on line 14, ar ization qualifies	nd line 15 is more as a publicly supp	than 33-1/3%, and orted organization	I line 17 ►
	33-1/3% support tests—2018. If t line 18 is not more than 33-1/3% Private foundation. If the organization	the organization of the check this box	did not check a box and <b>stop here.</b> The	x on line 14 or lir e organization qu	ne 19a, and line 1 ualifies as a public	6 is more than 33-1 cly supported organ	1/3%, and 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.)

## **Section 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	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
k	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	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		
t	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		
c	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <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.	4c		
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b> .	9a		
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> .	9с		
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)? 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.)	10b		

Part	t IV	Supporting Organizations (continued)			
	المماا	he averagination accorded a gift or contribution from any of the following mayons 2		Yes	No
		he organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
-	gover	rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
'	or ele <b>Part</b> I If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
•		ed to such powers during the tax year.	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		2			
	trie oi	rganization maintained a close and continuous working relationship with the supported organization(s).			
3	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
		s regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ารtruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
	organ	nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		be organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat		770271 rage
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
- 7	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	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		
Sec	tion 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). BAA

Schedule A (Form 990 or 990-EZ) 2019

		•	
Part V	Type III Non-Functionall	y Integrated 509(a)(3) Supporting Organizations (	continued)

rai	Type in Non-runctionally integrated 303(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
<b>d</b> Excess from 2018			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

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.)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

# PUBLIC DISCLOSURE COPY Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2019

Houst	on Zoo, Inc.		74-1590271
Organiza	tion type (check one):		
Filers of:		Section:	
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on
Form 990	)-PF	527 political organization	
		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		ed by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General	Rule		
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ne contributor. Complete Parts I and II. See instructions for determining a contribu	
Special F	Rules		
X	under sections 509(a)( received from any on	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000 ine 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that
	during the year, total	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III.	
	during the year, control \$1,000. If this box is charitable, etc., purpo	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receibutions exclusively for religious, charitable, etc., purposes, but no such contached, enter here the total contributions that were received during the yeacse. Don't complete any of the parts unless the <b>General Rule</b> applies to this exively religious, charitable, etc., contributions totaling \$5,000 or more during the	ributions totaled more than r for an exclusively religious, organization because
990-PF),	but it must answer 'N	sn't covered by the General Rule and/or the Special Rules doesn't file Schedl o' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9 oesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990	990-EZ or on its Form 990-PF,

1

Name of organization

Employer identification number

Houston Zoo, Inc. 74-1590271

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$2,400,227.	Person X Payroll X Noncash X  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$1,115,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$1,000,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$1,002,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>5</u>		\$ <u>5,108,432.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>6</u>		\$1,000,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		

2

Name of organization
Houston Zoo, Inc.

Employer identification number
74-1590271

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,000,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ - -	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$ - -	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$ - -	Person Payroll Complete Part II for noncash contributions.)

1

Employer identification number

Houston Zoo, Inc.

Name of organization

74-1590271

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Publicly-traded securities	-	
		\$2,215,424.	<u> 5/24/19</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - -	
	<u> </u>	-    - 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
	<u> </u>	-  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
	<u></u>	-  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_    \$	 
BAA	Sch	 edule B (Form 990, 990-E2	 7 or 990-PF) <i>(2</i> 019

Name of orgar H∩11 S t ∩ r	n Zoo, Inc.		74-1590271				
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),						
	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and						
	the following line entry. For organizations cor	npleting Part III, enter the total of $\epsilon$	exclusively religious, charitable, etc.,				
	contributions of \$1,000 or less for the year. (E	Enter this information once. See ins	structions.) 🏲 \$N/A				
	Use duplicate copies of Part III if additional s		4.6				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	N/A						
	[						
			:===I=================================				
		(e) Transfer of gift					
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee				
	,		·				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	L						
	<u> </u>						
		(e) Transfer of gift					
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	r dipose oi giit	Ose of gift	Description of now girt is netu				
	[						
		(e) Transfer of gift					
	Transferee's name, address	and ZIP + 4	Relationship of transferor to transferee				
	, , , , , , , , , , , , , , , , , , , ,	,					
(a) No. from	_ (b)	(c) Use of gift	(d) Description of how gift is held				
No. from Part I	Purpose of gift	Use of gift	Description of how gift is held				
	+						
			†				
		(e)					
	Tuesdamalamana	(e) Transfer of gift	Deletionable of two of the section is				
	Transferee's name, address	, anu ZIP + 4	Relationship of transferor to transferee				

# SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

	Houston Zoo, Inc.	74-1590271					
Par	t   Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.							
	(a) Donor advised funds (b)	) Funds and other accounts					
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisore the organization's property, subject to the organization's exclusive legal control?	ed funds					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	used only conferring Yes No					
Par	t II Conservation Easements.						
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check all that apply).						
	Preservation of land for public use (for example, recreation or education)  Preservation of a his	storically important land area					
	Protection of natural habitat Preservation of a ce	ertified historic structure					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a constast day of the tax year.						
		Held at the End of the Tax Year					
	Total number of conservation easements						
	Total acreage restricted by conservation easements						
C	: Number of conservation easements on a certified historic structure included in (a)						
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizatax year ►	ation during the					
4	Number of states where property subject to conservation easement is located ▶						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of v						
_	and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease  • \$	ements during the year					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170( and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that describes t conservation easements.	statement and balance sheet, and he organization's accounting for					
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	imilar Assets.					
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement a historical treasures, or other similar assets held for public exhibition, education, or research in furthera Part XIII the text of the footnote to its financial statements that describes these items. See Part	nce of public service, provide in					
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and be historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p following amounts relating to these items:	ublic service, provide the					
	(i) Revenue included on Form 990, Part VIII, line 1.						
	(ii) Assets included in Form 990, Part X	▶\$					
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pamounts required to be reported under FASB ASC 958 relating to these items:	-					
	Revenue included on Form 990, Part VIII, line 1.						
t	Assets included in Form 990, Part X						

Part III Organizations Mainta	ining Collections	of Art, Histor	ical Treasures, o	or Other Similar	Assets (d	ontinu	ied)	
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):								
<b>a</b> X Public exhibition	a X Public exhibition d X Loan or exchange program							
<b>b</b> X Scholarly research	b X Scholarly research e Other							
c X Preservation for future gener	ations	<u>—</u>				,		
4 Provide a description of the organiz Part XIII. See Part XIII			-					
5 During the year, did the organiza to be sold to raise funds rather the							X No	
Escrow and Custodia   line 9, or reported an	Arrangements. amount on Form	Complete if th 990, Part X, li	e organization a ne 21.	nswered 'Yes' or	Form 99	0, Par	t IV,	
1 a Is the organization an agent, trus	stee, custodian or oth	er intermediary fo	or contributions or ot	her assets not includ	led	_	_	
on Form 990, Part X?					Yes	\$ <u>[</u> ]	X No	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and com	plete the following	g table:					
					Amour	<u>ıt</u>		
c Beginning balance								
<b>d</b> Additions during the year								
e Distributions during the year								
f Ending balance  2a Did the organization include an a					V V		0.	
<b>b</b> If 'Yes,' explain the arrangement						_	No	
<b>b</b> ii res, explain the arrangement		e Part XIII	•	deu on Fait Aii		[2	7	
Part V Endowment Funds. C				Form 990 Part IV	/ line 10			
Lindowillent i dinds.	(a) Current year	(b) Prior year	(c) Two years ba			Four years	s hack	
<b>1 a</b> Beginning of year balance	11,709,422.	12,473,44				, 343,		
<b>b</b> Contributions	1,292,829.	33,36					532.	
• Not investment cornings, going		20,00	3,0	2,001,0				
c Net investment earnings, gains, and losses	2,407,539.	-711,86	5. 1,710,3	24. 598,6	21.	-7,	048.	
<b>d</b> Grants or scholarships				31,7	04.	29,	687.	
e Other expenditures for facilities	93,982.	0 20	0	·	0.	·		
and programs	87,920.	8,20 77,32		38. 49,1		75	212	
<b>q</b> End of year balance	15,227,888.	11,709,42				253,	212.	
2 Provide the estimated percentage					33.	, 233,	900.	
a Board designated or quasi-endowm	-	.54 %	rg, column (a)) nen	u us.				
<b>b</b> Permanent endowment	23.21%	••54						
<del></del>	2.25 %							
The percentages on lines 2a, 2b, at		1%.						
				1.6 11				
<b>3a</b> Are there endowment funds not in to organization by:	ne possession of the o	rganization that are	e neid and administer	ed for the		Yes	No	
(i) Unrelated organizations					3a(i)	1	Х	
(ii) Related organizations							Х	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ited organizations list	ed as required or	Schedule R?		3b			
4 Describe in Part XIII the intended	duses of the organiza	ation's endowmen	t funds. See Pa	rt XIII		,		
Part VI Land, Buildings, and	Equipment.							
Complete if the organi		'Yes' on Form	990, Part IV, Iir	ne 11a. See Form	ı 990, Pa	rt X, Iir	ne 10.	
Description of property	(a) Cost	or other basis	(b) Cost or other	(c) Accumulated	(d)	Book va	alue	
<b>1 a</b> Land	· `	vestment)	basis (other)	depreciation				
<b>b</b> Buildings								
c Leasehold improvements			162 700 022	50 000 07	0 10	2 000	7/2	
<b>d</b> Equipment			163,709,822.			3,909,		
11/002/2031 0/030/0001 1/000/0								
	e Other       27, 206, 544.       27, 206, 544.         fotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       138, 769, 890.							
100, 703, 630.								

BAA

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(B)			
(C)			
(D)			
E)			
<u>(F)</u> (G)			
( <del>(</del> ) (H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered	l 'Yes' on Form 99	0, Part IV, line 11c. See For	rm 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) (10)			
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets.	N/A		rm 990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered	N/A		rm 990, Part X, line 15 <b>(b)</b> Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De	N/I Yes' on Form 99		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2)	N/I Yes' on Form 99		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3)	N/I Yes' on Form 99		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4)	N/I Yes' on Form 99		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5)	N/I Yes' on Form 99		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6)	N/I Yes' on Form 99		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5)	N/I Yes' on Form 99		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/I Yes' on Form 99		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/I Yes' on Form 99		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a)	N/I I 'Yes' on Form 99 scription	0, Part IV, line 11d. See For	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities.	N/A I 'Yes' on Form 99 scription  B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F	N/A I 'Yes' on Form 99 scription  B) line 15.)	0, Part IV, line 11d. See For	(b) Book value ▶ ne 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X  Other Liabilities. Complete if the organization answered 'Yes' on Fig. 1.	N/A I 'Yes' on Form 99 scription  B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fil. (a) Description (b) Federal income taxes	N/A I 'Yes' on Form 99 scription  B) line 15.)	0, Part IV, line 11d. See For	(b) Book value ▶ ne 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description (Column (b) Federal income taxes (2)	N/A I 'Yes' on Form 99 scription  B) line 15.)	0, Part IV, line 11d. See For	(b) Book value ▶ ne 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fil. (a) Description (Column (b) Form (Column (a) Description (Colum	N/A I 'Yes' on Form 99 scription  B) line 15.)	0, Part IV, line 11d. See For	(b) Book value ▶ ne 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description (Column (b) Federal income taxes (2)	N/A I 'Yes' on Form 99 scription  B) line 15.)	0, Part IV, line 11d. See For	(b) Book value ▶ ne 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) (3) (4) (5) (6)	N/A I 'Yes' on Form 99 scription  B) line 15.)	0, Part IV, line 11d. See For	(b) Book value ▶ ne 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) (3) (4) (5) (6) (7)	N/A I 'Yes' on Form 99 scription  B) line 15.)	0, Part IV, line 11d. See For	(b) Book value ▶ ne 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Facility of the organization answered (a) Description (b) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	N/A I 'Yes' on Form 99 scription  B) line 15.)	0, Part IV, line 11d. See For	(b) Book value ▶ ne 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fall. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	N/A I 'Yes' on Form 99 scription  B) line 15.)	0, Part IV, line 11d. See For	(b) Book value ▶ ne 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/A I 'Yes' on Form 99 scription  B) line 15.)	0, Part IV, line 11d. See For	(b) Book value ▶ ne 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fall. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	N/A I 'Yes' on Form 99 scription  B) line 15.)  Form 990, Part IV, line 1 iption of liability	0, Part IV, line 11d. See For	(b) Book value ▶ ne 25.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	75,235,591.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	1,409,066.
3 Subtract line 2e from line 1	3	73,826,525.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	105,806.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	73,932,331.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	52,791,176.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	52,791,176.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	105,806.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		52,896,982.

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

#### Part III, Line 1a - F/S Footnote For Art, Treasures, Etc.

In accordance with industry practice, the Houston Zoo does not capitalize animal and horticultural collections; acquisitions are reported as expenditures in the period of acquisition. The Houston Zoo is responsible for the health and welfare of its animal and horticultural collections. The Houston Zoo maintains records of its collections and any exchanges with other organizations. Under the direction of the Board of Directors, the President, and the curatorial staff, collections continue to be cared

for, used, and expanded. In 2019 and 2018, the Houston Zoo expended approximately

Schedule D (Form 990) 2019

TEEA3304L 8/22/19

#### Part III, Line 1a - F/S Footnote For Art, Treasures, Etc. (continued)

\$25,000 and \$32,000, respectively, to expand its collections.

In an ongoing commitment to enhance worldwide reproduction and conservation of animals, the Houston Zoo exchanges animals with other organizations. Consistent with industry practice, the Houston Zoo does not record any liability for such exchange arrangements as generally these arrangements are without monetary consideration.

#### Part III, Line 4 - Description Of Organization Collections & How Furthers Exempt Purpose

The Houston Zoo is a conservation, education, and recreation organization dedicated to the reproduction, protection, and exhibition of animals in their habitats. The Houston Zoo provides a fun, unique and inspirational experience fostering appreciation, knowledge and care for the natural world.

#### Part IV, Line 2b - Explanation Of Escrow Account Liability

At 12/31/19, the Zoo held funds on behalf of the International Union for the Conservation of Nature (IUCN) Tapir Specialist Group (TSG), which studies tapirs and their habitat in order to gain a better understanding of their biology and promote their long-term survival in the wild. TSG has no mechanism for managing incoming or outgoing funds in the United States. Donors who wish to support TSG make donations to the Houston Zoo on behalf of TSG which the Zoo holds until the TSG Chair requests funding for travel, fieldwork, or individual grants for work performed in Tapir range countries in Central/South America and Malaysia.

#### Part V, Line 4 - Intended Uses Of Endowment Fund

To provide ongoing support for operating needs and program services that are consistent with the Houston Zoo's mission, and to provide growth and expansion of programs and/or creation of new programs.

#### **SCHEDULE F** (Form 990)

**Statement of Activities Outside the United States** 

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

Employer identification number

74-1590271

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Houston Zoo, Inc

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

Inspection

<b>Part I</b> General Information Form 990, P		es Outside the	e United States. Comple	te if the organization	n answered 'Yes'
1 For grantmakers. Does the grantees' eligibility for	the organization maior the grants or assi	intain records to s stance, and the s	substantiate the amount of its election criteria used to award	grants and other assista I the grants or assistance	nce, e?XYes No
2 For grantmakers. Describe United States. Part		zation's procedures	s for monitoring the use of its gra	ants and other assistance of	outside the
3 Activities per Region. (T	he following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.)	
<b>(a)</b> Region	<b>(b)</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) East Asia/Pacific			Program	Conservation	383,530.
(2) Sub-Saharan Africa			Program	Conservation	1,185,133.
Cntl (3) America/Caribbean			Program	Conservation	66,087.
(4) South America			Program	Conservation	325,764.
(5) Europe			Program	Conservation	16,650.
(6) North America			Program	Conservation	8,379.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17) 3 a Subtotal					1 005 5:0
<b>b</b> Total from continuation sheets to Part I					1,985,543.
c Totals (add lines 3a and 3b).		0			1,985,543.

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

Schedule F (Form 990) 2019

1	(a) Name of organization	(b) 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)
				Part V					other)
			E						
			Asia/Pacific	See Part V	26,730.	Wire			
			E						
			Asia/Pacific	See Part V	30,000.	Wire			
			E						
			Asia/Pacific	See Part V	41,000.	Wire			
			E		E0 633				
			Asia/Pacific	See Part V	50,000.	Wire			
			E Asia/Pacific	See Part V	6,000.	Wiro			
			ASIA/PACITIC	See Pait V	0,000.	wile			
			Asia/Pacific	See Part V	82,500.	Wire			
			IIIIIII IIII	bee rure v	02,300.	WIIC			
			Europe	See Part V	16,650.	Wire			
			North America	See Part V	7,814.	Wire			
			South America	See Part V	106,175.	Wire			
			South America	See Part V	113,350.	Wire			
			South America	See Part V	52,215.	Wire			
			Journ America	See Tait V	32,213.	MILE			
			South America	See Part V	54,000.	Wire			
			Sub-Sah						
			Africa	See Part V	149,522.	Wire			
			Sub-Sah		·				
			Africa	See Part V	164,500.	Wire			
			Sub-Sah						
			Africa	See Part V	175,699.	Wire			
			Sub-Sah						
			Africa	See Part V	35,449.	Wire			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2019

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> 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)
(1) Conservation support	Central America	11	66,086.	Wire transfer			
(2) Conservation support	East Asia/Pacific	6	147,300.	Wire transfer			
(3) Conservation support	North America	1	565.	Wire transfer			
(4) Conservation support	South America	1	24.	Wire transfer			
(5) Conservation support	Sub-Sah Africa	4	56,539.	Wire transfer			
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA						Schedule F	(Form 990) 2019

Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471).	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

 BAA
 TEEA3505L
 06/28/19
 Schedule F (Form 990) 2019

#### 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.

# Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

The Houston Zoo's selection standards for awarding grants are based on our mission statement goals and long term development of regional programs. We do not solicit proposals nor do we have a formal process for receiving and evaluating grant requests. Instead we actively seek out projects that fit the guidelines of the Zoo's Wildlife Conservation Program (see Part III, Line 4b). We then meet with the researchers to see how well they fit with our Zoo. We do not spend much money up front until we are satisfied that the researchers will communicate and interact with the Zoo (web, media, reports, speaker requests, articles, etc.), and their research program is sustainable over the next 1-3 years that we intend to partner with them. We monitor their progress through periodic site visits where practicable and request that they provide periodic reports of activities.

#### Part II, Line 1 - Additional Supplemental Information

Part II, Column (d) PURPOSE OF GRANT

- Line (1) East Asia and Pacific region Support pangolin conservation.
- Line (2) East Asia and Pacific region Support otter program.
- Line (3) East Asia and Pacific region Support painted terrapin project.
- Line (4) East Asia and Pacific region Support HUTAN's Kinabatangan orangutan conservation.
- Line (5) East Asia and Pacific region Support wildlife warrior fund.
- Line (6) East Asia and Pacific region Support MOPP reforestation project.
- Line (7) Europe Support pangolin conservation.
- Line (8) North America Support whooping crane program.
- Line (9) South America Support lowland tapir conservation.
- Line (10) South America Support giant armadillo & anteater conservation.
- Line (11) South America Support EPI Galapagos program.

#### 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.

# Part II, Line 1 - Additional Supplemental Information (continued)

- Line (12) South America Support Galapagos tortoise movement ecology project.
- Line (13) Sub-Saharan Africa Support lemur conservation.
- Line (14) Sub-Saharan Africa Support Rwandan crane and bat conservation and community programs.
- Line (15) Sub-Saharan Africa Support giraffe conservation.
- Line (16) Sub-Saharan Africa Support Pride African Women's Conservation Initiative workshop.
- Line (17) Sub-Saharan Africa Support Niassa lion conservation.
- Line (18) Sub-Saharan Africa Support mountain gorilla conservation.
- Line (19) Sub-Saharan Africa Support IRDNC rhino rangers and community programs.

BAA TEEA3504L 06/28/19 Schedule F (Form 990) 2019

Part	II Continuation of Grant	s and Other Assist	tance to Organizat	tions or Entiti	es Outside the Un	ited States.	(Schedule F (Form	990), Part II	, line 1)
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement		(h) Description of non-cash assistance	
			Sub-Sah Africa	See Part V	439,825.	Wire			
			Sub-Sah Africa	See Part V	76,600.	Wire			
			Sub-Sah Africa	See Part V	87,000.	Wire			
		1	1	TEE \ 3602   06	200/10	<u> </u>	ı Ç	hedule F Cont (	Form 990) 2019

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

# 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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 74-1590271

Houston Zoo, Inc. **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. 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. X Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations **b** 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 (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No Sterling Associates 55 Waugh Dr. #601 Centennial Χ 15,505,800 156,000 15,349,800. Houston TX 77007 campaign 2 3 5 6 7 9 10 Total. 15,505,800. 156,000. 15,349,800. 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.

Schedule G (Form 990 or 990-EZ) 2019 Houston Zoo, Inc. 74-1590271 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) Zoo Ball None Conserv Gala through column (c) REVENUE (event type) (event type) (total number) 972,436. 705,221. **1** Gross receipts..... 1,677,657. 2 Less: Contributions..... 802,007 462,737. 1,264,744. **3** Gross income (line 1 minus line 2)..... 170,429 242,484. 412,913. Cash prizes..... Rent/facility costs..... 21,003. 2,547. 23,550. 7 Food and beverages ..... 66,290. 83,468. 149,758. 7,500. 1,475. 8,975. Other direct expenses..... 140,235. 124,315. 264,550. 446,833. Net income summary. Subtract line 10 from line 3, column (d)..... -33,920. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add column (a) through column (c)) REVENUE (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... **2** Cash prizes....... D X P E N C T E 

S	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	Yes%	Yes	% Yes%						
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			-					
	8	Net gaming income summary. Subtract lir	ne 7 from line 1, colum	ın (d)		-					
9	9 Enter the state(s) in which the organization conducts gaming activities:										
		the organization licensed to conduct gaming No,' explain:					No				
		re any of the organization's gaming licenses	s revoked, suspended,	or terminated during	g the tax year?	· · · Yes	No				
L	, ''' , 						 				
ВАА			TEEA3702L 0	8/19/19	Schedule G (Fo	orm 990 or 990-EZ)	2019				

Sche	edule G (Form 990 or 990-EZ) 2019 Houston Zoo, Inc. 7-	4-1590271	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?	_	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1	
á	a The organization's facility	13 a	%
ŀ	<b>b</b> An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name ►		
	Address ►		
ŀ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization   \$ and the of gaming revenue retained by the third party   \$ to If 'Yes,' enter name and address of the third party:	re? Yes ne amount	No
	Name •		
	Address ►		i 
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►	. – – – – – .	
	□ Director/officer   □ Employee   □ Independent contractor		
17	Mandatory distributions:		
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
ŀ	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 ► \$		
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an	umns (iii) and (	(v);
	information. See instructions.	y additional	

#### SCHEDULE I (Form 990)

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

Governments, and Individuals in the United States

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

Open to Public Inspection

OMB No. 1545-0047

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
Houston Zoo, Inc.

Employer identification number
74-1590271

#### Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (c) IRC section (d) Amount of cash grant (f) Method of valuation (b) EIN (e) Amount of non-cash (a) Description of (h) Purpose of grant (book, FMV, appraisal, noncash assistance or assistance or government assistance (1) Int'l Rhino Foundation 201 Main Street #2600 Operating Fort Worth, TX 76102 75-2395006 501 (c) (3) 10,000 0 Support (2) Int'l Elephant Foundation PO Box 366 Operating Azle, TX 76098 75-2815706 501 (c) (3) 20,000 0 Support (3) UC Davis Wildlife 1089 Veterinary Medicine Dr Conservation Davis, CA 95616 94-6036494 501 (c) (3) 0 51,022 Program (4) Mountain Gorilla Vet. Project PO Box 356 Operating Davis, CA 95617 06-1752363 501 (c) (3) 110,000 0. Support (5) Wildlife Conservation Network Various 209 Mississippi Street conservation San Francisco, CA 94107 30-0108469 501 (c) (3) 245,735 0 projects (6) Americans for Oxford Inc. 500 Fifth Avenue 32nd Floor Ruaha Carnivore New York, NY 10110 52-1495060 501 (c) (3) 59,607 0 Project Support (7) Wildlife Guardians PO Box 2378 Operating Alexandria, VA 22301 36-4712624 501 (c) (3) 0. Support 110,512 (8) Conservation Breeding Group Operating 12101 Johnny Cake Ridge Road Support -Apple Valley, MN 55124 41-1719362 501 (c) (3) 10,000 0 Breeding 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 21 3 Enter total number of other organizations listed in the line 1 table. 0

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Conservation research support	2	14,496.			
2					
3					
4					
5					
6					
7					

**Part IV** | **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The Houston Zoo's selection criteria for awarding grants are based on our mission statement goals and long term development of regional programs. We do not solicit proposals nor do we have a formal process for receiving and evaluating grant requests. Instead we actively seek out projects that fit the areas of interest of the Zoo's leadership and staff. We then meet with the researchers to see how well they fit with our Zoo. We do not spend much money up front until we are satisfied that they will communicate and interact with the Zoo (web, media, reports, speaker requests, articles, etc.) and their research program is sustainable over the next 1-3 years that we intend to partner with them. We monitor their progress through periodic site visits where practicable and request periodic reports of activities.

# **Continuation Sheet for Schedule I (Form 990)**

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2019

Continuation Page 1 of 2

Name of the organization

Houston Zoo, Inc.

74-1590271

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part III)

Part II Continuation of Grants and  (a) Name and address of organization	<b>(b)</b> EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of	(g) Description of	(h) Purpose of
or government	( <b>b)</b> EIN	(if applicable)	grant	cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	grant or assistance
Baylor College of Medicine							
PO Box 301207							EEHV Research
Dallas, TX 75303	74-1613878	501(c)(3)	393,734.				Project
<u> Ecology Project International</u>							Galapagos
315_S_4th_St_E							Educational
Missoula, MT 59801	91-2163952	501(c)(3)	50,000.				Program
_ <u>Global Wildife Conservation</u> _							
PO_Box_129							
Austin, TX 78767	26-2887967	501(c)(3)	11,000.				IUCN Pavilion
Minnesota Zoo Foundation							
13000 Zoo Boulevard							Malaysian Tiger
Apple Valley, MN 55124	51-0147653	501(c)(3)	10,000.				Conservation
Gorilla Rehab & Conserv Ctr							
PO_Box_334							Operating
Cumberland, ME 04021	46-2308758	501(c)(3)	29,500.				Support
Bat Conservation Int'l Inc.							
500 N Capital of TX Highway							Support Bat
Austin, TX 78746	74-2553144	501(c)(3)	40,000.				Walk Program
Dian Fossey Gorilla Fund Intl							
800 Cherokee Avenue SE							Operating
Atlanta, GA 30315	52-1118866	501(c)(3)	20,000.				Support
Four Corners Institute							Giant Otter
3409 Lake Vanessa Circle NW							Conservation
Salem, OR 97304	85-0457996	501(c)(3)	13,750.				Program
_ Friends of Laguna Atascosa NW							
22817 Ocelot Road							Ocelot Recovery
Los Fresnos, TX 78566	74-2815350	501(c)(3)	30,000.				Program
International Crane Fdn							Whooping Crane
E 11376 Shady Lane Road							Recovery
Baraboo, WI 53913	39-1187711	501(c)(3)	67,186.				Support

TEEA4001L 07/10/19

Schedule I Cont (Form 990) 2019

# **Continuation Sheet for Schedule I (Form 990)**

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2019

Continuation Page 2 of 2

Name of the organization Employer identification number Houston Zoo, Inc. 74-1590271 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (b) EIN (d) Amount of cash (f) Method of (h) Purpose of (a) Name and address of organization (e) Amount of nongrant or assistance (if applicable) valuation (book, or government grant cash assistance noncash FMV, appraisal, assistance other) Smithsonian Nat'l Zoological Panama PO Box 37012 MRC 5507 Amphibian 53-0206027 501 (c) (3) Washington, DC 20013 60,000 Rescue Wildtracks Belizean PO Box 765 Primates Indian Hills, CO 80454 47-5083846 501 (c) (3) 8,360 Support Lincoln Park Zoo \_\_\_2001\_N\_Clark\_Street\_\_ Operating Chicago, IL 60614 36-2512404 501 (c) (3) 20,000. Support

Schedule I Cont (Form 990) 2019

# 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization
Houston Zoo, Inc.

Employer identification number 74-1590271

Par	t I Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of t VII, Section A, line 1a. Complete Part III to provide any relevant	he following to or for a person listed on Form 990, Part ant 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)			
t	If any of the boxes on line 1a are checked, did the organization fol reimbursement or provision of all of the expenses described a	low a written policy regarding payment or above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, respectively.		2		
3	Indicate which, if any, of the following the organization used to est. Executive Director. Check all that apply. Do not check any box establish compensation of the CEO/Executive Director, but ex	xes for methods used by a related organization to			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, organization or a related organization:				
	Receive a severance payment or change-of-control payment?	La contraction de la	4 a		X
	Participate in, or receive payment from, a supplemental nonq		4 b	X	
C	Participate in, or receive payment from, an equity-based comply If 'Yes' to any of lines 4a-c, list the persons and provide the a		4 c		X
	if res to any of lines 4a-c, list the persons and provide the a	pplicable amounts for each item in Fart III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did th contingent on the revenues of:	e organization pay or accrue any compensation			
а	The organization?		5 a		Х
b	Any related organization?		5 b		Χ
	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 th contingent on the net earnings of:	e organization pay or accrue any compensation			
а	The organization?		6 a		X
b	Any related organization?		6 b		X
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, c payments not described on lines 5 and 6? If 'Yes,' describe in	did the organization provide any nonfixed	7		X
8	Were any amounts reported on Form 990, Part VII, paid or ac to the initial contract exception described in Regulations section If 'Yes,' describe in Part III.	on 53 4958-4(a)(3)?	8		Х
^			3		Λ
9	If 'Yes' on line 8, did the organization also follow the rebuttable presection 53.4958-6(c)?	esumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported 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.

Page 2

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown	of W-2 and/or 1099-MI	SC compensation	(C) Detirement	(D) Nantayahla	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Lee Ehmke	(i)	436,601.	154.	0.	11,412.	7,387.	455,554.	0.
1 President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
John Trahan	(i)	200,000.	152.	0.	8,471.	6,835.	215,458.	0.
<b>2</b> CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
Sheryl Kolasinski	(i)	243,360.	154.	0.	9,888.	7,387.	260,789.	0.
3 COO	(ii)	0.	0.	0.	0.	0.	0.	0.
Roberto Espinosa	(i)	166,454.	152.	0.	6,056.	9,692.	182,354.	0.
4 VP Development	(ii)	0.	0.	0.	0.	0.	0.	0.
Peter Riger	(i)	150,333.	153.	0.	6,041.	6,355.	162,882.	0.
5 VP Conservation	(ii)	0.	0.	0.	$\overline{0}$ .	0.	0.	0.
Kristin Finney	(i)	150,356.	162.	0.	6,021.	9,461.	166,000.	0.
6 VP HR	(ii)	0.	0.	0.	$\overline{0}$ .	0.	0.	0.
Mark Van Wickler	(i)	200,613.	152.	0.	7,321.	7,387.	215,473.	0.
<b>7</b> Exhibit Design Dir	(ii)	0.	0.	0.	$\overline{0}$ .	0.	0.	0.
Lisa Avendano	(i)	149,996.	153.	0.	6,020.	6,355.	162,524.	0.
8 VP Animal Ops	(ii)	0.	0.	0.	$\overline{0}$ .	0.	0.	0.
	(i)							
9	(ii)							
	(i)						L	
10	(ii)							
	(i)						L	
11	(ii)		T		Γ		Γ	
	(i)							
12	(ii)							
	(i)							
13	(ii)		T		Γ		Γ	
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							
DAA			TEE \( \lambda \) 1 0 2 1 8 12 / 1				Calaadada	L/Forms 000\ 2010

BAA TEEA4102L 8/2/19 Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 Houston Zoo, Inc. 74-1590271 Page **3** 

# Part III Supplemental Information

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

# Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation

Lee Ehmke participates in a 457 Top Hat plan. The contribution for 2019 was \$20,348.

TEEA4103L 8/2/19

# **SCHEDULE M** (Form 990)

Name of the organization

Houston Zoo, Inc

**Noncash Contributions** 

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

74-1590271

Par	τι	тур	es 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	Meth noncash	od of c contri	determir	ning mounts
1	Art .	– Wo	rks of art							
2			torical treasures	_						
3			ctional interests.	_						
4			d publications.							
			and household goods							
5			other vehicles							
6										
7			d planes							
8			al property		0	0 657 770	MACO			
9			s – Publicly traded		9	2,657,770.	NYSE			
10			s – Closely held stock							
11			s – Partnership, LLC, or trust interests .							
12			s — Miscellaneous							
13			conservation contribution – tructures							
14	Qua	lified	conservation contribution - Other							
15	Rea	I esta	te – Residential							
16	Rea	I esta	te — Commercial							
17	Rea	I esta	te – Other							
18	Coll	ectible	es							
19	Foo	d inve	entory							
20	Drug	gs and	d medical supplies							
21	Taxi	iderm	y							
22	Hist	orical	artifacts							
23			specimens							
24			gical artifacts							
25			(Auction items)		60	64,315.	FMV			
26			(Food/beverages)		1	49,913.				
27			()			13/3101				
28	Othe		`´ ( )							
29			f Forms 8283 received by the organization		year for contributions for	r which the				
23			ion completed Form 8283, Part IV, Done				29			
	J		, , ,		3				Yes	No
30a			e year, did the organization receive by cont old for at least three years from the date							
			of purposes for the entire holding period					30 a		Х
h			lescribe the arrangement in Part II.					300		71
			organization have a gift acceptance pol	licy that requi	ires the review of any n	nonstandard contribution	ns?.	31	X	
									21	
s∠a			organization hire or use third parties or contributions?	•	• •			32 a		Х
h			lescribe in Part II.					JEa		Λ
	If th	e orga	anization didn't report an amount in col	umn (c) for a	type of property for wh	nich column (a) is chec	ked,			
	ues	วแมย โ	in Part II.							

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

BAA TEEA4602L 8/5/19 Schedule M (Form 990) 2019

#### **SCHEDULE 0** (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.

► Attach to Form 990 or 990-EZ.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Houston Zoo, Inc.

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

Open to Public Inspection Employer identification number

74-1590271

# Form 990. Part III. Line 4a - Program Service Accomplishments

Aspiring to be one of the best zoos in the country, the Houston Zoo is focused on ensuring that visitors from both within and outside the Houston area feel like they have been as close to the wild as they can get. The Houston Zoo's animal care team, Conservation Education Department, Zoo Rangers, and our Guest Relations personnel lead this effort.

The Zoo's animal keepers provide uncompromising excellence in animal care as well as world class quest experiences. During this reporting period, the Houston Zoo animal care participated in Meet the Keeper talks, behind-the-scenes tours, and many other personal animal experiences for our quests which encourage appreciation and empathy for animals in the zoo and in the wild. These experiences help our quests understand how they can help save animals in the wild and how the Houston Zoo directly supports the conservation of various species across the globe.

Providing diverse learning experiences, the Houston Zoo's Education Department promotes connections with the natural world, empowering our guests to inquire, act, and conserve. During this reporting period, the Houston Zoo's Education Department personnel conducted interpretive programs on the grounds reaching approximately 481,327 participants.

The Zoo is also committed to ensuring all Houstonians, regardless of means, have The Zoo ranks in the bottom 50% of zoo admission prices for access to the Zoo. comparable accredited zoos in the United States and below average for Texas zoos and similar local attractions. Guests are offered free or heavily discounted pricing

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

# Form 990, Part III, Line 4a - Program Service Accomplishments

Lone Star Card program - Admission of up to 2 adults and 3 children for \$5.25 each when card is presented.

Military program - Admission of up to 2 adults and 3 children at 50% discount with military ID.

Schools and Groups - Free admission to all schools (school children, teachers and chaperones), within the Houston city limits, accredited by the Texas Education Agency or the Texas Private School Accreditation Commission.

Free Days - Free admission to the public on the first Tuesday of each month from September to May.

	Lone Star,	Schools		
	Active Military	& Groups	Free Days	Total
2019	186,010	112,053	53,081	351,144
2018	186,523	107,880	57,033	351,436

# Form 990, Part III, Line 4b - Program Service Accomplishments

The Houston Zoo's Wildlife Conservation Program was initiated in 2004 to facilitate leadership in conservation efforts related to the survival of threatened wildlife, the wise use of natural resources, and the appreciation of our natural world. As of fiscal year 2019, we currently support 42 projects in 22 countries around the world including the US. Accordingly, the Houston Zoo has committed 6% of its annual operating budget to support this program, which compares favorably with other zoos, most of which do not make such substantial commitments to conservation from their

Name of the organization

Houston Zoo, Inc.

Employer identification number
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#### Form 990, Part III, Line 4b - Program Service Accomplishments

operating budgets.

The Houston Zoo recognizes the need to work both close to home, supporting a number of wildlife reintroduction projects right here in Texas, and also across the globe where we support critical efforts aligned with the animals we house here at the Houston Zoo. These programs quite often focus not only on wildlife but as much on the support of the human communities living with those species on a daily basis. We believe conservation is not just about saving species but about improving the lives of the local communities so they see the benefits of protecting animals in the wild.

Through partnerships with local, national, and international conservation agencies and non-governmental organizations (NGOs), such as the Texas Parks and Wildlife Department, US Fish and Wildlife Service, and the Association of Zoos and Aquariums (AZA), the Houston Zoo actively participates in programs designed to protect both animals and their natural habitats worldwide.

#### Form 990, Part III, Line 4c - Program Service Accomplishments

The Zoo's conservation education programs offer a continuum of learning from birth to adulthood including fee-based educational programs, on-site live interpretation, adult volunteers and interns, and interpretive planning. Fee-based programs include family programs, early childhood programs, summer camp, overnights and ZooMobiles.

Conservation Education Programs (1/1/2019 to 12/31/1019):

Total persons served: 517,865 (includes onsite guest interactions by staff, teens and volunteer interpreters, pre-schedule fee-based programming)

Name of the organization
Houston Zoo, Inc.

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#### Form 990, Part III, Line 4c - Program Service Accomplishments

Pro-bono programming:

The Houston Zoo values being a Zoo for All. Conservation Education supports this value by offering free weeklong summer camp experiences for need-based children ages 4-16. In addition, 20% of our ZooMobile programs are pro-bono for the community and we award college scholarships to our Zoo Crew teens that are graduating out of the program to college.

Summer Camp scholarships: 223 campers

ZooMobile programs: 64 programs reaching approx. 5,407 people

Zoo Crew teen college scholarships: 4 teens

36 projects in 21 countries in 2019

#### Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Per the corporate documents, the Mayor of the City of Houston has the power to appoint 20% of the Board of Directors.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is reviewed by the CEO and the CFO. Once reviewed internally, the Form is reviewed and approved by the Audit Committee. A copy of the Form is provided to each Board member prior to filing with the IRS.

# Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Zoo's Board of Directors has a conflict of interest policy to ensure that both the Zoo and its directors and officers are protected from concerns of conflict of

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

# Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

interest. The policy asks the directors and officers to disclose their relationship with other organizations or people that might give rise to a situation in which the officer or director would be subject to criticism for a conflict. Each year the Zoo asks its directors and officers to complete and file a form with the Zoo to meet this requirement. The Chairperson of the Audit Committee is responsible for the oversight process and the Chairperson of the Board of Directors is responsible for addressing any conflicts that may be disclosed in the process.

# Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The compensation of the President/CEO is determined by the Compensation Committee of the Board of Directors. The Committee reviews both comparable salaries for similar positions listed on other organizations' Form 990s as well as comparable position salaries in the American Zoological Association Salary Survey.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

See above for the process followed for other officers and key employees.

# Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

These documents are provided upon request.