PUBLIC INSPECTION COPY

Form **990**

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

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, 20

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2020 calendar year, or tax year beginning

► 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.

2020, and ending

В	Check	if applicable:	С					D Employ	er identif	ication number
	A	Address change	Houston Zoo, Inc	•				74-	15902	271
	N	lame change	1513 Cambridge					E Telepho	ne numbe	er
		nitial return	Houston, TX 7703	0				713	-533-	-6501
	\square_{F}	inal return/terminated					•			
	\blacksquare	Amended return						G Gross r	eceipts \$	69,273,158.
	\blacksquare	Application pending	F Name and address of principa	l officer: Tabania			H(a) Is this a			
	ш′	Application penaling	Same As C Above	ree Fullike			H(b) Are all If "No,"	subordinates	included1	
$\overline{}$	Tay	-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	If "No,"	attach a list	. See insti	ructions
<u>'</u>		•	w.houstonzoo.org) (III3611 II0.)	4547 (d)(1) 01		H(c) Group 6	avamation a	ımbor 🕨	
K		m of organization:	X Corporation Trust	Association Other ►	II v	ear of formati	· · ·			gal domicile: TX
	rt I	Summar		Association		ear or ioimati	011. 1920) 141 3	state of le	gai domicile. IA
Га	1	Briefly descri	y be the organization's miss	ion or most significant ac	rtivities:Wo	ctrivo	to bo	2 700	+ha+	nracticos
	-	oxomplar	y animal care, de	olivors an outst	anding of	SCIIVE	vnorio	a 200	rost	bractices
၁င		workplac	e that instills	ing or	nort	unities				
Governance			conservation awa						<u> </u>	<u>unii cico,</u>
ķ	2	Check this bo		n discontinued its operat					net ass	sets.
တိ	3		ting members of the gover						3	37
∘ఠ	4	Number of in	dependent voting members	s of the governing body (Part VI, line	1b)			4	37
Ë	5		of individuals employed in	-					5	551
Activities &	6		of volunteers (estimate if						6	562
ĕ			ed business revenue from						7a	-840.
	b	Net unrelated	business taxable income	from Form 990-T, Part I,	line 11				7b	0.
		0 1 1 1		11.				rior Year		Current Year
ē	8		and grants (Part VIII, line					,441,3		27,412,831.
Revenue	9	-	rice revenue (Part VIII, line Icome (Part VIII, column (A	- -				,199,6		26,278,051.
ş	10 11		e (Part VIII, column (A), lir					,325,1		637,011.
_	12		e – add lines 8 through 11					-33,9 ,932,3		52,558. 54,380,451.
	13		milar amounts paid (Part					, 383, 4		2,228,013.
	14		to or for members (Part I)					, 303, 4	37.	2,220,013.
	15							,503,4	0.0	24 024 150
es	15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)							24,034,159.
šuš	168							156,0	100.	43,000.
Expenses	k		sing expenses (Part IX, col							
ш	17		es (Part IX, column (A), li					,854,0		19,050,784.
	18	•	es. Add lines 13-17 (must	•				,896,9	82.	45,355,956.
	19	Revenue less	expenses. Subtract line 1	8 from line 12			. 21	,035,3	349.	9,024,495.
P 89							Beginnin	g of Currer	t Year	End of Year
sets alan	20		(Part X, line 16)				253	,408,2	258.	285,541,904.
AB	21	Total liabilitie	s (Part X, line 26)				. 14	,013,1	.89.	35,785,281.
Net Asse Fund Bal	22	Net assets or	fund balances. Subtract li	ne 21 from line 20			. 239	,395,0	169.	249,756,623.
Pa	rt II	Signatur	e Block				•			
Unde	er pena	alties of perjury, I de	clare that I have examined this retu	urn, including accompanying sche	dules and statem	ents, and to	the best of m	y knowledge	and belie	f, it is true, correct, and
com	piete. L	Declaration of prepa	rer (other than officer) is based on	all information of which preparer	nas any knowied	ge.				
		► Elei	ctronically File	<u>d</u>						
Siç He	gn	Signatu	re of officer				Dat	te		
He	re		Ehmke	dent 8	E CEO)				
		, ,	print name and title	Τ=				1		
		Print/Type p	reparer's name	Preparer's signature		Date		Check	if F	PTIN
Pa			a Murphy	Barbara Mury	shy	11/1	2/21	self-employ	ed [P01386215
Pre	epar	er Firm's name	Blazek & Vet	terling						
Us	e Oı	nly Firm's addre	ess 🟲 2900 Weslayan	n, Suite 200				Firm's EIN	<u> 76</u> -	0269860
_			Houston, TX					Phone no.	(713) 439-5739
May	y the	IRS discuss th	is return with the preparer		uctions					X Yes No

Par		V
1	Check if Schedule O contains a response or note to any line in this Part III	
•	Connect communities with animals, inspiring action to save wildlife.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	🗖
	Form 990 or 990-EZ?	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	res 🛕 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.	total expenses,
	and referride, in any, for each program estimate reported.	
4 a	(Code:) (Expenses \$ 37,816,258. including grants of \$) (Revenue \$ 2	6,034,451.)
	See Schedule 0	
	(Code: \(\sum_{\text{Expanses}} \frac{\xi}{2} \) 2.741 EQ2 including grants of \(\xi \) 2.220 Q12 \(\sum_{\text{Expanses}} \xi \) (Poyonus \(\xi \)	
40	(Code:) (Expenses \$2,741,582. including grants of \$2,228,013.) (Revenue \$	
	<u> </u>	
4 c	(Code:) (Expenses \$ 963,552. including grants of \$) (Revenue \$	
	The Covid-19 pandemic forced HZI's Education programs to pivot to a virtual	
	during 2020. Camp Zoofari, an immersive summer day camp for ages 4-14, was three weeks as a virtual camp in August with 252 campers from 24 different	
	cities and New Mexico. And while all school field trips were suspended due	
	pandemic-related school closures, HZI offered free virtual learning experie	
	26 Houston-area Saving Wildlife Partnership Schools, as well as paid virtua	
	programs for schools looking to supplement learning outcomes. Including in	
	programs reached 9,215 students in 17 states from New York to California ar	<u>ıd</u>
	Washington.	
4 d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 41.521.392.	

Form 990 (2020) 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? If 'Yes,' complete Schedule C, Part 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? If 'Yes,' complete Schedule D, Part IV.	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.			
a	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	Χ	
k	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)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	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	
Ł	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	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	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	
	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 (2020) 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	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	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 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
	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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	former officer, director, trustee, 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	instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	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? If 'Yes,' complete Schedule M	29	Х	
30	contributions? If 'Yes,' complete Schedule M	30		X
31		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? <i>If 'Yes,' complete Schedule R, Part l</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 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. 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	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	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
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 03	7.0
	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 990 (20000
$R\Lambda$	TELATITUAL TOTAL TOTAL	- orm	uun /	フロンバ

Form 990 (2020) 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 551			
k	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	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
k	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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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
	of If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		21
7	Organizations that may receive deductible contributions under section 170(c).	ав		
	•			
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	Χ	
Ŀ	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	_		v
_	Form 8282?	7 c		X
	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		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	- 1		
	as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	,		
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	n Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: 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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 a		- 23
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	5		
13	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If 'Yes,' complete Form 4720, Schedule O.			

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 Χ 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? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. O...... 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	ition (d n one b both dire	box, an o	unles	s pers and a ee)	i	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Lee Ehmke	40									
President & CEO	0			Χ				455,437.	0.	9,681.
_(2) Sheryl Kolasinski COO	$-\frac{40}{0}$			Х				260,885.	0.	12,565.
(3) Mark_Van_WicklerExhibit Design Dir	$-\frac{40}{0}$					Х		192,740.	0.	12,857.
(4) Trazanna Moreno	40					71		132,740.	0.	12,057.
VP Marketing	0					Х		187,602.	0.	5,651.
(5) Roberto Espinosa	40								<u> </u>	
VP Development	0					Х		179,836.	0.	13,221.
(6) Kristin Finney	40									
VP HR	0					Χ		166,522.	0.	13,376.
(7) Lisa Avendano	40									
VP Animal Ops	0					Χ		164,043.	0.	9,401.
(8) John Trahan	40									
CFO to 07/20	0			Χ				153,484.	0.	8,369.
_(9) Jeri_Nordbrock	40_									
CFO from 11/20	0			Χ				23,452.	0.	0.
(10) Stacy Methvin	4									
Board Chair	0	Χ		Χ				0.	0.	0.
(11) Joe Cleary	1	.,		3.7				0	0	0
Vice Chair	0	Χ		Х				0.	0.	0.
(12) Cullen Geiselman	1	v		37				0	0	0
Vice Chair	0	Х		Χ				0.	0.	0.
Vice Chair	1	Х		Х				0.	0.	0.
(14) Jill Jewett	1	Λ		Λ				0.	0.	0.
Vice Chair	1	Х		Х				0.	0.	0.
VICC CHAIL	U	21		21				0.	0.	0.

	(B)			(()						
(A)	Augraga	(da	not 0	Pos	sition	than a		(D)	(E)		(F)
(A) Name and title	Average hours	box	, unle	ss pe	erson	than o	n an	Reportable	Reportable	Ection	ated amount
Tallo alla tito	per week		-			or/trust		compensation from the organization	compensation from related organizations		of other
	(list any hours	Individual or director	nstit	Officer	Key	Highest or employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	the o	ensation from organization
	for related	rect four	utio	쥿	/ employee	est o	E.				nd related anizations
	organiza - tions	ğ ≅	ᇜ) Oya	e					
	below dotted	Individual trustee or director	Institutional trustee		8	pens					
	line)	Ф	8			Highest compensated employee					
(15) Jim Postl	1									1	
Vice Chair	1	Х		Χ				0.	0.		0.
(16) Sami Ahmad	1	21		71				0.	0.		<u> </u>
Board Member		Χ						0.	0.		0.
(17) Roxanne Almaraz	1							0.	<u> </u>		<u> </u>
Board Member	0	Х						0.	0.		0.
(18) Bill Barnett	1								•		
Member Emeritus		Χ						0.	0.		0.
(19) Carlos Bueno	1							0.	· ·		<u> </u>
Board Member	0	Х						0.	0.		0.
(20) Joshua Davidson	1							0.			<u> </u>
Board Member	0	Х						0.	0.		0.
(21) Mike Dishberger	1							· ·	<u> </u>		<u> </u>
Board Member	0	Х						0.	0.		0.
(22) Jeff Dudderar	1							· ·	<u> </u>		<u> </u>
Board Member	0	Х						0.	0.		0.
(23) Anne Duncan	1							· ·	<u> </u>		<u> </u>
Member Emeritus	0	Х						0.	0.		0.
(24) Robert Edwards	1	<u> </u>						, , , , , , , , , , , , , , , , , , ,	<u> </u>		
Board Member	0	Х						0.	0.		0.
(25) Jenny Elkins	1	<u> </u>						, , , , , , , , , , , , , , , , , , ,	<u> </u>		
Board Member	0	Х						0.	0.		0.
1 b Subtotal						i		1,784,001.	0.		85,121.
c Total from continuation sheets to Part VII, Section	on A					1	▶	0.	0.		0.
d Total (add lines 1b and 1c)						!	▶	1,784,001.	0.		85,121.
2 Total number of individuals (including but not limited	to those I	isted	abov	/e) v	who	receiv	ved	more than \$100,00	0 of reportable com	pensatio	n
from the organization > 27											
											Yes No
3 Did the organization list any former officer, direc											
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	al								. 3	X
4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	nsa	țion	and	oţh	er compensation t	from		
the organization and related organizations greate such individual										4	Х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e compen	satio	n fro	om :	anv	unrel	late	ed organization or	individual	5	X
Section B. Independent Contractors	s, comple	<i>ie</i> 30	neu	uie	3 10	Suc	πρ	ersorr		. 3	Λ
1 Complete this table for your five highest compen	sated inde	epen	dent	COL	ntra	ctors	tha	t received more th	nan \$100,000 of		
compensation from the organization. Report compen		the c	alend	dar <u>y</u>	year	endir	ng v	i	-		
(A) Name and business addi	ress							(B) Description of	of services	Comp	C) ensation
Tellepsen Builders 777 Benmar #400 Houston	, TX 770	060						Construction		24,6	538,970.
Studio Hanson/Roberts 250 Madrona #220 Bai	nbridge	Isl	and	, W	A 9	8110		Architect		2,2	280,390.
Strike Marketing 906 Rutland Street Housto	n, TX 7	7008						Advertising			279,872.
Brave Architecture 4617 Montrose Blvd #C23	0 Houst	on,	TX	770	06			Architect			940,906.
A&A Custom Conrete 802 West James Avenue Baytown, TX 77520 Construction								911,034.			
2 Total number of independent contractors (including b		ited to	o tho	se I	isted	d abov	ve)	who received more	than		
\$100,000 of compensation from the organization > 27											

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

Name of the Organization

Houston Zoo, Inc.

Employler Identification number
74-1590271

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

Highest Compensated E	mployee	S								
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours per					hat appl		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
	week (list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	related organiza-	tor ta	onal		ploy	e com	`			and related organizations
	tions below	uste	trust		96	pens				
	dotted line)		89			ated				
Amy Garrou	11									
Board Member	0	Х				L		0.	0.	0.
Eureka Gilkey	11					l				
Board Member	0	X						0.	0.	0.
Marty Goosen	11	ļ				l		_	_	_
Board Member	0	X				<u> </u>		0.	0.	0.
Gillian Hobson	11	ļ				l		_		_
Board Member	0	X				<u> </u>		0.	0.	0.
Tandra_Jackson	1	٠								
Board Member	0	X						0.	0.	0.
Myrtle_Jones	1	.,,				l				•
Board Member	0	X						0.	0.	0.
Sanjay Kalavar	$-\frac{1}{2}$.,						0	0	0
Board Member	0	X						0.	0.	0.
Peggy Kostial	$-\frac{1}{2}$.,						0	0	0
Board Member	0	X						0.	0.	0.
Claire Liu	$-\frac{1}{2}$	17				l		0	0	0
Board Member	0	Х						0.	0.	0.
Kelley Lubanko Board Member	$-\frac{1}{0}$	v						0.	0.	0
Kimberly McKay	1	X						0.	0.	0.
Board Member	$-\frac{1}{0}$	Х						0.	0.	0.
Clay Neff	1	Λ						0.	0.	0.
Board Member	$-\frac{1}{0}$	Х				l		0.	0.	0.
Alie Pruner	1	Λ						0.	0.	<u> </u>
Board Member	$-\frac{1}{0}$	Х						0.	0.	0.
Ron Rand	1	Λ						0.	0.	<u></u>
Board Member		Х				l		0.	0.	0.
Tim Roberts	1	71						0.	0.	<u> </u>
Board Member	1	Х						0.	0.	0.
Bas Solleveld	1							0.	0.	•
Board Member	0	Х						0.	0.	0.
Macey Stokes	1							, , , , , , , , , , , , , , , , , , ,		
Board Member	0	Х				l		0.	0.	0.
Molly Voorhees	1							5.7		<u> </u>
Board Member	0	Х						0.	0.	0.
Cynthia Walker	1									
Board Member	0	Х						0.	0.	0.
Randa Duncan Williams	1	İ								
Member Emeritus	0	Х						0.	0.	0.
Austin Young	11									
Member Emeritus	0	Х				<u></u>		0.	0.	0.

Form **990** Cont 2020

		Check if Schedule O contains a respo	nse or note to any	y line in this Part V	III		
				(A) 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	b c d e f	Noncash contributions included in lines 1a-1f	5,056,070. 914,042. 5,665,025. 15,777,694. 393,665.				
<u>ਹੁੰ</u> ਫ਼	n	Total. Add lines 1a-1f	Business Code	27,412,831.			
ğ	2.			10 017 516	10 017 516		
eve	Z a		61499	10,317,516.			
e H	D		000099	9,342,777.	9,342,777.		
Ϋ́	4		511600	4,692,987.	4,692,987.		
နှင	u	Concessions 7	22210	1,924,771.	1,924,771.		
Program Service Revenue	f	All other program service revenue					
Į,		Total. Add lines 2a-2f	>	26,278,051.			
ш.		Investment income (including dividends, int		20,270,031.			
	3	other similar amounts)		425,958.		-840.	426,798.
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	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 15009564.					
	b	Less: cost or other basis					
		and sales expenses 7b 14537205.	261,306.				
		Gain or (loss) 7c 472,359.					
	d	Net gain or (loss)		211,053.			211,053.
Other Revenue		Gross income from fundraising events (not including \$ 914,042. of contributions reported on line 1c). See Part IV, line 18	146,754. 94,196.				
뜐		Net income or (loss) from fundraising ev		52,558.			52,558.
)		Gross income from gaming activities. See Part IV, line 19		02/0001			02/0001
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activit	ies▶				
	10a	Gross sales of inventory, less					
		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inven					
S			Business Code				
8 a	11 a b c d						
	b						
ig g	С	All other revenue					
Miscellaneous Revenue			>				
		Total revenue See instructions		E4 200 451	06 070 051	0.40	600 100
	12	Total revenue. See instructions		54.380.451.	126.278.051 1	-840	690.409.

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) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	935,687.	935,687.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	35,374.	35,374.								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,256,952.	1,256,952.								
4 5	Benefits paid to or for members	923,872.	445,468.	176,672.	301,732.						
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	18,967,957.		1,150,848.	657,667.						
-	Pension plan accruals and contributions	10,907,937.	17,159,442.	1,130,040.	037,007.						
8	(include section 401(k) and 403(b) employer contributions)	345,450.	308,682.	25,500.	11,268.						
9	Other employee benefits	2,417,062.	2,164,726.	165,958.	86,378.						
10	Payroll taxes	1,379,818.	1,311,347.	2,529.	65,942.						
11	Fees for services (nonemployees):										
ā	a Management										
ŀ) Legal	33,024.	194.	32,757.	73.						
(Accounting	46,227.		46,227.	_						
C	d Lobbying				_						
6	Professional fundraising services. See Part IV, line 17	43,000.			43,000.						
	Investment management fees	112,553.		112,553.	_						
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	2,607,920.	2,213,856.	331,472.	62,592.						
13	Office expenses	1,242,950.	1,240,155.	2,247.	548.						
14	Information technology	619,574.	517,820. 261,312.	50,430.	51,324.						
15	Royalties.	423,659.	201,312.	142,151.	20,196.						
16	Occupancy	1 200 245	1 202 021	6 121	002						
17	Travel.	1,209,245. 85,320.	1,202,021. 79,725.	6,421. 4,651.	803. 944.						
18		63,320.	19,125.	4,031.	944.						
19	Conferences, conventions, and meetings	175,520.	90,009.	7,974.	77,537.						
20	Interest	22,378.	,	22,378.	·						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	8,883,772.	8,883,772.								
	Insurance	617,383.	571,326.	32,898.	13,159.						
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	1,868,933.	1,857,436.	3,770.	7,727.						
	Grounds/Events	467,460.	467,460.		, · <u>-</u> · · ·						
	Equipment expense	332,770.	294,874.	37,896.							
C	Printing & publications	302,096.	223,754.	17,181.	61,161.						
	All other expenses.										
25	Total functional expenses. Add lines 1 through 24e	45,355,956.	41,521,392.	2,372,513.	1,462,051.						
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).										

		Check if Schedule O contains a response or note to	any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			19,681,656.	1	16,009,773.
	2	Savings and temporary cash investments			9,918,910.	2	15,005,752.
	3	Pledges and grants receivable, net			59,616,920.	3	58,605,138.
	4	Accounts receivable, net			654,804.	4	612,130.
	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		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		L	102 010	8	110 010
set	9	Prepaid expenses and deferred charges	102,910. 1,022,378.	9	110,818. 817,235.		
Assets	-		1 1		1,022,370.	9	017,233.
r.		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		243,221,916.			
	b	Less: accumulated depreciation		74,704,623.	138,769,890.	10 c	168,517,293.
	11	Investments — publicly traded securities		22,580,443.	11	23,994,995.	
	12	Investments — other securities. See Part IV, line 11	1,060,347.	12	1,868,770.		
	13	Investments — program-related. See Part IV, line 11.		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		253,408,258.	16	285,541,904.
	17	Accounts payable and accrued expenses	8,933,849.	17	13,254,624.		
	18	Grants payable			18		
	19	Deferred revenue	4,139,254.	19	9,219,489.		
	20	Tax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability. Complete Part I		_	107,779.	21	60,379.
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 3	35%		22	
⊐	23	Secured mortgages and notes payable to unrelated the		_	832,307.	23	13,250,789.
	24	Unsecured notes and loans payable to unrelated third	•	_	032,307.	24	13,230,103.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25			14,013,189.	26	35,785,281.
ses		Organizations that follow FASB ASC 958, check here		X	11,010,100.		00,.00,202.
aŭ	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		1	161 026 006	27	102 264 146
3al	28	Net assets with donor restrictions		-	161,036,906.	 	182,264,146.
힏	20	Organizations that do not follow FASB ASC 958, che			78,358,163.	28	67,492,477.
Net Assets or Fund Balance		and complete lines 29 through 33.	ck nere				
ō	29	Capital stock or trust principal, or current funds	<u> </u>		29		
ě.	30	Paid-in or capital surplus, or land, building, or equipment of the surplus of the	<u> </u>		30		
155	31	Retained earnings, endowment, accumulated income,		<u> </u>		31	
et /	32	Total net assets or fund balances		239,395,069.	32	249,756,623.	
	33	Total liabilities and net assets/fund balances			253,408,258.	33	285,541,904.
D٨	^		TFF Δ0111	10/07/20			Earm 000 (2020)

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	54	1,38	0,4	51.		
2 Total expenses (must equal Part IX, column (A), line 25)	2	45	5,35	5,9	56.		
3 Revenue less expenses. Subtract line 2 from line 1	3	Ç	9,02	4,49	95.		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	239	9,39	5,0	69.		
5 Net unrealized gains (losses) on investments	5	1	L,33	7,0	59.		
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	240	75	6 6'	23		
Part XII Financial Statements and Reporting	10	243	, 13	0,02	23.		
Check if Schedule O contains a response or note to any line in this Part XII							
1 Accounting weather describe a green with a Fermi 2000 Docate Wilderman Dottom			Y	es	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.							
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ		
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					
b Were the organization's financial statements audited by an independent accountant?			2b	X			
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ate						
c 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	Х			
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?	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single						
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b				
BAA TEEA0112L 10/19/20		F	orm 9	90 (2	2020)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2020

Open to Public Inspection

vame	oi trie	organization						Employ	er identilica	ation numbe	ſ
Ηοι	isto	on Zoo,	Inc.					74-1	.59027	1	
Par	t I	Reason	for Public Cha	arity Status. (All o	rganizations must	comple	ete this	s part.) See	instruc	ctions.	
The	orga	nization is	not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)			
1		A church, c	convention of church	nes, or association of ch	nurches described in sect	tion 1 <mark>70</mark> (b)(1)(A)(i).			
2		A school de	escribed in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)				
3					ization described in sec		•	A)(iii).			
4	H		'	,	unction with a hospital of				Δγιιι) Ε	nter the h	nosnital's
			, and state:						. — — — —		
5	Ш	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 7		•		· ·	ental unit described in s						
,	Χ	An organization	ation that normally i 1 70(b)(1)(A)(vi). (receives a substantial p (Complete Part II.)	part of its support from a	governm	ental uni	it or from the ge	eneral pul	olic describ	oed
8		A commun	nity trust described	l in section 170(b)(1)(A)(vi). (Complete Part I	II.)					
9		An agriculti	ural research organi	ization described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-g	rant colle	ege	
		or universit	y or a non-land-gra	nt college of agriculture	e (see instructions). Enter	r the nan	ne, city,	and state of the	college of	or	
		university:									
10		from activi	ties related to its of the time.	éxempt functions, sub	nan 33-1/3% of its supp ject to certain exceptio e income (less section Part III.)	ns; and	(2) no r	nore than 33-1	/3% of it	ts support	t from gross
11		An organiz	zation organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).			
12		or more pu	ublicly supported o	organizations describe	ely for the benefit of, to ed in section 509(a)(1) o	or sectio	n 509(a)(2). See secti	on 509(a	ut the pur	poses of one k the box in
		lines 12a t	through 12d that de	escribes the type of s	upporting organization	and con	nplete Ìir	nes 12e, 12f, a	ind 12g.		
a	ı 📙	organizatio	upporting organizati n(s) the power to re Part IV, Sections <i>I</i>	egularly appoint or elect	d, or controlled by its sup a majority of the directo	oported or rs or trus	rganizat stees of t	ion(s), typically the supporting c	by giving organizati	the suppo on. You m	orted ust
k) [manageme	supporting organize nt of the supporting plete Part IV. Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization the supported	n(s), by organizat	having co ion(s). Yo u	ntrol or J
c	: 🔲	'	• ′		ion operated in connection	n with, a	nd function	onally integrated	I with, its	supported	
c	ıΠ	Type III noi	n-functionally integ	rated. A supporting org	anization operated in cor	nection	with its s	supported organ	nization(s`) that is no	ot
		functionall instruction	y integrated. The c s). You must com	organization generally plete Part IV, Section	must satisfy a distribu S A and D, and Part V.	tion req	uiremen	t and an atten	tiveness	requirem	ent (see
	: <u> </u>	integrated	, or Type III non-fu	unctionally integrated	en determination from t supporting organization	١.				e III funct	ionally
				3							
_ •				n about the supported				T		1	
	(i) Na	ime of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	-10 organization listed support (see instructions) supp			mount of other (see instructions)		
						Yes	No				
(A)											
<u>,,,,</u>											
(B)											
(C)											
(D)											
(0)						-					
(E)											

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.)

Sec	Section A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	16879194.	33435509.	65803520.	32441395.	27412831.	175972449.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	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)	16879194.	33435509.	65803520.	32441395.	27412831.	175972449. 54,712,962.
6	Public support. Subtract line 5 from line 4						121259487.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	16879194.	33435509.	65803520.	32441395.	27412831.	175972449.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	603,974.	536,064.	538,598.	601,681.	425,958.	2,706,275.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	·	·	·	52,558.	52,558.
10	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						178731282.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	178252670.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	fth tax year as a	section 501(c)(3)	▶
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage			T	
	Public support percentage for 20 Public support percentage from 2						67.84 % 65.10 %
	33-1/3% support test-2020. If the	ne organization di	d not check the b	ox on line 13, and	d line 14 is 33-1/3	w or more, check	k this box
b	and stop here. The organization qualifies as a publicly supported organization. ▶ X ■ 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances' t	nd-circumstances est. The organiza	test, check this betien qualifies as	oox and stop here a publicly support	Explain in Part ed organization.	VI how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	or 17b, check thi	s box and see ins	structions ►

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.)

Sec	tion A. Public Support	otto notou polon,	picase complete i	<u> </u>			
	lar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2010	(6) 2517	(4) = 1.12	(4) 2515	(0) 2020	(ly rotal
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is organization, check this box and						
	tion C. Computation of Pul						
	Public support percentage for 20	•			•		%
	Public support percentage from 2				<u></u>		90
Sec	tion D. Computation of Inv						
17		· ·		-	***	-	%
18	Investment income percentage f	rom 2019 Schedu	le A, Part III, line	17			%
19a	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	the organization of this box and sto	lid not check the t p here. The organ	oox on line 14, ar ization qualifies a	nd line 15 is more as a publicly supp	than 33-1/3%, and orted organization	I line 17 ▶
	33-1/3% support tests—2019. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	alifies as a public	ly supported organ	ization ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
3a	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b	2		
	and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI 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 Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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	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))?	00		
b	If 'Yes,' provide detail in Part VI. 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 Part VI.	9a 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 Part VI.	9с		
l0a	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 line 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		

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Page 5

Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the 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 lines 11b and 11c below,			
-		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sect	tion I	B. Type I Supporting Organizations		11	
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
'	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
2	that o	the 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 Part VI 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	Were	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 Part VI 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			
1	Did #	to organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organ	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1		
2	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
_			2		
3	Ry re:	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
Ū	voice	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Пт	The organization satisfied the Activities Test. Complete line 2 below.			
b	Πт	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Πт	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instrı	ıctions	s).
•	Λ - 1::	The Tark Annual Page Or and Oh halves	ĺ		
		ities Test. Answer lines 2a and 2b below.		Yes	No
а	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 Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
b	more	he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
reasons for the organization's position that its supported organization(s) would have engaged in these activities		2b			
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ions	
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	t on No ns mus	v. 20, 1970 (explain ir t complete Sections A	n Part VI). See 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):			
á	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(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 0.015 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 0.035.	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 0.85 of line 1.	2		
3		3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated		
BAA			Schedule A (F	orm 990 or 990-EZ) 20

Schedule A (Form 990 or 990-EZ) 2020

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

Section D — Distributions				
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details			
	in Part VI). See instructions.	8		
9	Distributable amount for 2020 from Section C, line 6	9	_	
10	Line 8 amount divided by line 9 amount	10		

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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

2020

Employer identification number

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 not treated as a private foundation	no
		527 political organization	
Form 990)-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
,	•	red by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.
General	Rule		
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special F	Rules		
X	under sections 509(a)(received from any or	described 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; line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that
	during the year, total purposes, or for the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions of more than \$1,000 exclusively for religious, charitable, scientiprevention of cruelty to children or animals. Complete Parts I (entering 'N/A' id address), II, and III.	ific, literary, or educational
	during the year, cont \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece ributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such cont checked, enter here the total contributions that were received during the year ose. Don't complete any of the parts unless the General Rule applies to this cively religious, charitable, etc., contributions totaling \$5,000 or more during the	ributions totaled more than r for an <i>exclusively</i> religious, organization because
Caution:	An organization that i	sn't covered by the General Rule and/or the Special Rules doesn't file Schedu	ule B (Form 990, 990-EZ, or

990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

Houston Zoo, Inc.

74-1590271

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional specific sections (see instructions).	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$800,000.	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
2		\$ <u>3,030,000</u> .	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
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		\$ <u>750,000</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>5</u>		\$ <u>550,000</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>		\$1,128,591.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Houston Zoo, Inc.

Name of organization

Employer identification number

74-1590271

7	raiti C	
Payroll Noncash Complete	(a) No.	(d) Type of contribution
Contributions Person Payroll Noncash (Complete noncash of Complete noncash of Contributions) (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions (Complete noncash of Complete noncash of Complete noncash of Contributions) Person Payroll Noncash of Complete no	7	Payroll
\$ Payroll Noncash (Complete noncash of the noncash	(a) No.	(d) Type of contribution
(a) No. Name, address, and ZIP + 4 (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Noncash of Complete noncash of Complet		
(a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Noncash (Complete noncash of the contributions) (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total Contributions (c) Type of the contributions (c) Total Contributions (c) Total Contributions Person Payroll Noncash (Complete noncash of the contributions) (c) Complete noncash of the contributions of the contribution of the contributi	(a) No.	(d) Type of contribution
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(a) No. Name, address, and ZIP + 4 Payroll Noncash of Complete noncash of Contributions Person Payroll Noncash of Complete noncash of Contributions Person Payroll Noncash of Complete	(a) No.	(d) Type of contribution
\$ Noncash of contributions		
Payroll S (Complete noncash of	(a) No.	(d) Type of contribution
(a) (b) _(c) _		
No.Name, address, and ZIP + 4Total contributionsType of contributions	(a) No.	(d) Type of contribution
(Complete		Ⅰ

1

74-1590271

Name of organization Employer identification number

Houston Zoo, Inc. 7

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
2	Securities - Publicly traded		
		 \$151,137.	<u>3/04/20</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
	·	 \$	
(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
 - - -		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		 s	
_		~	

Name of organization Employer identification number Houston Zoo, 74-1590271 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 completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.).........▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held N/A (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 (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 (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

(e) Transfer of gift

Transferee's name, address, and 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

Нοι	iston Zoo, Inc.			74-1590271
Par	← I Organizations Maintaining Dono	r Advised Funds or Other	Similar Fun	ds or Accounts.
•	Complete if the organization answ	vered 'Yes' on Form 990, F	Part IV, line	6.
		(a) Donor advised fun	ids	(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 don are the organization's property, subject to the			
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or	r for any other	purpose conferring
Par	Conservation Easements. Complete if the organization answ	vered 'Yes' on Form 990. F	Part IV. line	7.
1	Purpose(s) of conservation easements held by			· ·
	Preservation of land for public use (for examp	• •	11 37	on of a historically important land area
	Protection of natural habitat	,		on of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contrib	ution in the form	n of a conservation easement on the
	last day of the tax year.	'		
				Held at the End of the Tax Ye
	a Total number of conservation easements			
	b Total acreage restricted by conservation easer			
	c Number of conservation easements on a certif		• •	
(d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and	not on a histor	ic 2 d
3	Number of conservation easements modified, tran			
J	tax year ►	Storrou, rotousou, extinguisticu, et	torrimated by the	o organization daring the
4	Number of states where property subject to conse	rvation easement is located ►		
5	Does the organization have a written policy reg		inspection, han	dling of violations,
	and enforcement of the conservation easemen	ts it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, in		-	-
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, and er	nforcing conserv	ation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requi	irements of sec	tion 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote t conservation easements.	orts conservation easements in i o the organization's financial sta	ts revenue and tements that de	expense statement and balance sheet, escribes the organization's accounting for
Par	Organizations Maintaining Collection	ctions of Art, Historical Trevered 'Yes' on Form 990, F	easures, or Part IV, line	Other Similar Assets. 8.
1 8	a If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financia	d for public exhibition, education	. or research ir	n furtherance of public service, provide in
I	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r public exhibition, education, or re	search in furthe	rance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hamounts required to be reported under FASB A	ASC 958 relating to these items:		
	Revenue included on Form 990, Part VIII, line	L		▶\$ ▶\$
				- \

Part III Organizations Maintain	ining Collections	of Art, Histor	ical Treasures, c	or Other	Similar Asse	ets (c	ontinu	ed)	
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):									
a X Public exhibition	a X Public exhibition d X Loan or exchange program								
b X Scholarly research	b X Scholarly research e Other								
c X Preservation for future gener	ations								
4 Provide a description of the organiz Part XIII. See Part XIII	ation's collections and	explain how they f	urther the organization	n's exempt	purpose in				
5 During the year, did the organiza to be sold to raise funds rather the						Yes		No	
Part IV Escrow and Custodia line 9, or reported an				nswered	'Yes' on For	m 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 included	¬v			
on Form 990, Part X?					L	Yes	L	No	
b ii res, explain the arrangement	III Fait Aili ailu coili	piete trie ioliowiriç	j labie.		1	Amoun	+		
c Beginning balance				1 c		AITIOUIT			
d Additions during the year									
e Distributions during the year									
f Ending balance								0.	
2a Did the organization include an a						Y Yes		No No	
b If 'Yes,' explain the arrangement					- L		<u> </u>		
2 ,		e Part XIII	•					1	
Part V Endowment Funds. C				orm 990). Part IV. lin	e 10.			
	(a) Current year	(b) Prior year	(c) Two years ba		Three years back		Four years	s back	
1 a Beginning of year balance	15,227,888.	11,709,42	2. 12,473,44	41. 10	0,825,755.		,253,		
b Contributions	718,500.	1,292,82			9,000.		,054,		
c Net investment earnings, gains,									
and losses	1,951,269.	2,407,53	9711,86	65.	1,710,324.		598,	621.	
d Grants or scholarships							31,	704.	
e Other expenditures for facilities and programs	368,500.	93,98	2. 8,20	00.	0.				
f Administrative expenses	95,844.	87,92	0. 77,32	22.	71,638.		49,	130.	
g End of year balance	17,433,313.	15,227,88			2,473,441.	10	,825,	755.	
2 Provide the estimated percentage	e of the current year	end balance (line	1g, column (a)) held	d as:					
a Board designated or quasi-endowm		.85 [%]							
b Permanent endowment ►	20.87 [%]								
	1.28 [%]								
The percentages on lines 2a, 2b, ar	nd 2c should equal 100	1%.							
3a Are there endowment funds not in to organization by:	he possession of the o	rganization that are	e held and administere	ed for the		Г	Yes	No	
(i) Unrelated organizations						3a(i)	103	X	
(ii) Related organizations						3a(ii)		X	
b If 'Yes' on line 3a(ii), are the rela						3b			
4 Describe in Part XIII the intended	-	•						<u> </u>	
Part VI Land, Buildings, and			200 14.		_				
Complete if the organi		'Yes' on Form	990. Part IV. lin	e 11a. S	See Form 990). Par	t X. lir	ne 10.	
Description of property	(a) Cost	or other basis vestment)	(b) Cost or other basis (other)	(c) A	ccumulated		Book va		
1 a Land	· `	' 	· · · /						
b Buildings									
c Leasehold improvements			199,012,826.	67.	,822,779.	131	,190,	,047.	
d Equipment			15,692,571.		,881,844.		,810,		
e Other			28,516,519.		,		,516,		
Total. Add lines 1a through 1e. (Column	n (d) must equal For	m 990, Part X, co					,517,		
DAA			·		Calaadi		orm 000		

Complete if the organization answere (a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year market value
) Financial derivatives	` '	(0)	
2) Closely held equity interests			
3) Other			
	-		
A) B) C) D) E)			
<u>"</u>	_		
<u>" </u>			
<u>′</u>	_		
-)	-		
<u>3)</u>	_		
	_		
l)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		27./2	
Part VIII Investments – Program Related. Complete if the organization answere	d 'Vas' on Form 991	N/A Deart IV line 11c	See Form 990 Part Y line 1
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
	(b) Dook value	(c) motilod of valuation	on Jose of Gha of year market value
(1)	+		
(2)	+		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	Part IV line 11d	Soo Form 990 Part V Jino 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D	N/A), Part IV, line 11d.	See Form 990, Part X, line 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990), Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990), Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990 escription	O, Part IV, line 11d.	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990 escription	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (c) complete if the organization answered 'Yes' on	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column (b	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (a) Descential income taxes (b) (c) (d) (d) (d) (d) (d) (e) (f) (g)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (18) (19)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (b) Complete if the organization answere (a) D (c) Complete if the organization answere (b) D (d) Complete if the organization answere (c) Complete if the organization answere (c) Complete if the organization answere (c) Complete if the organization answered (c) Complete if	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (18) (19)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	•
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	55,699,647.
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	1,431,749.
3 Subtract line 2e from line 1.	3	54,267,898.
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	112,553.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	54,380,451.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	45,338,093.
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	94,690.
3 Subtract line 2e from line 1.	3	45,243,403.
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	112,553. 45 355 956

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 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.

Part XIII Supplemental Information.

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 2020 and 2019, the Houston Zoo expended approximately

Schedule D (Form 990) 2020

TEEA3304L 08/18/20

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

\$9,000 and \$25,000, 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 12/31/20, 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 for 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

74-1590271

Housto	n Zoo, Inc.	74-1590271
	General Information on Activities Outside the United States. Complete if the	organization answered 'Yes'
	on Form 990, Part IV, line 14b.	

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,		_
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes	No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Part V

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)							
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region		
(1) Foot Asia /Docific			Dnognon	Congonyation	166,000		
(1) East Asia/Pacific			Program	Conservation	166,900.		
(2) Sub-Saharan Africa			Program	Conservation	868,727.		
(3) South America			Program	Conservation	216,325.		
(4) North America			Program	Conservation	5,000.		
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3 a Subtotal					1,256,952.		
b Total from continuation sheets to Part I							
c Totals (add lines 3a and 3b)	0	0			1,256,952.		

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

Schedule F (Form 990) 2020

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

1	(a) Name of organization	(b) IRS code section and EIN (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	20,000.	Wire			
			E Asia/						
			Pacific	See Part V	62,500.	Wire			
			E Asia/						
			Pacific	See Part V	8,900.	Wire			
			South America	See Part V	10,000.	Check			
					•				
			South America	See Part V	130,100.	Wire			
			South America	See Part V	24,000.	Wire			
			South America	See Part V	50,000.	Wire			
			Sub-Sah						
			Africa	See Part V	105,000.	Wire			
			Sub-Sah						
			Africa	See Part V	106,577.	Wire			
			Sub-Sah						
			Africa	See Part V	16,520.	Wire			
			Sub-Sah						
			Africa	See Part V	310,120.	Wire			
			Sub-Sah						
			Africa	See Part V	63,625.	Wire			
			Sub-Sah						
			Africa	See Part V	65,000.	Wire			
			Sub-Sah						
			Africa	See Part V	70,930.	Wire			
			Sub-Sah						
			Africa	See Part V	85,000.	Wire			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3)	_	
	organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	•	1
2	Enter total number of other organizations or entities	<u> </u>	

Schedule F (Form 990) 2020

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	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Conservation support	East Asia/Pacific	6	75,500.	Wire transfer			
(2) Conservation support	Sub-Sah Africa	4	41,365.	Wire transfer			
(3)							
(4)							
_(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA	I .	ı l		ı	L	Schedule F	(Form 990) 2020

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

 BAA
 TEEA3505L
 09/16/20
 Schedule F (Form 990) 2020

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 & Pacific Support painted terrapin project.
- Line (2) East Asia & Pacific Support HUTAN's Kinabatangan orangutan conservation.
- Line (3) East Asia & Pacific Support pangolin conservation program.
- Line (4) South America Support EPI Galapagos Island education program.
- Line (5) South America Support lowland tapir conservation.
- Line (6) South America Support Galapagos tortoise movement ecology program.
- Line (7) South America Support giant armadillo & anteater conservation.
- Line (8) Sub-Saharan Africa Support lemur conservation & community health program.
- Line (9) Sub-Saharan Africa Support hirola & giraffe conservation program.
- Line (10) Sub-Saharan Africa Support pathway pride lion conference.
- Line (11) Sub-Saharan Africa Support Niassa lion conservation.
- Line (12) Sub-Saharan Africa Support lion landscapes program.

Line (13) Sub-Saharan Africa - Support IRDNC rhino rangers & community development

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)

program.

Line (14) Sub-Saharan Africa - Support operation & wildlife warrior award.

Line (15) Sub-Saharan Africa - Support African crowned crane & fruit bat program.

BAA TEEA3504L 09/16/20 Schedule F (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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 43,000 7,431,419. Houston TX 77007 7,474,419 campaign 2 3 5 6 7 9 10 Total. 7,474,419. 7,431,419. 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) 2020 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 through column (c) (event type) (event type) (total number) Revenue **1** Gross receipts..... 1,060,796 1,060,796. 2 Less: Contributions..... 914,042 914,042. **3** Gross income (line 1 minus line 2)..... 146,754 146,754. Direct Expenses Rent/facility costs..... **7** Food and beverages 25,232 25,232. **9** Other direct expenses..... 68,964. 68,964. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 94,196. Net income summary. Subtract line 10 from line 3, column (d)..... 52,558. 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 Revenue (add column (a) through column (c)) (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... Direct Expenses **2** Cash prizes..... Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If 'No,' explain:

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

sche	edule G (Form 990 or 990-EZ) 2020 Houston Zoo, Inc.	4-159027	1	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
ı	b An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	3:		
	Name ►			
	Address ►			
ı	a Does the organization have a contract with a third party from whom the organization receives gaming reven by If 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party for the image of the third party or the image of the third party:	ue? [he amount	Yes	No
	Name ►			1
	Address ►	. – – – – -		l
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
ä	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Г	Yes	□No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	L		Шио
	organization's own exempt activities during the tax year ► \$			
Pai	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 ar information. See instructions.	lumns (iii) ny addition	and (al	v);
	information. Occ instructions.			

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection

Employer identification number

<u>Houston Zoo, Inc.</u>						74-15902	/1		
Part I General Information on Gr	ants and Assista	ance							
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?									
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV									
Part II Grants and Other Assistar	nce to Domestic	Organizations	and Domestic Gove	ernments. Comple	te if the organiza	tion answered '\	'es' on		
Form 990, Part IV, line 21,									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) Int'l Elephant Foundation PO Box 366							Operating		
Azle, TX 76098	75-2815706	501(c)(3)	15,000.	0.			Support		
(2) Mountain Gorilla Vet. Project PO Box 356							Operating		
Davis, CA 95617	06-1752363	501(c)(3)	100,000.	0.			Support		
(3) Wildlife Conservation Network							Various		
209 Mississippi Street							conservation		
San Francisco, CA 94107	30-0108469	501(c)(3)	89,213.	0.			projects		
(4) Cons. Breeding Specialist Grp 12101 Johnny Cake Ridge Rd							Operating Support -		
Apple Valley, MN 55124	41-1719362	501(c)(3)	10,000.	0.			Breeding		
(5) Americans for Oxford Inc. 500 Fifth Avenue 32nd Floor New York, NY 10110	52-1495060	501 (c) (3)	9,480.	0.			Ruaha Carnivore Project Support		
(6) Wildlife Guardians	32 1493000	301 (C) (3)	9,400.	0.			rioject support		
PO Box 2378 Alexandria, VA 22301	36-4712624	501 (c) (3)	30,000.	0.			Operating Support		
(7) Baylor College of Medicine									
PO Box 301207							EEHV Research		
Dallas, TX 75303	74-1613878	501(c)(3)	453,952.	0.			Project		
(8) Ecology Project International		(-, (-,					Galapagos		
315 S 4th St E							Educational		
Missoula, MT 59801	91-2163952	501(c)(3)	70,000.	0.			Program		
2 Enter total number of section 501(c)(3							13		
3 Enter total number of other organizati	ons listed in the line	1 table					. 0		

Schedule | (Form 990) 2020 Houston Zoo, Inc. 74-1590271

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) 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	35,374.			
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.

Page 2

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.

2020

Continuation Page $\, 1 \,$ of $\, 1 \,$

Name of the organization
Houston Zoo, Inc.
74–1590271

Part II Continuation of Grants an	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
Okapi Conservation Project									
1615 Riverside Avenue							Operating		
Jacksonville, FL 32204	26-0035224	501(c)(3)	30,000.				Support		
Univ of California-Davis							Int'l Elephant		
1089 Veterinary Medicine Dr							& Sea Turtle		
Davis, CA 95616	94-6036494	501(c)(3)	40,278.				Program		
Gorilla Rehab & Conserv Ctr									
PO Box 334							Operating		
Cumberland, ME 04021	46-2308758	501(c)(3)	20,000.				Support		
<u> Dian Fossey Gorilla Fund Intl</u>									
800 Cherokee Avenue SE							Operating		
Atlanta, GA 30315	52-1118866	501(c)(3)	20,000.				Support		
International Crane Fdn							Whooping Crane		
E 11376 Shady Lane Road							Recovery		
Baraboo, WI 53913	39-1187711	501(c)(3)	40,000.				Support		

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

74-1590271

Department of the Treasury Internal Revenue Service

Name of the organization

Houston Zoo, Inc

Employer identification number

Par	TI Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the 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)			
b	olf any of the boxes on line 1a are checked, did the organization foll reimbursement or provision of all of the expenses described a		1 b		
2	Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, re		2		
3	Indicate which, if any, of the following the organization used to esta Executive Director. Check all that apply. Do not check any box establish compensation of the CEO/Executive Director, but exp	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			
	<u> </u>				
4	During the year, did any person listed on Form 990, Part VII, Sorganization or a related organization:	Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control payment?		4 a		Χ
b	Participate in or receive payment from a supplemental nonqua	alified retirement plan?	4 b	Χ	
С	Participate in or receive payment from an equity-based compe	-	4 c		Χ
	If 'Yes' to any of lines 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III. Part 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 the contingent on the revenues of:	e organization pay or accrue any compensation			
	The organization?	<u> </u>	5 a		Χ
b	Any related organization?		5 b		X
	If 'Yes' on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of:	e organization pay or accrue any compensation			
	The organization?		6 a		Χ
b	Any related organization?		6 b		Х
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, d payments not described on lines 5 and 6? If 'Yes,' describe in	did the organization provide any nonfixed	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or acc	crued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section	on 53.4958-4(a)(3)?			
	If 'Yes,' describe in Part III		8		X
9	If 'Yes' on line 8, did the organization also follow the rebuttable pre	esumption procedure described in Regulations	۵.		

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

Schedule J (Form 990) 2020

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.

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-MIS	SC compensation	(C) Detirement	(D) Nantayahla	(E) Total of	(E) Componentian
(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)	(F) Compensation in column (B) reported as deferred on prior Form 990
Lee Ehmke	(i)	402,082.	53,355.	0.	2,907.	6,774.	465,118.	0.
1 President & CEO	(ii)	0.	0.	0.	$\overline{0}$.	0.	0.	0.
John Trahan	(i)	137,692.	15,792.	0.	4,779.	3,590.	161,853.	0.
2 CFO to 07/20	(ii)	0.	0.	0.	0.	0.	0.	0.
Sheryl Kolasinski	(i)	240,738.	20,147.	0.	5,791.	6,774.	273,450.	0.
3 COO	(ii)	0.	0.	0.	0.	0.	0.	0.
Mark Van Wickler	(i)	191,838.	902.	0.	4,006.	8,851.	205,597.	0.
4 Exhibit Design Dir	(ii)	0.	0.	0.	0.	0.	0.	0.
Trazanna Moreno	(i)	172,882.	14,720.	0.	4,159.	1,492.	193,253.	0.
5 VP Marketing	(ii)	0.	0.	0.	$\overline{)}$	0.	0.	0.
Roberto Espinosa	(i)	165,795.	14,041.	0.	3,983.	9,238.	193,057.	0.
6 VP Development	(ii)	0.	0.	0.	0.	0.	0.	0.
Kristin Finney	(i)	153,730.	12,792.	0.	3,667.	9,709.	179,898.	0.
7 VP HR	(ii)	0.	0.	0.	0.	0.	0.	0.
Lisa Avendano	(i)	149,732.	14,311.	0.	3,659.	5,742.	173,444.	0.
8 VP Animal Ops	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)		L		L		L	
9	(ii)							
	(i)		L		L		L	
10	(ii)							
	(i)		L		L		L	
11	(ii)							
	(i)		L		L		L	
12	(ii)							
	(i)		L		L		L	
13	(ii)							
	(i)		L		L		L	
14	(ii)							
	(i)		L		L		L	
15	(ii)							
	(i)		L		L		L	
16	(ii)							
DAA			TEE \(\lambda \) 102 00/25	100			C - l l l -	I /Earms 000\ 2020

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TEEA4102L 09/25/20

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 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(b) Top Hat plan. The contribution for 2020 was \$21,130.

BAA Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

74-1590271

Part I	Types of	Property
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Houston Zoo, Inc.

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	M nonca	ethod of esh contri	d) determir bution a	iing mounts
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded	Х	8	306,303.	NYSI	Ξ		
10	Securities – Closely held stock			, , , , , , , , , , , , , , , , , , , ,				
11	Securities - Partnership, LLC, or trust interests.							
12	Securities – Miscellaneous							
13	Qualified conservation contribution —							
	Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory.							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (<u>Auction items</u>)		18	24,520.	FMV			
26	Other► (Exhibit trees)	Х	1	30,000.				
27	Other ► (<u>Food/beverages</u>)	X	1	32,842.	FMV			
28	Other ► ()							
29	Number of Forms 8283 received by the organization d							
	organization completed Form 8283, Part V, Done	e Acknowled	gement		29		,	
							Yes	No
30a	During the year, did the organization receive by contri it must hold for at least three years from the date for exempt purposes for the entire holding period	of the initia	I contribution, and whic	ch isn't required to be u	sed	30 а		X
b	If 'Yes,' describe the arrangement in Part II.							
	Does the organization have a gift acceptance police	cy that requi	ires the review of any r	nonstandard contributio	ns?	31	Х	
32a	Does the organization hire or use third parties or noncash contributions?					32a		Х
b	If 'Yes,' describe in Part II.					3=4		

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

describe in Part II.

Schedule M (Form 990) 2020

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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 08/18/20 Schedule M (Form 990) 2020

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2020

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

Open to Public Inspection

OMB No. 1545-0047

Houston Zoo, Inc.

Employer identification number 74-1590271

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

Houston Zoo, Inc. (HZI) is accredited by the Association of Zoos and Aquariums (AZA), America's leading accrediting organization for zoos and aquariums. AZA accredits only those institutions that have achieved the highest standards for animal and veterinary care, safety practices, education, wildlife conservation and science.

HZI is one of 241 AZA-accredited institutions-essential to accomplishing its mission to connect communities with animals and inspire action to save wildlife. HZI achieves this guided by the following principles: 1) Be a zoo for all; 2) Provide exemplary animal care, assuring outstanding animal welfare; 3) Deliver a smart, fun, inspiring quest experience; 4) Be the leading environmental education resource in Texas; 5) Inspire broad community support and collaborations; 6) Change behaviors to help protect wildlife; 7) Create a workplace culture that embodies respect, empowerment, teamwork, and personal development; 8) Employ best business practices and sound financial management; 9) Ensure safety for quests, staff and the animals in our care; and 10) Operate sustainably and set an example for others.

HZI's animal collection is among the largest and most well-rounded in the nation, providing our guests with opportunities to enjoy and learn about the diversity of the natural world. HZI's veterinary team is also among the best in the nation responsible for an ambitious preventive medicine program that includes routine health exams, vaccinations, and ongoing health surveillance. HZI is recognized as a leader in the global movement to save wildlife, including several Texas native species such as Attwater's Prairie Chicken, Houston Toad, Whooping Crane and Kemp Ridley Sea Turtle.

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

mid-March from a rapid growth plan to one of cost containment, temporary closure, curtailment of events and programs. At the same time, it required significant revenue, program and communications innovations. Year-end results demonstrated HZI's resiliency and the Board and staff's unwavering commitment to excellence despite hardship.

On March 14, HZI closed due to the COVID-19 pandemic, reopening June 3. Receipt of a Paycheck Protection loan allowed retention of all staff through June 30, but an anticipated multi-million-dollar revenue shortfall required significant reductions to labor-related and other costs, deferrals of planned capital projects and repairs, and adoption of innovative ways to engage donors and the public. HZI launched virtual campaigns, events and innovative vehicles to keep the public informed and engaged, for example, virtual Keeper Chats designed to convey appreciation for HZI animals and the need to conserve them in the wild.

HZI's Centennial Master Plan, a multi-year effort to construct conservation-minded, multi-species exhibits for the public and make critical improvements to its 100-year-old infrastructure, overcame pandemic-related construction challenges to complete the South American Pantanal exhibit. This immersive, 4.5-acre project (opened in October 2020) highlights the extraordinary biological diversity of the world's largest freshwater wetland with multiple exhibits, featuring jaguars, giant anteaters, giant river otters, anacondas, and more, with a focus on conservation efforts in the Pantanal and HZI's multi-year support of those programs.

Under the guidance of the Houston Health Department, HZI also implemented wide-ranging protocols to mitigate Covid-19 transmission by protecting guests, staff

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

and animals. Measures included timed ticket entry, contactless transactions, hand sanitizer throughout the grounds, physical distance signage, masking indoors and much more.

Though attendance was limited due to pandemic-related capacity constraints, almost 21% of guests visited the Zoo free of charge or at a heavily discounted price through HZI's multifaceted approach to ensure all Houstonians, regardless of means, have access. Lone Star cardholding guests could bring 2 adults and 3 children for \$6 each, a 70% discount off regular price; and Military ID holding guests could bring up to 2 adults and 3 children at a 50% discount. 29,275 Lone Star Card and Military ID holding guests took advantage of these programs. HZI also provided free admission to 11,196 college students attending the four local universities in Houston. Total attendance was 1,530,721 during 2020, of which 42,829 took advantage of Free First Tuesdays. Over 6 million people visited HZI's website during 2020 to take advantage of virtual content like Keeper Chats and calls to action for saving animals in the wild.

380 adult volunteers donated 11,288 hours to HZI by participating in activities from animal care and horticulture to administration, event support, education and conservation. And volunteers kept 108 lbs of single-use plastic out of the environment through Take Action at Home challenges, which proved an effective way to engage volunteers who weren't able to be on the grounds due to the pandemic.

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

HZI's Wildlife Conservation Program is a critical mission component and connects communities with animals to inspire wildlife saving action. In 2020, HZI's Wildlife Conservation Program supported 30 partnerships protecting wildlife in 16 countries, including the United States, Central and South America, the Galapagos Islands,

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

Africa and Asia.

Regionally, HZI worked with local, state and federal organizations and local communities to support wildlife and habitat research and conservation measures. Reintroduction programs for the endangered Houston Toad included a nearly 1 million toad egg release in Bastrop County with USFWS and Texas State University partners. Work to reintroduce Texas's most critically endangered bird, the Attwater's Prairie Chicken back into native habitat continued at the Attwater's Prairie Chicken National Refuge in Sealy, TX. And 2020 marked HZI's fourth year of support for Whooping Crane recovery along the Central Texas coast. Efforts include habitat protection along with community outreach and awareness programs. All HZI conservation programs are based on close, long-term working partnerships and include habitat protection along with community outreach and awareness programs to create the greatest possible impact. Local partners include: Texas Parks and Wildlife Department, US Fish and Wildlife Service, Texas State University, NOAA Marine Fisheries, Texas A&M University at Galveston, Association of Zoos and Aquariums, Galveston Bay Foundation, Attwater's Prairie Chicken National Refuge, NASA's Johnson Space Center and many others.

Internationally, HZI's conservation efforts are focused on critical regions and species linked to the animals in its collection. This is accomplished through partnerships with leading conservationists, organizations, zoos and aquariums around the world. The connection between HZI's partners and its collection is typified by the Pantanal exhibit's focus on efforts in Brazil to protect key species such as Tapirs, Giant Anteaters, Giant Otters and Jaguars. By effectively communicating this connection, Zoo guests can see the purchase of their admission and memberships as

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

critical support for wildlife across the globe. Another major focus is directed at reducing threats to wildlife affected by plastic pollution. In fiscal year 2020 alone, HZI removed 1,080 lbs. of trash, 120 lbs. of monofilament fishing line and 500 lbs. of plastic for recycling from jetties in Galveston, protecting both sea turtles and shorebirds from potential entanglement.

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 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

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

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

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.