COMMITTEE ON NATURAL RESOURCES

113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

The Department of the Interior's proposal to allow a Categorical Exclusion under the National Environmental Policy Act (NEPA) for adding species to the Lacey Act's list of injurious wildlife Wednesday, July 17, 2013

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:

For Witnesses Representing Organizations:
1. Name: Jim Maddy
2. Name of Organization(s) You are Representing at the Hearing: Association of Zoos & Aquariums
3. Business Address: [Information redacted for privacy]
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Mr. Jim Maddy, Association of Zoos and Aquariums

The Department of the Interior's proposal to allow a Categorical Exclusion under the National

Environmental Policy Act (NEPA) for adding species to the Lacey Act's list of injurious wildlife

Wednesday, July 17, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

President & CEO, Association of Zoos & Aquariums

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of Interior that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None

Witnesses Representing Organizations

Mr. Jim Maddy, Association of Zoos and Aquariums

The Department of the Interior's proposal to allow a Categorical Exclusion under the National

Environmental Policy Act (NEPA) for adding species to the Lacey Act's list of injurious wildlife

Wednesday, July 17, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

None

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of Interior that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or th	e 2011 calendar year, or tax year beginning 10/01, 2011, and endi	ing	L L	19/30, 20 12
Во	heck if ap	C Name of organization AMERICAN ASSOCIATION OF		D Employer ident	ification number
	Addre	ZOOLOGICAL PARKS AND AQUARIUMS, INC.	····	55-05269	130
\vdash	chang	Number and street (as B.O. boy if mail in not delivered to street address)		E Telephone num	
-	┪		-	(301) 562-	
	┪	return 8403 COLESVILLE ROAD, SUITE 710 City or town, state or country, and ZIP + 4		(301) 362	-0111
	Termi			6 0	a 10 264 222
	return	STEVEN STRING, IN 20010		G Gross receipts H(a) Is this a group r	
	pendi	ing		affiliates?	
		SAME AS C ABOVE ,		H(b) Are all affiliates	
<u> </u>			27	·	list. (see instructions)
		te: ▶ WWW.AZA.ORG		H(c) Group exemptio	
			of format	_{ion:} 1971 M Sta	ate of legal domicile: WV
Pa	rt [Summary		<u></u>	
	1	Briefly describe the organization's mission or most significant activities:			
ė		THE AAZPA IS AN EDUCATIONAL ORGANIZATION DEDICATED TO			·
Governance		OF ZOOLOGICAL PARKS AND AQUARIUMS FOR CONSERVATION, SC	TENTI	FLTC	
er.		STUDIES, AND RECREATION.			
ó	2	Check this box ▶ if the organization discontinued its operations or disposed of more the	han 25%	of its net assets.	
95		Number of voting members of the governing body (Part VI, line 1a)			
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
Ę	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		<u>. 5</u>	
Ac		Total number of volunteers (estimate if necessary)		<u>6</u>	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		<u>7</u> 4	-
		Net unrelated business taxable income from Form 990-T, line 34			b 32,484.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	7 L	1,323,405	. 1,132,264.
Revenue	9	Program service revenue (Part VIII. line 2n)		4,813,372	5,186,379.
Şev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	j	197,126	
Ŀ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		217,786	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,551,689	. 7,171,041.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		455,630	. 530,918.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0 0
ģ	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,047,593	. 3,340,796.
Expenses	16a				0 0
xpe	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,241.		Palakor (dagi giladi	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,966,207	. 3,320,529.
-		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,469,430	. 7,192,243.
	19	Revenue less expenses. Subtract line 18 from line 12		82,259	21,202.
or			Begin	ning of Current Yea	r End of Year
sets	20	Total assets (Part X, line 1801 ID) IO INCORPORTION CON		12,085,074	. 13,040,800.
Net Assets or Fund Balances	21	Total assets (Part X, line 1PUBLIC · INSPECTION · COPY Total liabilities (Part X, line 26)		2,430,095	. 2,912,162.
E.E.	22	Net assets or fund balances. Subtract line 21 from line 20		9,654,979	
	rt II	Signature Block			<u> </u>
Uni	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and statemer			wledge and belief, it is true,
COL	rect, an	nd complete. Declaration of preparer (other than officer) is based on all information of which preparer has ar	ny knowle	edge.	
S	ign				
	ere	Signature of officer		Date	
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature Date	7	Check if	PTIN
Paid	ı	David O'sber 2001 08 8/9	/12	self- employed ▶	P00957510
Pre	oarer	WARRYING MEECAN IIC	$ u_{-}$		2-1297695
Use	Only	Through the second seco			01-654-7555
May	the IF	Firm's address F 6720-B ROCKLEDGE DRIVE, SUITE 750 BETHESDA, MD 20817 RS discuss this return with the preparer shown above? (see instructions)			T T T
		rwork Reduction Act Notice, see the separate instructions.			- X Yes No Form 990 (2010)
, 41	. upel	irona moderation mot motion, see the separate histiantions.			1000 336 (2010)

Fo	rm 990 (2011) Page 2
P	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	THE AAZPA IS AN EDUCATIONAL ORGANIZATION DEDICATED TO THE ADVANCEMENT
	OF ZOOLOGICAL PARKS AND AQUARIUMS FOR CONSERVATION, SCIENTIFIC
	STUDIES, AND RECREATION.
_	
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	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4 a	(Code:)(Expenses \$ 2,249,811. including grants of \$ 3,020.)(Revenue \$ 1,521,289.) CONSERVATION EDUCATION: DEVELOPS AND PROMOTES PROGRAMS ON WILDLIFE
	CONSERVATION IN SUPPORT OF ZOOS AND AQUARIUMS. CONDUCTS
	CONTINUING EDUCATION ANNUALLY AND PROVIDES FOR EXCHANGE OF EDUCATIONAL INFORMATION THROUGH CONFERENCES (BIOLOGY, ELEPHANT
	MGMT., ETC.).
	Home, Blo.,
4b	(Code:) (Expenses \$1,161,273. including grants of \$) (Revenue \$319,616.) PUBLIC EDUCATION & COMMUNICATION: PROVIDES EDUCATIONAL INFORMATION
	TO THE PUBLIC, MEDIA, ZOOS & AQUARIUMS REGARDING AAZPA PROGRAMS. MONITORS INDUSTRY NEWS. PROVIDES EXCHANGE OF EDUCATIONAL
	INFORMATION THROUGH PUBLICATIONS (NEWSLETTER TO MEMBERS,
	DIRECTORY, BROCHURES, PUBLICATIONS, WEBSITE).
	binderont, broomens, reputerione, website,.
_	
4 c	(Code:) (Expenses \$1,377,614. including grants of \$519,898.) (Revenue \$)
	CONSERVATION & SCIENCE: PROGRAM FACILITATES, SUPPORTS, PROMOTES
	AND COORDINATES COOPERATIVE ANIMAL MANAGEMENT, CONSERVATION AND SCIENTIFIC INITIATIVES OF AZA MEMBER INSTITUTIONS. PROGRAM
	PROVIDES GRANTS FOR ENDOWMENT FUND AND OTHER SOURCES FOR
	CONSERVATION AND RELATED SCIENTIFIC AND EDUCATIONAL INITIATIVES OF
	AZA MEMBER INSTITUTIONS AND COLLABORATORS.
_	
4d	Other program services (Describe in Schedule O.) ATTACHMENT 1
_	(Expenses \$ 1,355,869. including grants of \$ 8,000.) (Revenue \$ 3,345,474.)
4e	Total program service expenses ► 6,144,567.

Par	t 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	Х	
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)	<u> </u>		·
•	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,		i	
	Part III	5		
•				
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	_		Х
-,	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
_	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; 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,"		ļ	7.7
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	- - -		
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	- 1	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	• • •		
. 0		18		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,,		Х
20-	If "Yes," complete Schedule G, Part III	19		- <u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete Schedule J	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 25	24a		Х
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Section 501(c)(3) and 501(c)(4) 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
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
-1	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	•		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-21		
20				
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	200		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		Х
_	Schedule L, Part V	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			х
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		.,	
	IV, and V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ŀ		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		ŀ	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check is Schedule O contains a response to any question in this Part V		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	ıes	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1 c	HINDHIK MERIKA	ORINIEIUIIIII.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 32	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
	organization solicit any contributions that were not tax deductible?	6a		Α.
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		ĺ
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		-
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			nië i Ciuc i A
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders	- 102101 (21111)		
D	against amounts due or received from them.),,			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		i jej je omin
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u>wannanananana</u>	
•	Note. See the instructions for additional information the organization must report on Schedule O.			nie Clèria Jan erain
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI	Х

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are <u>1a</u> 13			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.			404
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13		mijan.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		·	
_	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		4	91100
_	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		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?	16a		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			
	organization's exempt status with respect to such arrangements?	16b		
<u>Sect</u>	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	501(c)(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.		,	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	f inter	est p	olicy.
	and financial statements available to the public during the tax year.		•	•
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	ne		
	organization: ▶PHIL WAGNER 8403 COLESVILLE ROAD, SUITE 710 SILVER SPRING, MD 20910 301-562-0777			
JSA		Form	990	(2011)

AMERICAN ASSOCIATION OF

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

Page 7

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

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

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

	1 1 <u>-</u>	
	Check this box if neither the organization nor any related organization compensated any current officer, directo	
	TO DECK TOS DOX IL DETIDECTOE OCOSOLÁSTICO DOCISTA TEISTED OCOSOLÁSTICO COMPEDSATED SOA CUCTEDO OTRICED ATEICA	r or mistee

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unles	Pos neck ss pe	more erson	e than c is both tor/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 21 1033 Miles)	organization and related organizations	
(1) RICK BARONGI											
DIRECTOR	1.00	Х						0	o		0
(2) TED A. BEATTIE											_
DIRECTOR	1.00	Х						0	0		0
(3) STEVE BURNS											-
DIRECTOR	1.00	Х						0	0		0
(4) JOHN A. FRAWLEY											_
DIRECTOR	1.00	Х						0	0		0
(5) DEBORAH B. JENSEN						Ī					-
DIRECTOR	1.00	Х						0	.0		_0
(6) DENNIS E. PATE											_
DIRECTOR	1.00	Х						0	0		0
(7) JEFFREY P. BONNER											_
PAST CHAIR	2.00	Х		Х				0	0		0
(8) L. PATRICIA SIMMONS											
CHAIR	2.00	Х		Х				0	0		0
(9) TOM SCHMID											_
CHAIR ELECT	2.00	Х		Х				0	0		0
(10) JACKIE OGDEN											_
VICE CHAIR	2.00	Х		Х				0	0		0
(11) DENNIS W. KELLY											_
DIRECTOR	1.00	Х						. 0	0		0
(12) KEVIN MILLS											-
DIRECTOR	1.00	Х						0	0		0
(13) JOHN T. WALCZAK							-				_
DIRECTOR	1.00	Х						0	0		0
(14) JAMES D. MADDY											-
PRESIDENT & CEO	40.00			Х				272,367.	0	84,578	}.

Form 990 (2011)										Page O
Part VII Section A. Officers, Directors, True		y En	olqr			and I	Hig			
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	/40.			ition	e than c	 .	Reportable	Reportable	Estimated amount of
	hours per week					is both		compensation from	compensation from related	other
	(describe	affice	er and	dad	lirect	or/trust	tee)	the	organizations	compensation
	hours for	Individual trustee or director	T St	Officer	Key	율픊	Former	organization	(W-2/1099-MISC)	from the
	related organizations		g l	cer	em	je ge	l aer	(W-2/1099-MISC)		organization and related
	in Schedule	호류	na l		Key employee	88				organizations
	O)	<u>ឆ</u> ្ន	Institutional trustee		ee	l mpe	l			
		6	stee			Highest compensated employee				
						8				
15) PHIL F. WAGNER										
VP OF FINANCE	40.00	l		X				10,179.	0	0
16) KRISTIN L. VEHRS										
EXECUTIVE DIRECTOR	40.00				X	<u> </u>		205,024.	0	20,423.
17) PAUL J. BOYLE										
SR. VP OF CONSERVATION	40.00					Х		191,734.	0	28,823.
18) STEVEN L. FELDMAN										
SR. VP OF COMMUNICATIONS	40.00					Х		178,970.	0	27,835.
19) JILL D. NICOLL										
SR. VP MRKTING & CORP STRATEGY	30.00					Х		146,554.	0	14,717.
20) JAY L. VESTAL				,						
VP OF SALES & MARKETING	40.00					Х		127,538.	0	14,154.
21) STEVE G. OLSON										
VP OF GOVERNMENT AFFAIRS	40.00					х		115,891.	0	22,257.
22) LAURA BENSON										
SR. VP OF FINANCE AND ADMIN	40.00				ŀ		Х	120,801.	0	4,849.
]									
									:	
1b Sub-total	•						•	272,367.	0	84,578.
c Total from continuation sheets to Part VII, S							•	1,096,691.	0	133,058.
d Total (add lines 1b and 1c)							•	1,369,058.	0	217,636.
2 Total number of individuals (including but not							о ге	ceived more than	\$100,000 of	
reportable compensation from the organization	n 🕨	8	3			•				
						•				Yes No
3 Did the organization list any former office	er, directo	r. or	tru	ste	e. I	kev e	emo	olovee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations great										
individual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Ye										5 X
Section B. Independent Contractors	., 22.7/0101									<u> </u>
Complete this table for your five highest com	pensated in	ndepe	ende	nt o	conf	tracto	rs t	hat received more	than \$100.000 o	f
compensation from the organization. Report of										
vear										

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		
		· · · · · · · · · · · · · · · · · · ·
11 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
		ESTENDEN HER DELINE REGULER HELD LED LEGEN HER HELD LEGEN HER HER HER HELD LEGEN HER HER HER HELD LEGEN HER

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 7

_			HIDITIOHI A	SSOCIATION	OF		33-03263	Page 9
Par	t VIII	Statement of Reve	nue		(A) Total revenue	(B) Related or exernpt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1,132,264.					
Con	g h	Noncash contributions included in Total, Add lines 1a-1f			1,132,264.			
Program Service Revenue	2a b c d	ADVERTISING ACCREDITATION FEES CONFERENCE FEES MEMBERSHIP DUES PUBLICATION SALES All other program service rev		541800 900099 900099 900099 900099	308,541. 80,000. 1,521,289. 3,265,474. 11,075.	80,000. 1,521,289. 3,265,474. 11,075.	282,606.	25,935.
Pro	g	Total. Add lines 2a-2f			5,186,379.			
	3 4 5	Investment income (includin other similar amounts) Income from investment of t	g dividends, interes	est, and proceeds	157,228. 0 527,366.			157,228. 527,366.
	6a b c	Gross rents			0 0			
		Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 5,249,868.	(ii) Other				
•	c d	and sales expenses Gain or (loss) Net gain or (loss)			56,587.			56,587.
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c).					
Ě	b	Less: direct expenses Net income or (loss) from fur			альная при			i soromentasomesilaste ilikulitik
0	9 a	Gross income from gaming a See Part IV, line 19 , .	ctivities.					
	b	Less: direct expenses				i daž užiu 25 filiju 19aci pie akilinii ilianii piš	AN ORBITA KARANTALAN KARANTALAN KARANTALAN KARANTALAN KARANTALAN KARANTALAN KARANTALAN KARANTALAN KARANTALAN K Indonesia karantalan karantalan karantalan karantalan karantalan karantalan karantalan karantalan karantalan k	
	10a	returns and allowances a						
	b c	Less: cost of goods sold Net income or (loss) from sal Miscellaneous Reven	es of inventory		0			
	11a b c	OTHER			111,217.	111,217.		
	d e 12	All other revenue Total Add lines 11a-11d Total revenue. See instruction			111,217. 7,171,041.	4,989,055.	282,606.	767,116.

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) but are not required to complete columns (B), (C), and (D).

1. Garts and other esistance to governments and graphizations in the United States. See Part IV, line 21.		Check if Schedule O contains a resp	onse to any question in	this Part IX		
Greate and other essistance to governments and organizations in the United States See Part N, Inc 21 Carnets and other assistance to governments, organizations, and individuals unitial the United States. See Part N, Inc 22 Carnets and other assistance to governments, organizations, and individual outside the United States. See Part N, Inc 22 Carnets and other assistance to governments, organizations and individual outside the United States. See Part N, Inc 21 Carnets and Key amployees Car			(A) Total expenses			Fundraising expenses
the United States. See Part IV, line 22. 0 3 Cerels and other assistance to governments organizations, and inclinduals outside the United States. See Part IV, lines 15 and 18. 0 4 Benetits pald to or for methods: 0 5 Compensation of current officers, directors, furstess, and key employees of disqualified persons tax defends under section 4586(pt/l) and persons described in section 4988(pt/l) and persons defends under section 4586(pt/l) and persons defends under section 4586(pt/l) and persons described in section 4988(pt/l) and persons defends under section 4586(pt/l) and persons defends under section 4586(pt/l) and persons described in section 4988(pt/l) and 491(p) employer contributions). 187, 427. 165, 539. 18, 059. 38, 28 7 Pension plan accrutes and contributions (include section 401(k) and 491(p) employer contributions). 187, 427. 165, 539. 18, 059. 38, 28 7 Pension plan accrutes and contributions (include section 401(k) and 491(p) employer contributions). 187, 427. 165, 539. 18, 059. 38, 28 7 Pension plan accrutes and contributions (include section 401(k) and 491(p) employer contributions). 187, 427. 165, 539. 18, 059. 38, 28 7 Pension plan accrutes and promote to the section 401(k) and 491(p) employer contributions (include section 401(k) and 491(k) employer	1	_	530,918.	530,918.	morene sie steel die de Sie de De James (8.2) es anders en pro De Gracia processiones es anders	
3 Genits and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16,	2	·	0			
United States, See Part N, lines 15 and 16, 4 Benefits paid to or for members .	3	Grants and other assistance to governments,				Adultus andre
4 Boncfits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disquelified persons are defined under section 498f0((1)) and persons described in section 498f0((1)) and persons described in section 498f0((1)) and persons described in section 498f0((1)) and 403(b) employee contributions). 7 Other salaries and wages 8 Pensate plan accruits and contributions (include section 40f0) and 403(b) employee contributions). 10 Provided the section 498f0((1)) and 403(b) employee contributions). 11 Fees for services (non-employees): 12 Payrell tixes 13 Payrell tixes 14 Payrell tixes 15 Payrell tixes 16 Polessional fundraining services. See Pat IV, ling 17 (Investment management fees 19 Other 10 Other 10 Other and promotion 10 Office expenses 10 Other 11 Payments of travel or enterlainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Othereact 10 Othereact 11 Payments to affiliates 12 Openciation, depletion, and amortization 13 Office expenses. Itemize expenses in the 24e. If ling 124e amount excess flow of line 25e, downing (Spirity) and promotion 10 Othereact 11 Payments to affiliates 12 Openciation, depletion, and amortization 13 Orenthia and amortization 14 Payments to affiliates 15 Payments to affiliates 16 Occupancy 17 Travel 18 Payments to filiates 19 Openciation, depletion, and amortization 19 Conferences, conventions, and meetings 10 Occupancy 10 Interest 10 Occupancy 11 Payments to affiliates 11 Payments to affiliates 12 Openciation, depletion, and amortization 13 Office expenses. Itemize expenses on to covered above (List intecellaments expenses on the other payments of the payment						
5 Compensation of current officers, directors, frustees, and key employees Compensation not included above, to disqualified penens (as defined under section 4956(1)(1) and penens described in section 4956(1)(3)(8). 7 Other salaries and wages. 8 Penson join accruels and contributions (include section 4956(1)(3)(8). 9 Other employee benefits 187, 427, 165, 539, 18, 059, 3, 82 177, 353, 164, 775. 9 Pagyoritizes. 186, 228. 151, 696. 151, 696. 151, 696. 31, 349. 3, 18 16 Fess for services (non-employees): a Management c Accounting. 4 Compensors 1 Polyment management fees 9 Other 1 Overticestorial fundaming services. See Part IV. line 17 for lowesternat management fees 9 Other 20 Other 21 Advertising and promotion. 3 Office expensors 532, 389. 448, 299. 83, 090. 1, 00 9 Other 1 Travel. 1 Fayments of fravel or entertainment expenses for any federal, state, or local public officials for Compensors. Compensors into 24e. If line 24e. and meetings 1 Conferences, conventions, and meetings 2 Depreciation, depletion, and amortization 2 Perments to affiliatos 1 Conferences, conventions, and meetings 1 Conferences, conventions, and meetings 2 Conferences, conventions, and meetings 1 Conferences, conventions, and meetings 1 Conferences, conventions, and meetings 2 Conferences, conventions, and meetings 1 Conferences, conventions, and meetings 1 Conferences, conventions, and meetings 2 Conferences, conventions, and meetings 2 Conferences, conventions, and meetings 1 Conferences, conventions, and meetings 2 Conferences conventions, and meetings 2 Conferences conventions, and meetings 3 Conferences conventions, a		P P	0			
trustees, and key employees	4	Benefits paid to or for members	0			
persons (as defined under section 4958(x(1)) and persons described in section 4958(x(3)(8)). 7 Other selaries and verges 2, 063,275. 1,844,400. 180,589. 38,28 8 Posson plan accrusis and contributions (include section 401(s) and 30(s) employer onthributions). 187,427. 165,539. 18,059. 3,82 9 Other employee benefits 177,353. 164,775. 9,635. 2,94 10 Payroll taxes 186,228. 151,696. 31,349. 3,18 11 Fees for services (non-employees): a Management 0 0 b Legal 96,834. 96,834. c Accounting 46,008. 46,008. 46,008. 46,008. 46,008. 46,008. 46,008. 46,008. 46,008. 46,008. 46,008. 46,008. 46,008. 46,008. 46,008. 46,008. 46,008. 48,772. 421,293. 66,479. 487,772. 421,293. 66,479. 487,772. 421,293. 66,479. 487,772. 421,293. 66,479. 487,772. 421,293. 66,479. 487,772. 421,293. 66,479. 487,772. 421,293. 66,479. 487,772. 421,293. 66,479. 487,772. 421,293. 66,479. 487,772. 498,489. 488,299. 83,090. 1,000. 487,489. 488,299. 83,090. 1,000. 487,489. 488,299. 83,090. 1,000. 487,489. 488,299. 488,	5		726,513.	409,123.	317,390.	
Dependence described in section 4958(c)(3)(8) Dependence and wages Dependence described in section 491(x) and 403(x) particulars (include section 401(x) particular (include section 401(x) partic	6	Compensation not included above, to disqualified				
7 Other salaries and wages		persons (as defined under section 4958(f)(1)) and				
Pension plan accruets and contributions (include section 40(t)) and 40(t)) employer benefits 187, 427. 165, 539. 18,059. 3,82 9 Other employer benefits 177,353. 164,775. 9,635. 2,94 10 Payroll taxes 186,228. 151,696. 31,349. 3,18 11 Fees for services (non-employees):		persons described in section 4958(c)(3)(B)	0			
## 401(k) and 403(b) employer contributions). ## 187, 427.	7	Other salaries and wages	2,063,275.	1,844,400.	180,589.	38,286
9 Other amployee benefits	8	Pension plan accruals and contributions (include section				
186,228. 151,696. 31,349. 3,18		· .				3,829
11 Fees for services (non-employees): a Management	9	Other employee benefits		· · · · · · · · · · · · · · · · · · ·		
a Management	10	Payroll taxes	186,228.	151,696.	31,349.	3,183
b Legal	11	Fees for services (non-employees):				
d Lobbying	а	Management	0			
d Lobbying	b	Legal			-	
e Professional lundraising services. See Part IV, line 17 f Investment management fees g Other	C	Accounting	· · · · · · · · · · · · · · · · · · ·		46,008.	
e Professional fundraising services. See Part IV, line 17 f Investment management fees	d	Lobbying	0			
g Other	е	Professional fundraising services. See Part IV, line 17	0		Bright district statement	
12 Advertising and promotion	f	Investment management fees	0			
13 Office expenses	g	Other	487,772.	421,293.	66,479.	
14 Information technology	12	Advertising and promotion	0			
15 Royalties. 0 16 Occupancy 301,463. 247,367. 54,096. 17 Travel . 273,252. 199,840. 73,412. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 1,012,167. 975,739. 36,428. 20 Interest . 0 21 Payments to affiliates . 0 22 Depreciation, depletion, and amortization . 144,529. 108,961. 35,568. 23 Insurance . 32,434. 3,651. 28,783. 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a SPONSORSHIPS TO MEMBERS b OVERIEAD ALLOCATION C ALLOCATION TO SUBSIDIARY -5,477. 189,955190,955. 1,00 c ALLOCATION TO SUBSIDIARY -5,4777,268. c All other expenses . dod lines 1 through 24e 7,192,243. 6,144,567. 997,435. 50,24	13	Office expenses				1,000
16 Occupancy 301,463. 247,367. 54,096. 17 Travel 273,252. 199,840. 73,412. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0	14	Information technology	· · · · · · · · · · · · · · · · · · ·	100,884.	108,879.	
17 Travel	15	Royalties	<u> </u>			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings	16	Occupancy	-		-	
for any federal, state, or local public officials 19	17	Travel	273,252.	199,840.	73,412.	
19 Conferences, conventions, and meetings	18	Payments of travel or entertainment expenses				
Depreciation, depletion, and amortization 144,529 108,961 35,568		for any federal, state, or local public officials				
21 Payments to affiliates	19	Conferences, conventions, and meetings	1,012,167.	975,739.	36,428.	
22 Depreciation, depletion, and amortization	20	· · · · · · · · · · · · · · · · · · ·	0			
32,434. 3,651. 28,783.	21	· · · · · · · · · · · · · · · · · · ·	0			
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a SPONSORSHIPS TO MEMBERS b OVERHEAD ALLOCATION c ALLOCATION TO SUBSIDIARY d INCOME TAXES e All other expenses 25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	22	Depreciation, depletion, and amortization		•	·	
above (List miscellaneous expenses in line 24e. If line 24e armount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a SPONSORSHIPS_TO_MEMBERS b OVERHEAD ALLOCATION c ALLOCATION TO SUBSIDIARY d INCOME_TAXES e All other expenses E All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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	23	Insurance	32,434.	3,651.	28,783.	ato escesa carro selectiva escesa
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a SPONSORSHIPS TO MEMBERS b OVERHEAD ALLOCATION c ALLOCATION TO SUBSIDIARY d INCOME TAXES e All other expenses E All other expenses Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	24	•				
(A) amount, list line 24e expenses on Schedule O.) a SPONSORSHIPS TO MEMBERS b OVERHEAD ALLOCATION c ALLOCATION TO SUBSIDIARY d INCOME TAXES e All other expenses 25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if		·				
a SPONSORSHIPS TO MEMBERS b OVERHEAD ALLOCATION c ALLOCATION TO SUBSIDIARY d INCOME TAXES e All other expenses 25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if		li de la companya de		udedining-period		
b OVERHEAD ALLOCATION c ALLOCATION TO SUBSIDIARY d INCOME TAXES e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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		```		100 107		
c ALLOCATION TO SUBSIDIARY d INCOME TAXES 7,268. e All other expenses Total functional expenses. Add lines 1 through 24e 7,192,243. 6,144,567. 997,435. 50,24 7,192,243. 6,144,567.			182,127.		100 055	1 000
d INCOME TAXES e All other expenses Total functional expenses. Add lines 1 through 24e Total functional expenses. Add	_		_ E 477	109,955.		1,000
e All other expenses	-					
25 Total functional expenses. Add lines 1 through 24e 7,192,243. 6,144,567. 997,435. 50,24 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	_		1,268.		1,268.	
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			7 100 042	C 104 5 C 7	007.425	EO 041
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if			1,192,243.	0,144,56/.	997,435.	50,241
		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)	16.4	tollowing SOP 98-2 (ASC 958-720)	0			Form 990 (2011

JSA 1E1052 1.000 Form **990** (2011)

5YN2JD M151 8/9/2013

	rt X	·			rage II
		Duranto Ontot	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments	3,729,226.	2	2,671,013.
	3	Pledges and grants receivable, net	364,763.	3	183,118.
	4	Accounts receivable, net	369,090.	4	390,876.
	5	Receivables from current and former officers, directors, trustees, key			igan (b. sa englisa di alia
		employees, and highest compensated employees. Complete Part II of		5	
us	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	0
et	7	Notes and loans receivable, net	Q	7	0
Assets	8	Inventories for sale or use	0	8	0
•	9	Prepaid expenses and deferred charges	154,595.	9	99,341.
	10a	Land, buildings, and equipment: cost or			kii ante didenti
		other basis. Complete Part VI of Schedule D 10a 1,161,774.			
	b	Less: accumulated depreciation	559,694.	10c	759,954.
	11	Investments - publicly traded securities		11	8,544,255.
	12	Investments - other securities. See Part IV, line 11	325,938.	12	138,652.
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	183,739.	15	253,291.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	13,040,800.
	17	Accounts payable and accrued expenses	852,324.	17	879,138.
	18	Grants payable	0	18	205,000.
	19	Deferred revenue	1,248,371.	19	1,500,013.
	20	Tax-exempt bond liabilities	0	20	0
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key		W.	
abi		employees, highest compensated employees, and disqualified persons.			
Ë		Complete Part II of Schedule L	Q	22	0
	23	Secured mortgages and notes payable to unrelated third parties	q	23	0
	24	Unsecured notes and loans payable to unrelated third parties	d	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	329,400.	25	328,011.
	26	Total liabilities. Add lines 17 through 25	2,430,095.	26	2,912,162.
- S		Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.			
3UC	27	Unrestricted net assets	3,935,025.	27	4,144,457.
3a	28	Temporarily restricted net assets	5,719,954.	28	5,984,181.
ğ	29	Permanently restricted net assets	C	29	0
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	A CONTRACTOR OF THE STATE OF TH	30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	"	31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	9,654,979.	33	10,128,638.
_	34	Total liabilities and net assets/fund balances	12,085,074.	34	13,040,800.
			• • 1	- :	Form 990 (2011)

3b

Form 990 (2011)

For	n 990 (2011)				Pa	ge 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				041.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,1	92,	243.
3	Revenue less expenses. Subtract line 2 from line 1	3				202.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,6	54,	979 <u>.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		4	94,8	861.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
U	column (B))	6				
	Column (b))	١١١		10,1	28,	638.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	• • •		<u></u>	Yes	No
b c	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," exchedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent accountant if the organization changed either its oversight process or selection process during the tax year, exchedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year.	overs nt? xplaii	ight n in	2a 2b 2c	X	X
3а	issued on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	fortl	h in	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN ASSOCIATION OF

Employer identification number

ZOOLOG	GICAL PARKS AN	ID AQUARIUMS,	INC.						55	-0526930
Part I	Reason for Pub	lic Charity Status	s (All organizations mu	st cor	nplete	this pa	art.) Se	e instri	uctions	
The orga	anization is not a priv	ate foundation bed	ause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)		
1	A church, conventi	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)	-	
2	A school described	in section 170(b)	n s ection 170(b)(1)(A)(ii) . (Attach Schedule E.)							
3	A hospital or a coo	perative hospital s	ervice organization descri	ibed in	sectio	n 170(t)(1)(A)	(iii).		
4	A medical research	h organization op	erated in conjunction wi	ith a h	nospita	l descr	ibed in	sectio	ո 170(ե)(1)(A)(iii). Enter the
	hospital's name, cit									
5	An organization of	perated for the bea	nefit of a college or univ	ersity	owned	or ope	erated b	oy a go	vernme	ntal unit described in
	section 170(b)(1)(
6		-	or governmental unit des							
7		-	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the general public
·	described in section									
8			on 170(b)(1)(A)(vi). (Com							
9 X			es: (1) more than 331/3%							
			exempt functions - subj							
			ome and unrelated busi						n 511	tax) from businesses
🗆			e 30, 1975. See section							
10		•	ted exclusively to test for	-						on to come, out the
11	_		rated exclusively for the							
	•		pported organizations de es the type of supporting							
	a Type I	b Type				ally inte		IIIIÇS I	d	Type III - Other
е			the organization is not			•	~	irectly		
•			gers and other than one							
	509(a)(1) or sectio		gero and other than one	0. 1110	. o pui	onery cu	рролю	. organ	Landino	
f			n determination from th	e IRS	that it	is a T	vpe 1. 1	vpe II.	or Type	e III supporting
_	organization, check						,,	,	,	··
g	•		nization accepted any gift	t or co	ntributi	ion from	any of	the		
•	following persons?	•	,				•			i
	(i) A person who	directly or indire	ctly controls, either alor	ne or t	ogethe	er with	persor	s desc	ribed in	(ii) Yes No
	and (iii) below,	, the governing boo	ly of the supported organ	ization	?					11g(i)
	(ii) A family meml	ber of a person des	scribed in (i) above?							11g(ii)
	(iii) A 35% control	led entity of a pers	on described in (i) or (ii) a	bove?						11g(iii)
h	Provide the following	ng information abo	ut the supported organiza	ation(s).					4
(i) N	ame of supported	(ii) EIN	(iii) Type of organization	(iv)	ls the zation in		ou notify		s the	(vii) Amount of
	organization		(described on lines 1-9 above or IRC section	col. (i)	listed in	the orga in col	(l) of	col. (i) o	zation in rganized	support
			(see instructions))	docu	overning ment?	your st			U.S.?	
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
				<u> </u>		 	<u></u>			
(E)										
Total				I icanikii	Regarda.	10.4851893	Dealer and J	lettu Hizi	1 1 - 12	

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

Schedule A (Form 990 or 990-EZ) 2011

Par	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.)						
500		ans to quality	under the test	s listed below	, piease comp	ete Part III.)	<i>*-</i>
-	Section A. Public Support Salendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total						
Cale	ndar year (or fiscal year beginning in)	(4) 2007	(5) 2000	(6) 2000	(4) 2010	(6) 20 11	(1) 1010.
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		W				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				Autona na n		
5	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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support			1	I (D 0040		(0.T-1-1
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
	tion C. Computation of Public Sup					T I	
14	Public support percentage for 2011 (li					14	<u>%</u>
15	Public support percentage from 2010 331/3% support test - 2011. If the co					234/09/ 05 mg	ma abask
ıoa	this box and stop here. The organizati						
ь	331/3% support test - 2010. If the						
	check this box and stop here. The org						
17a							
	10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
b	organization	2010. If the organization meets	ganization did n s the "facts-and	ot check a box d-circumstances	on line 13, 16 "test, check t	a, 16b, or 17a, his box and s t	, and line top here.
18	Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011

Part III	Support Schedule	for	Organizations	Described ir	Section	509(a)(2)
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(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization fails to qu	ality under the	tesis listed be	now, piease co	impiete Part ii	.)	
Sec	tion A. Public Support					<u></u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,538,922.	4,281,465.	4,632,429.	4,188,775.	4,397,738.	21,039,329.
2	Gross receipts from admissions, merchandise			·			
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	1,672,353.	1,567,189.	1,466,114.	1,635,561.	1,638,299.	7,979,516.
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						
3	furnished by a governmental unit to the						
	organization without charge	r 011 02r	5 040 654	6 000 543	5,824,336.	6 036 037	29,018,845.
6	Total. Add lines 1 through 5	5,211,275.	5,848,654.	6,098,543.	5,624,330.	6,036,037.	29,010,645.
/ a	Amounts included on lines 1, 2, and 3			*			
ь	received from disqualified persons Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						29,018,845.
	tion B. Total Support						45 T
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6, ,	5,211,275.	5,848,654.	6,098,543.	5,824,336.	6,036,037.	29,018,845.
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	315,479.	410,072.	315,168.	370,369.	684,594.	2,095,682.
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	315,479.	410,072.	315,168.	370,369.	684,594.	2,095,682.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on	-850.	3,066.	47,387.	37,052.	33,484.	120,139.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	446.	18,983.	22,824.	1,681.	111,217.	155,151.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	5,526,350.	6,280,775.	6,483,922.	6,233,438.	6,865,332.	31,389,817.
14	First five years. If the Form 990 is for		i's first, second,	third, fourth, or	fifth tax year a	s a section 501(c	c)(3)
	organization, check this box and stop here	-					
Sec	tion C. Computation of Public Sur						<u> </u>
15	Public support percentage for 2011 (line 8			nn (f))		15	92.45%
16	Public support percentage from 2010 Scho					16	93.78%
	tion D. Computation of Investmen						
17	Investment income percentage for 2011 (li			3 column (f))		17	6.68%
18	Investment income percentage from 2010					18	5.64%
	331/3% support tests - 2011. If the or						
134	17 is not more than 331/3%, check the						
L	331/3% support tests - 2010. If the orga	-	_	-	-		
ם	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	-			

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

Schedule B

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Name of the organization	-	Employer Identification number
AMERICAN ASSOCIATION		EE 0526020
ZOOLOGICAL PARKS AND Organization type (check one):		55-0526930
. 		
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 for	ındation
•	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundar	tion
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See
General Rule	•	
	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II.	or more (in money or
Special Rules		
under sections 509(a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during th 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form II.	e year, a contribution of
during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use exclusively for religious, charitases, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,
during the year, cont not total to more than year for an exclusively	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ributions for use exclusively for religious, charitable, etc., purposes, but the standard	ese contributions did e received during the ss the General Rule butions of \$5,000 or
Caution. An organization that is	not covered by the General Rule and/or the Special Rules does not file S	chedule 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 here, to certify that it does not meet the filing requirements of Schedule B (Fo	d of its Form 990-EZ or on
For Paperwork Reduction Act Notice,	see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number 55-0526930

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ed.
		4	

/_\ I	/L\	(-)	(-1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$110,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$11,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4			Person X Payroll
		\$7,500.	Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	\$7,500. (c) Total contributions	Noncash (Complete Part II if there is
		(c)	Noncash (Complete Part II if there is a noncash contribution.)
No.		(c) Total contributions	Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS AND AQUARIUMS, INC. Employer identification number 55-0526930

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$129,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$8,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 12 _		\$7,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number 55-0526930

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 14 _		\$76,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$6,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$119,281.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 17 _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 18		\$32,150.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number 55-0526930

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$16,320.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 21 _		\$122,259.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 22 _		\$9,715.	Person Payroll Noncash (Complete Part II if there is
			a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
		(c) Total contributions \$5,000.	a noncash contribution.) (d)
No.		Total contributions	a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS AND AQUARIUMS, INC Employer identification number 55-0526930

	Booled on India in India in the inglimited in the india.	<u> </u>	
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 25		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _		\$ <u>11,500</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 28		\$21,113.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 29		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number 55-0526930

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) (a) No. (c) (d) FMV (or estimate) from Date received Description of noncash property given Part I (see instructions) (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given Part I (see instructions)

Name of organization AMERICAN ASSOCIATION OF

Employer identification number

ZOOLOGICAL PARKS AND AQUARIUMS, INC.

55-0526930

Part III E	xclusively religious, charitable, etc., hat total more than \$1,000 for the ye	individual contributions to	o section 50	1(c)(7), (8), or (10) organizations
F	or organizations completing Part III, e ontributions of \$1,000 or less for the	nter the total of exclusively	religious, ch	naritable, etc.,
	Ise duplicate copies of Part III if addition			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, ar	d ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar	Relation	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	1	(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	(x) i dipose of gitt	(0, 000 013		
		(e) Transfer of gift	l.	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee
				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

▶ Attach to Form 990 or Form 990-EZ.

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ See separate instructions.

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

► Complete if the organization is described below.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Open to	o Public
Inspe	

•	Section 501(c) (other than secti	on 501(c)(3)) organizations: Complete F	Parts I-A and C below, [Do not complete Part I-B.	
	Section 527 organizations: Com	•			•
	•	to Form 990, Part IV, line 4, or Form			
		that have filed Form 5768 (election un			
	=	that have NOT filed Form 5768 (election	•	• •	
	-	to Form 990, Part IV, line 5 (Proxy Ta	x) or Form 990-EZ, Pa	rt V, line 35c (Proxy Tax), th	en
	Section 501(c)(4), (5), or (6) org				
	e of organization AMERICAN A			' *	fication number
_	LOGICAL PARKS AND A			55-05	
Pa		rganization is exempt under s			ization.
1	· · · · · · · · · · · · · · · · · · ·	organization's direct and indirect p			
2	Political expenditures			▶ \$.,,
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·	
_			/: 504/ \/D\		
Par		rganization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			1 1 1 1
	Was a correction made? If "Yes," describe in Part IV.				L Yes No
_		rganization is exempt under	section 501(c) ex	cent section 501(c)(3)	<u> </u>
4		expended by the filing organization			P
•	•			•	
2	Enter the amount of the filir	ng organization's funds contributed		ons for section	-
2		es	-	_	
3		enditures. Add lines 1 and 2. En			7
J					
4		e Form 1120-POL for this year?			Yes No
5		and employer identification numb			
·		s. For each organization listed, en			
		tributions received that were prom			
	as a separate segregated full	nd or a political action committee	(PAC). If additional s	space is needed, provide	e information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(3)1.227223	(*///	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			-		
	Innarwork Doduction Act Notice	a the Instructions for Form 800 or 900 F7	<u> </u>	Schodul	 e C (Form 990 or 990-EZ) 2011
LOLL	aperwork Reduction Act Notice, Se	e the Instructions for Form 990 or 990-EZ.		Schedul	2 2 ft out 220 of 250-PT 5011

Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A	Check ▶ if the filing organization	belongs to an affiliated group (and list in Pa	art IV each affiliated gro	oup member's
	name, address, EIN, exp	enses, and share of excess lobbying expend	ditures).	
В	Check ▶ if the filing organization	checked box A and "limited control" provisi	ons apply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	10,084.	
С	Total lobbying expenditures (add lines 1	a and 1b)	10,084.	
d	Other exempt purpose expenditures	7,182,159.		
е	Total exempt purpose expenditures (add	7,192,243.		
f	Lobbying nontaxable amount. Enter the	amount from the following table in both		
	columns.		509,612.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	eracional de la company de	Mark bears
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25	5% of line 1f)	127,403.	
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0	
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0	0	
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720	
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2 a Lobbying nontaxable amount	467,528.	461,822.	473,472.	509,612	1,912,434.			
b Lobbying ceiling amount (150% of line 2a, column (e))	proprieta				2,868,651.			
c Total lobbying expenditures	8,515.	6,089.	10,856.	10,084	35,544.			
d Grassroots nontaxable amount	116,882.	115,456.	118,368.	127,403	478,109.			
e Grassroots ceiling amount (150% of line 2d, column (e))					717,164.			
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2011

of the lobbyin 1 During ti legislatic referend a Voluntee b Paid stat c Media a d Mailings	ne year, did the filing organization attempt to influence foreign, national, state or local in, including any attempt to influence public opinion on a legislative matter or um, through the use of:	Yes	No		(b) Amor		
legislation referend a Voluntee b Paid state c Media a d Mailings	n, including any attempt to influence public opinion on a legislative matter or um, through the use of: rs? f or management (include compensation in expenses reported on lines 1c through 1i)?						
b Paid statec Media ad Mailings	for management (include compensation in expenses reported on lines 1c through 1i)?	,,,,,,,,		\$50500 to \$00 factor	120111000000000000000000000000000000000		
c Media ad Mailings					di dagi	114	
				about 117772: 1.	::21017:13867211		************
e Publicati	to members, legislators, or the public?						
	ons, or published or broadcast statements?						
	other organizations for lobbying purposes?						
-	ontact with legislators, their staffs, government officials, or a legislative body?						
	emonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other ac			ouzuña.				
	d lines 1c through 1i						
	ectivities in line 1 cause the organization to be not described in section 501(c)(3)?	100.000		ope Henry Lawren			Alianiii
-	enter the amount of any tax incurred under section 4912						
	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?			li ele ele			
	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. ог s	ection	1		
	501(c)(6).		,				
						Yes	No
	bstantially all (90% or more) dues received nondeductible by members?				1		
	organization make only in-house lobbying expenditures of \$2,000 or less?				2		
	organization agree to carry over lobbying and political expenditures from the prior year?			<u></u>	3		
	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."					3, is	
 Dues, as Section 	sessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amorexpenses for which the section 527(f) tax was paid).	unts	 of	1		J	
a Current				2a			
	r from last year			2b			
c Total				2c			
3 Aggrega	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es .		3			
excess d	s were sent and the amount on line 2c exceeds the amount on line 3, what portion oes the organization agree to carryover to the reasonable estimate of nondeductible I						
	ical expenditure next year?			4			
	amount of lobbying and political expenditures (see instructions)		· · ·	5			
Complete this	Supplemental Information part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line ete this part for any additional information.						•

Schedule C (Form 990 or 990-EZ) 2011

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2011
Open to Public

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

► Attach to Form 990. ► See separate instructions.

Name of the organization AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Inspection
Employer identification number
55-0526930

Par	Organizations Maintaining Donor Advisorganization answered "Yes" to Form 99		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor as	dvisors in writing that the assets held	d in donor advised
٠.	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, and		
U	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Pai		he organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the		5 7 CHI 1 CO 5 7 CHI 1 T 7 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T
•	Preservation of land for public use (e.g., recreation)		on of an historically important land area
		· 1 1	on of a certified historic structure
	Protection of natural habitat	i leseivatio	on or a certified flistoric structure
2	Preservation of open space Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form of a conservation
2	easement on the last day of the tax year.	d a qualified conservation contributio	If the form of a conservation
	casement on the last day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a	Total acreage restricted by conservation easements		· ·
b	Number of conservation easements on a certified h		
C	Number of conservation easements included in (c)		
d	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trans		
3		refred, released, extinguished, or ter	infinated by the organization during the
	tax year ▶Number of states where property subject to conser	votion agrament is located	
4	Does the organization have a written policy regarding		
5	violations, and enforcement of the conservation eas		
c	Staff and volunteer hours devoted to monitoring, ins		
6		pecting, and emorcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspect	ing and enforcing conservation ease	ments during the year
1	S ========	ing, and emoroning conservation case	monte during the your
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	of section 170/h\/4\/B\
0			
9	(i) and section 170(h)(4)(B)(ii)?	concervation exements in its revenue	and evnence statement and
9	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemen		ariolal state. He had a seemed and
Pal	rt III Organizations Maintaining Collections		ther Similar Assets.
	Complete if the organization answered '	'Yes" to Form 990, Part IV, line 8.	
		- Harris Harris	its revenue statement and balance sheet
14	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar	assets held for public exhibition,	education, or research in furtherance of
	public service, provide, in Part XIV, the text of the fo		
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in it	is revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relating		education, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1		▶ ¢
	(ii) Assets included in Form 990, Part X		
1	If the organization received or held works of art		
2			
_	following amounts required to be reported under SF	AS I TO (ASC 956) Felating to these if	EUIIS.
a	Revenues included in Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • • • • • •

ac	e	2

Par	t Organizations Maintaining Colle	ections of Art,	, HIST	orica	reasu	ıres,	or Ut	ner Similar /	Assets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and othe	r reco	ords, d				•	are a significant use of its
а	Public exhibition		d			r exch	ange	programs	
b	Scholarly research		e L		Other				
С	Preservation for future generations								
4	Provide a description of the organization's	collections an	d exp	lain h	ow they	furth	er the	organization	's exempt purpose in Part
	XIV.					•			
5	During the year, did the organization solicit	or receive dona	ations	of art,	historic	al trea	asures,	or other simi	lar
	assets to be sold to raise funds rather than t	o be maintaine	d as p	art of	the orga	ınizati	ion's c	ollection? • •	· · · · Yes No
Par	t IV Escrow and Custodial Arrangen	nents. Compl	ete if	the o	rganiza	tion a	an s we	red "Yes" to	Form 990, Part IV,
	line 9, or reported an amount or	Form 990, P	art X	line 2	21.	_			
	Is the organization an agent, trustee, custod included on Form 990, Part X?								
D	ii res, explain the arrangement in Fart Aiv	and complete	tile it	IIIOWIII	g table.	Г		· · ·	Amount
_	Beginning balance					-		<u>,</u>	unount
Ç	Additions during the year								
u	Distributions during the year						_		11.4877
e •	Ending balance								
22	Did the organization include an amount on I								Yes No
	If "Yes," explain the arrangement in Part XIV		. A, III I	521:					
Par			tion a	newo	rod "Vo	e" to	Form	990 Part IV	line 10
Fai		rrent year		ior year			years ba		years back (e) Four years back
1a	Beginning of year balance	Henryeur	(2)	101 ,000	- ' '	,	, our o ba	(2)5	
b	Contributions								
c	Net investment earnings, gains,							·	
٠	and losses								
ы	Grants or scholarships								
e	Other expenditures for facilities .								
-	and programs								
	Administrative expenses								
-									HIN SERVICE PROPER AND AND
g	End of year balance			/lin	10 00		all bal		Killikaanseksiilkaalkapteilik
2	Provide the estimated percentage of the cur		oaland	e (iine	a ig, coi	umm (a	a)) nei	u as.	
a	Board designated or quasi-endowment								
b	Permanent endowment ▶ %	0/							
C	Temporarily restricted endowment ►		,						
20	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the poss			ration	that ara	hold	and a	dministered for	r tha
Ja		ession of the o	nyani	Zation	llial ale	Helu	and a	arrillistered to	Yes No
	organization by:								3a(i)
	(i) unrelated organizations								3a(ii)
h	(ii) related organizations								
b	· · · · · · · · · · · · · · · · · · ·				-				
4	Describe in Part XIV the intended uses of th								
Par	t VI Land, Buildings, and Equipment			- 1					(4) 5 - 1 - 1 -
	Description of property	(a) Cost or othe (investmen		(D)	Cost or oth (other)) Accumulated depreciation	(d) Book value
1 a	Land			_					
b	Buildings							04.000	445 405
С	Leasehold improvements					,19!		36,090	
d	Equipment					, 901		183,651	288,257.
e	Other					, 67		182,079	. 26,592.
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 99	0, Pai	t X, co	lumn (B), line	10(c).	<u>) ▶</u>	759,954.
	-								Schedule D (Form 990) 2011

D^~~	

(a) Description of security or category (b) Book velove (c) Method of valuation: Cost or end-of-year market value (c) Financial derivatives (c) Closely-hold equity Interests (c) Closely	Part VII Investments - Other Securities. See Fo	orm 990. Part X. lin	e 12.	
(2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(a) Description of security or category		(c) Method of valuation:	
(2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial derivatives			
(3) Other (A) (B) (B) (C) (D) (D) (D) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	7 7			
(A) (B) (C) (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D				
(C) (F)				
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(E) (F) (G) (G) (H) (D) (D) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(C)			
(\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)	(D)			IND THE
(#3) (#4) (#5) (#6) (#7) (#7) (#8) (#8) (#8) (#8) (#8) (#8) (#8) (#8	(E)			
(1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (10)	(F)			
Total, (Column (b) must equal Form 990, Part X, cot. (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13.				
Total, (Column (b) must equal Form 990, Part X, cot. (8) line 12.) Part XIII Investments - Program Related. See Form 990, Part X, line 13.				
Part VIII Investments - Program Related, See Form 990, Part X, line 13. (a) Method of valuation: Cost or end-of-year market value (f) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10			N. San Paraga. N. H. Burg. and San A. Burg. San A.	
(a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) (a) Description (b) Book value (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) (a) Description (b) Book value (b) Book value (c) (d) (d) (f) (f) (g) (g) (g) (g) (g) (g) (g) (h) Edden (line) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (l) Federal income taxes (2) DEFERRED COMPENSATION LIABILITY (c) Edden (line) must equal Form 990, Part X, col. (B) line 25. (d) (e) (f) (f) (g) (f) (f) (g) (h) (li) (li) (li) (li) (li) (li) (li) (li		orm 000 Dort V lin		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Totals (Column (b) must equal Form 990, Part X, col. (B) line 13) (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (10) (11) (10) (11) (11				
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organization's liability for uncertain tax positions under FIN 48 (ASC 740).

FIN 48 FOOTNOTE

PART X, LINE 2

IN ACCORDANCE WITH THE PROVISIONS IN THE INCOME TAXES TOPIC OF THE FASC, AZA HAS PERFORMED AN EVALUATION OF ITS TAX POSITIONS AND BELIEVES IT HAS APPROPRIATE SUPPORT FOR ITS TAX POSITIONS TAKEN. THE PROVISION FOR UNRELATED BUSINESS INCOME TAX HAS BEEN INCLUDED IN GENERAL AND ADMINISTRATIVE EXPENSE IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES. TAX YEARS PRIOR TO 2008 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS AND THE STATE OF MARYLAND.

OTHER ADJUSTMENTS

PART XII, LINE 2D

\$38,000 REPRESENTS THE REVENUE OF SUBSIDIARY INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS.

OTHER ADJUSTMENTS

PART XIII, LINE 2D

\$550,451 REPRESENTS THE EXPENSES OF SUBSIDIARY INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS.

Part XIV Supplemental Information (continued)

OTHER ADJUSTMENTS

PART XI, LINE 8

NET LOSS OF SUBSIDIARY INCLUDED IN

CONSOLIDATED FINANCIAL STATEMENTS

\$(512,451)

SCHEDULE I (Form 990)

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2011

(Eorm 000)	₋	orants ar	na Otner A	and Otner Assistance to Organizations,	o Organiza	tions,		
(1066 101)	60	/ernmer	ıts, and ln	Governments, and Individuals in the United States	the United	d States		Z4011
Department of the Treasury		Complete if the or	rganization ans ▼ Att	e organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	orm 990, Part IV,	line 21 or 22.		Open to Public Inspection
Name of the organization	AMERICAN ASSOCIATION	ION OF					Employer identification number	ation number
ZOOLOGICAL PAR	ZOOLOGICAL PARKS AND AQUARIUMS, INC	IC.					55-0526930	30
Part General In	General Information on Grants and Assistance	Assistance						
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stantiate the	amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, an	, -
	the selection criteria used to award the grants or assistance?	or assistance	56		:		:	X Yes
ÖΙ	IV the organization's procedur	res tor moni	toring the use o	t grant tunds in the	United States.			
Part Grants and to Form 96 Part Can	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	yvernments y recipient space is ne	s and Organiza that received eded	itions in the Unite more than \$5,00	ed States. Com	plete if the organize ox if no one recipier	ation answered ' nt received more	Yes" than \$5,000. ▼
1 (a) Name and or	(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grain or assistance
(1) ST. LOUIS ZOO	ST. LOUIS ZOO	43-1727309	501(C)(3)	62,150.				CONSERVATION
(2) TENNESSEE AQUARIUM	MO							MOTHERMONICO
(3) UTAH'S HOGLE ZOO	HALTANOOGA, IN 3/401	BCT/59T-90	201 (2)	40,406				COMSERVEDTON
2600 SUNNYSIDE A	2600 SUNNYSIDE AVE SALT LAKE CITY, UT 84108	87-0217405	501 (C) (3)	17,980.				CONSERVATION
(4) TOLEDO ZOO P.O. BOX 140130 TOLEDO, OH 43614	TOLEDO, OH 43614	34-4440256	501(C)(3)	17,050.				CONSERVATION
(5) COLUMBUS ZOO AND AQUARIUM 9990 RIVERSIDE DRIVE POWEI	COLUMBUS ZOO AND AQUARIUM 9990 RIVERSIDE DRIVE POWELL, OH 43065	31-4390844	501(C)(3)	19,628.				CONSERVATION
(6) DENVER ZOO Z300 STEELE STREI	DENVER ZOO Z300 STEELE STREET DENVER, CO 80205	84-0502539	501(C)(3)	70,710.				CONSERVATION
(7) LINCOLN PARK ZOO 2001 N CLARK STREET CHICAGO, IL	EET CHICAGO, IL 60614	36~2512404	501(C)(3)	159,862.				CONSERVATION
(8) INTERNATIONAL CRANE FOUNDATION P.O. BOX 447 BARABOO, WI 53913	1 1	39-1187711	501(C)(3)	22,000.				CONSERVATION
(6)					1			
(10)								
(11)								
(12)								
2 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	vernment o	rganizations list	ed in the line 1 tabl	0			
	Enter total number of other organizations listed in the	d in the line	line 1 table				-	: : : : : : :
For Paperwork Redu	For Paperwork Reduction Act Notice, see the Instruction	tructions fo	s for Form 990.				Sch	Schedule I (Form 990) (2
ASC			L (1					ָרָ בְּיַבְ

Schedule I (Form 990) (2011)

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (Farm 990) (2011) Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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ro.						
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Part IV	Part IV Supplemental Information. Complete this part t	is part to prov	ide the informat	tion required in	Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING USE OF GRANTS

PART I, LINE 2

GRANT APPLICATIONS ARE REVIEWED BY A SCIENTIFIC ADVISORY COMMITTEE AND

FUNDING RECOMMENDATIONS ARE APPROVED BY THE AAZPA BOARD OF DIRECTORS.

ASSOCIATION STAFF ARE RESPONSIBLE FOR OVERSIGHT OF THE GRANT AND

REPORTING PROCESS.

PAGE 36

SCHEDULE J (Form 990)

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

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ASSOCIATION OF

ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number

55-0526930

Part	1 Questions Regarding Compensation			
		E	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	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 (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1 b		
2	explain	2		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		6	
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
_	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х
a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	, , , , , , , , , , , , , , , , , , ,			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:		HUMIR	v
а	The organization?	6a		X
b	Any related organization?	6b	tra ceri	MARKET
_	If "Yes" to line 6a or 6b, describe in Part III.	iniiii	iki:###	Musika
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	7		x
	payments not described in lines 5 and 6? If "Yes," describe in Part III			
8	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
		8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
9		9		
	Regulations section 53.4958-6(c)?	, -		

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

Schedule J (Form 990) 2011

Page 2

Schedule J (Form 990) 2011

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

וומואותםמו.						-	•	
		(B) Breakdown of W-2 and/	of W-2 and/or 1099-MISC	or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)·(D)	reported as deferred in prior Form 990
	6	272,367.			74,500.	10,078.	356,945.	
1 JAMES D. MADDY (ii)		0	0		d			
(i)	[205,024.	0		19,565.	828	225,447.	
2 KRISTIN L. VEHRS (ii)	(i	o	0					
()] [191,734.	0		18,937.	.988,6	220,557.	
3 PAUL J. BOYLE (ii)		0	<u> </u>					
	(1	178,970.			17,839.	966'6	206,805.	
4 STEVEN L. FELDMAN (ii)	1)	Ó	d					
()	Į.	146,554.	D		14,068.	.649	161,271.	
5 JILL D. NICOLL (ii)								
(1)	(1	120,801.	0		b	4,849.	125,650.	
6 LAURA BENSON (ii)		0						
8	::							
(ii)								
(6)	(t							
(ii)								
0								
(ii) 6	<u>.</u>							
(6)	Į (į							
10 (ii)								
8	_	 	1 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
11 (ii)	<u>e</u>							
] 	- 1			
12 (ii)	Œ							
] 	1		
13 (ii)	E							
(0)	(i					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
14 (ii)	Œ							
9	_	1]]] 	111111111111111111111111111111111111111
15 (ii)				****				
8	(c				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
16 (11)	(1)							
							Sch	Schedule J (Form 990) 2011

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Schedule J (Form 990) 2011

Part | Supplemental Information

Complete this part to 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.

PARTICIPATION IN NONQUALIFIED PLAN

PART I, LINE 4B

JAMES D. MADDY PARTICIPATED IN THE 457F PLAN, TO WHICH THE ASSOCIATION

CONTRIBUTED \$50,000 FOR HIM.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internat Revenue Service 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.

Name of the organization AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number 55-0526930

DOING BUSINESS AS

PAGE 1, BOX C

THE AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS & AQUARIUMS, INC., D/B/A: 1.

ASSOCIATION OF ZOOS & AQUARIUMS 2. AZA

MEMBERS OF ORGANIZATION

PART VI, LINE 6

THE ORGANIZATION HAS MEMBERS AS SET FORTH IN ARTICLE VI OF THE BYLAWS.

MEMBERS RIGHTS TO ELECT MEMBERS OF THE GOVERNING BODY

PART VI, LINE 7A

THE MEMBERSHIP ELECTS ON AN ANNUAL BASIS, THE GOVERNING BODY PURSUANT TO ARTICLE IV, SECTION 2 OF THE BYLAWS.

DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL

PART VI, LINE 7B

MEMBERS HAVE VOTING RIGHTS WITH RESPECT TO AMENDMENTS OF THE

ORGANIZATION'S GOVERNING DOCUMENTS AND OTHER MAJOR DECISIONS (SUCH AS

DISSOLUTION OR MERGER DECISIONS) PURSUANT TO ARTICLE IX OF THE BYLAWS.

GOVERNING BOARD REVIEW OF FORM 990

PART VI, LINE 11B

THE 990 IS PREPARED BY AN INDEPENDENT AUDIT FIRM IN CONJUCTION WITH THE

AAZPA VICE PRESIDENT OF FINANCE. THE DRAFT FORM 990 IS REVIEWED BY LEGAL

Employer identification number 55-0526930

COUNSEL, CEO, AND EXECUTIVE DIRECTOR. THE DRAFT IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS.

CONFLICT OF INTEREST POLICY

PART VI, LINE 12C

THE ORGANIZATION'S HISTORIC PRACTICE HAS BEEN FOR MEMBERS OF THE BOARD OF DIRECTORS TO SIGN AN ACKNOWLEDGMENT OF THE CONFLICT OF INTEREST POLICY UPON COMMENCEMENT OF THEIR TERM ON THE BOARD, AND THEREAFTER FOR ANY BOARD MEMBERS WITH A CONFLICT OR POTENTIAL CONFLICT TO TIMELY DISCLOSE THIS AND NOT PARTICIPATE OR DELIBERATE ON ANY SUCH MATTER. THE ORGANIZATION ASKS OFFICERS AND KEY EMPLOYEES TO SIMILARLY ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE ASKED TO SIGN AN ANNUAL STATEMENT REITERATING SUCH ACKNOWLEDGMENT AND DISCLOSING ANY CONFLICTS OR POTENTIAL CONFLICTS

COMPENSATION OF TOP MANAGEMENT OFFICIALS

PART VI, LINE 15A

THE AZA COMPENSATION COMMITTEE IS COMPRISED OF THE BOARD CHAIR, BOARD VICE CHAIR, PAST CHAIR AND CHAIR ELECT. ON AT LEAST AN ANNUAL BASIS, THIS GROUP REVIEWS COMPENSATION MATTERS REGARDING THE AAPZA PRESIDENT AND CEO, VICE PRESIDENT OF FINANCE, AND EXECUTIVE DIRECTOR. THE COMMITTEE REVIEWS CURRENT COMPENSATION, COMPARABILITY DATA AND PERFORMANCE. COMPENSATION CHANGES ARE REPORTED TO THE PRESIDENT AND CEO. THE BOARD CHAIR IS RESPONSIBLE FOR PROVIDING WRITTEN AUTHORIZATION TO THE AZA VICE PRESIDENT OF FINANCE FOR IMPLEMENTATION OF ANY COMPENSATION CHANGE FOR THAT

Employer identification number 55-0526930

POSITION. THIS PROCESS WAS LAST UPDATED IN 2010.

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND ON REQUEST. THE CONFLICT OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST. REQUESTS FOR THE FINANCIAL STATEMENTS ARE CONSIDERED ON A CASE BY CASE BASIS.

OTHER CHANGE IN NET ASSETS

PART XI, LINE 5

UNREALIZED LOSS ON INVESTMENTS

\$840,972

EQUITY IN NET LOSS OF SUBSIDIARY

\$(346,111)

TOTAL

\$494,861

FORM 990, PART III, LINE 4D - OTHER PROGRAM S	SERVICES	ATTACHMENT	1
DESCRIPTION	GRANTS	EXPENSES	REVENUE
ACCREDITATION & MEMBERSHIP		720,586.	3,345,474.
GOVERNMENT AFFAIRS	8,000.	635,283.	
TOTALS	8,000.	1,355,869.	3,345,474.

AMERICAN ASSOCIATION OF Name of the organization ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number 55-0526930

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BENEFIT MALL P.O. BOX 630957 BALTIMORE, MD 21263	HEALTH INSURANCE	186,402.
HOGAN LOVELLS US, LLP 555 THIRTEENTH STREET, NW WASHINGTON, DC 20004	LEGAL	170,115.
LEVY RESTAURANTS 285 ANDREW YOUNG INTERNATIONAL BOULEVARD ATLANTA, GA 30313	CONFERENCE FOOD SERV	194,681.
CORNERSTONE GOVERNMENT AFFAIRS 300 INDEPENDENCE AVENUE, SE WASHINGTON, DC 20003	GOVERNMENT RELATIONS	140,653.
SKB ARCHITECTURE & DESIGN 1818 N STREET, NW, # 510 WASHINGTON, DC 20036	ARCHITECTS	133,102.
TOTAL COMPENSAT	ION	824,953.

55-0526930

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Employer identification number

▼ See separate instructions.

(f) Direct controlling 55-0526930 (e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of disregarded entity AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS AND AQUARIUMS, INC. Name of the organization

4

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(6)

(2)

(1)

(5)

(g) Section 512(b)(13) controlled entity? Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) € (e) ව į Ξ <u>a</u> Part II

(a) Name, address, and EiN of related organization	voj Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Legal domicile (state section Public charity status or foreign country) (if section 501(c)(3))	Direct controlling entity
[1]					
(2)					

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Yes

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İ	(5)	4

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

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Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34

	because it had one or more related organizations treated as a partnership during the tax year.	nore related orga	anizations	treated as a par	tnership during the	e tax year.)					
	(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant income (related,	(f) Share of total	(g) Share of end-of-year	(h) Disproportionals	(i) Code V-UBI	(j) General or	(k) Percentage
	of related organization		(state or foreign	euny	unrelated excluded from tax under	D	googe	allocations	Schedule K-1	partner?	
			country)		5ecuolis 312-314)			Yes No	(1003)	Yes No	
(2)											
(3)											
(4)											
(5)											
(6)											
(7)					The state of the s						
Part IV	Identification of Related Organizations Taxable as a line 34 because it had one or more related organizat	ed Organizations one or more rela	s Taxable sted organ	as a Corporationizations treated	a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, lions treated as a corporation or trust during the tax year.)	lete if the organ or trust during th	nization answerene tax year.)	"Yes"	to Form 990, I	Part IV,	
	(a)			a)	(0)	(p)	(a)	(J)	(B)	•	ε

(а) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling Trentity (C	(e) ype of entity corp. S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ANIMALS, INC. 800-0514891 8403 COLESVILLE ROAD, STE 710 SILVER SPRING, MD 20910 (2)	DIGITAL ED. MEDIA	3Q	ААХРА	U	-346,098.	197,465.	67.5400
The state of the s							

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Schedule R (Form 990) 2011

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Page 3

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 Method of determining Yes amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Ξ 9 1 7 19 ÷ <u>7</u> <u>e</u> 19 무 ļ € Reimbursement paid by related organization(s) for expenses FMV FMVTransactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) 158,825. 158,825. Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-r) × ф Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity. Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property from related organization(s), Name of other organization Other transfer of cash or property to related organization(s) Purchase of assets from related organization(s) Sale of assets to related organization(s) . . . ANIMALS, INC. ANIMALS, INC. E c 0 Ф ō Ξ 2 4 (5) Œ ρ ပ ō **Б** — ... 9 9 N

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(B) Share of Passes Stasses	(h) Disproportionate allocations?		(f) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	ŀ	(k) Percentage ownership
, T. P.			section 512-514)	Yes No			Yes	o _N		Yes	Š	
(2)												
(3)												
(4)												
75)												
[9]												
(7)												
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Schedule R (Form 990) 2011

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

ESTIMATED TAX WORKSHEET FOR FORM 990-W

A.	2012 Estimated Tax	Α	
B.	Enter 100 % of Line A		
C.	Enter 100 % of tax on 2011 FORM 990-T		
D.	Required Annual Payment (Smaller of lines B or C)	D	4,873.
Ε	Income tax withheld (if applicable)	E	
F.	Balance (As rounded to the nearest multiple of	F	4,876.

Record of Estimat	ed Tax Payments			
Payment number	(a) Date	(b) Amount	(c) 2011 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	01/15/2013		1,067.	1,067
2	03/15/2013	550.		550
3	06/15/2013	1,100.		1,100.
4	09/15/2013	2,159.		2,159.
Total	<u> </u>	3,809.	1,067.	4,876.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form (990-T	Exemp	t Organizatio	n Business Inc	ome	Tax Return (and proxy	tax under section (6033(e))	├	MB No. 1545-0687
	1	- 1	For calendar year:			3	$\frac{\sqrt{01}}{2}$, 2011, and		Oner	to Public Inspection for
	nt of the Treasury evenue Service		ending	09/30,2012				D Emi		to Roblic Inspection for (3) Organizations Only ntification number
a 📖	Check box if address changed	İ	Name of organizat	· L		e changed and see instruction	5.)			st, see instructions.)
				ASSOCIATION						
	pt under section	Print		L PARKS & A		box, see instructions.		55-	05269	30
	₀₁₍ C)(3)	or	Number, street, at	id foolij bi suite ilo. ii	ar.u.	DOX, SEE ITSTRUCTIONS.	Ì			siness activity codes
)8(e) 220(e)	Type	8403 COLE	SVILLE ROA	D. S	ПТТЕ 710		(See	instruction	s.)
\neg	08A530(a)		City or town, state,							
	29(a) value of all assets		,	PRING, MD 2	0910	-3314	}	541	800	
	of year	E Gro		mber (See instruction						
13	.040.800.	C Cho	ok organization t	ma X 501/	c) cor	noration 501(c) trust	401(a) trust	Other trust
H Desi	cribe the organiz	ration's p	rimary unrelated l	ousiness activity.	AD	VERTISING AND PR	ROMOTIONAL	SERV	ICE :	INCOME
I Duri	ng the tax year.	was the	corporation a sub	sidiary in an affilia	ated gr	oup or a parent-subsidiary	controlled group?		>	Yes X No
				er of the parent cor		ın 🕨				_
J The	books are in care	e of 🕨	PHIL WAGNE	CR		Telephor	e number ▶ 3	01-5	<u>62-07</u>	<u>77 </u>
Part	Unrelated	Trade o	or Business Ir	ncome		(A) Income	(B) Expen	ses		(C) Net
1a G	Pross receipts or	sales								
	ess returns and allowa			c Balance ▶	1 c					
	-				2					
	•				3					
)	4a				-	
				ach Form 4797)	4b					
					4 c					
				ns (attach statement)	5					
				-,	6 7					
				E)			-		<u> </u>	
			es, and rents from		8					
			ection 501(c)(7), (Ť	<u>, , , , , , , , , , , , , , , , , , , </u>				
					9				1	
				· I)	10					
					11	282,606.		3,80		138,803.
	•			edule.)	12					<u> </u>
12 7	Cotal Combine li	inge 3 thi	rough 12		13	282,606.	k .	3,80		138,803.
Part	Deductio	ns Not	Taken Elsew	here (See inst	ructio	ons for limitations on	deductions.) (I	Excep	t for co	ontributions,
	deduction	ns mus	t be di <u>rectly c</u>	onnected with t	he u	related business inco	ome.)			
14 (Compensation of	f officers,	directors, and tru	stees (Schedule K)	٠			· · ⊢	4	
15	Salaries and wag	es						$\cdot \cdot \vdash$	15	
16 F	Repairs and mair	ntenance					• • • • • • •	$\cdot \cdot \vdash$	16	
17 E	Bad debts							• • -	18	
18 I	nterest (attach s	chedule)			• • •			· · -	19	2,921.
19	Taxes and licens	es						`	20	3,609.
20 (Charitable contri	butions (See instructions i	ror ilmitation rules.)		21		•		
21 (Depreciation (att	ach Form	1 4502)	and alcouphers on r	oturn	22a			2b	
22 l	Less depreciatio	n claimed	on Schedule A	and eisewhere on i	Clusii				23	
23 [Depletion	doforrod	compensation pla						24	
24 (Contributions to	it program	compensation pe						25	
26	Employee bener Evcess events	vnenese i	(Schedule I)					[26	
27	Excess exempt o Excess readersh	in costs (:	Schedule II)		• • •			[27	97,939.
28	Other deduction	ہر عددہ رہ s (attach	schedule)			ATTACH	MENT.1	[]	28	850.
29	Total deduction	s. Add lin	es 14 through 28)				[29	105,319.
30	Unrelated busing	ess taxab	ole income before	net operating los	s dedu	ection. Subtract line 29 from	ı line 13	[30	33,484.
31	Net operating lo	ss deduc	tion (limited to th	e amount on line 3	0)			_	31	
32	Unrelated busin	ess taxat	ole income before	specific deductio	n. Sub	tract line 31 from line 30		· ·	32	33,484.
33	Specific deducti	on (Gene	erally \$1,000, but	see line 33 instru	ctions 1	for exceptions.)		· .	33	1,000.
34	Unrelated busin	ess taxa	ble income. Subt	ract line 33 from li	ine 32	. If line 33 is greater than li	ne 32,	Ì		20 404
	enter the smalle	r of zero	or line 32 <u></u>	<u>,</u>		<u> </u>	<u>,</u>		34	32,484.

35 Organizations Taxable as Corporations. See Instructions for tax computation. Controlled group members, Sections 1654 and 1650 chuok here? See instructions and: a Enter your share of the \$50.000, 22.000, and \$0.020.000 laxable income brackets (in that order): (1)\$ □ Enter organization's share of (1) Additional 55 tax (not more than \$117.500). \$ □ Control of the state of the annual of the state of the s	Pari		Tax Computation									Justine I		
a Enter your share of the \$50,000, \$25,000, and \$9,025,000 taxable; income brackets (in that order); (1)\$ b Enter organizations share of: (1) Additional 5% tax (not more than \$117,750). \$ (2) Additional 5% tax (not more than \$100,000) c income tax on the anount on line 94 from: the amount of line 94 from: The amount of line 94 from: The amount of line 94 from: The amount of line 94 from: The amount of line 94 from: The amount of line 94 from: The amount of line 94 from: The amount of line 94 from: The amount of line 94 from: The amount of line 94 from: The amount of line 94 from: The amount of line 94 from: The amount of line 94 from: The amount of line 94 from: Th		_							outation	n. Controlled gro	up			
triple Comparization's share of: (1) Additional S% tax (not more than \$11,750) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$														
b Enter arganization's shared: (1) Additional SN tax (not more than 311,750). \$ (2) Additional SN tax (not more than \$100,000). \$ c income tax on the amount on line 34 or the amount on line 34 or the amount on line 34 or the amount on line 34 or the amount on line 34 or the amount on line 34 or the amount on line 34 or the amount on line 34 or the amount on line 34 or the amount on line 34 or the amount on line 34 or the amount on line 34 or the amount on line 34 or the amount on line 34 or the standard shall be a sta			our share of the \$50,0), and \$	9,925,000 t l			rackets	(in that order):				
(2) Additional 3% tack (not more than \$100,000) 2	•	(1)[\$			(hav (a a				\$					
c Income tax on the amount on line 34 \$	þ	Enter or	ganization's share of: (1) /	Additional 5%	6 tax (noi	more than t	Þ I I,75	00)	· · \$					
Trusts Taxable at Trust Rate. See instructions for lax computation. Income tax on \$26 7 Proxy tax See instructions 7 Proxy tax See instructions 8 Alternative minimum tax 8 Total Add lines 37 and 38 to line 350 or 36, whichever applies 9 Total Add lines 37 and 38 to line 350 or 36, whichever applies 9 Total Add lines 37 and 38 to line 350 or 36, whichever applies 9 Total Add lines 37 and 38 to line 350 or 36, whichever applies 9 Total Add lines 37 and 38 to line 350 or 36, whichever applies 9 Total Add lines 37 and 38 to line 350 or 36, whichever applies 9 Total Add lines 37 and 38 to line 350 or 36, whichever applies 9 Total Add lines 37 and 38 to line 350 or 36, whichever applies 9 Total credits, Gee instructions) 9 Total credits, Gee instructions 10 Total credits, Add lines 40 to Throng 300 (see instructions) 11 Total tax Add lines 40 to Throng 300 (see instructions) 12 Total tax Add lines 41 and 42 cled to 2011 13 Total tax Add lines 41 and 42 cled to 2011 14 Total tax Add lines 41 and 42 cled to 2011 15 Total tax Add lines 41 and 42 cled to 2011 15 Total tax Add lines 41 and 42 cled to 2011 15 Total tax Add lines 41 and 42 cled to 2011 16 Total tax Add lines 41 and 42 cled to 2011 17 Total tax Add lines 41 and 42 cled to 2011 17 Total tax Add lines 41 and 42 cled to 2011 17 Total tax Add lines 41 and 42 cled to 2011 18 Total tax Add lines 41 and 42 cled to 2011 19 Total tax Add lines 41 and 42 cled to 2011 19 Total tax add lines 41 and 42 cled to 2011 19 Total tax add lines 41 and 42 cled to 2011 19 Total tax add lines 44 and 42 cled to 42 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax add lines 44 and 44 cled tax											•	35c		4,873.
the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041), 36 Tax rate schedule or Schedule D (Form 1041), 37 Tax rate schedule or Schedule D (Form 1041), 38 Tax rate or Schedule D (Form 1041), 38 Alternative minimum tax											on			
37 Provy tax. See Instructions 37 37 38 Alternative minimum tax 38 Alternative minimum tax 38 39 4, 873. Port IV Tax and Payments 39 4, 873. Port IV Tax and Payments 39 4, 873. Port IV Tax and Payments 40 40 40 40 40 40 40 4		the amo	unt on line 34 from:	7				•			. >	36		
38 Atternative minimum tax 39 Totals Add lines 37 and 38 to line 35c or 36, whichever applies 39 1, 873. Part IV Tax and Payments 40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40 Total Corporations attach Form 1118; trusts attach Form 1116; trusts attach Form 1116; 40 Total Corporations attach Form 1118; trusts attach Form 1116; 40 Total Corporations (corporations attach Form 1118; trusts attach Form 1116) 40 Total Corporations (corporations) 41 Total Corporations (corporations) 42 Total Corporations (corporations) 43 Total tax Add lines 41 and 42 44 Payments: A 2010 overpayment oredited to 2011 44 Payments: A 2010 overpayment oredited to 2011 44 Payments: A 2010 overpayment oredited to 2011 44 Payments: A 2010 overpayment oredited to 2011 44 Payments: A 2010 overpayment oredited to 2011 44 Payments: A 2010 overpayment oredited to 2011 44 Payments: A 2010 overpayment oredited to 2011 44 Payments: A 2010 overpayment oredited to 2011 44 Payments: A 2010 overpayment oredited to 2011 44 Payments: A 2010 overpayment oredited to 2011 44 Payments: A 2010 overpayment oredited to 2011 44 Payments: A 2010 overpayment oredited to 2011 44 Payments: A 2011 overpayment oredited to 2011 44 Payments: A 2011 overpayment oredited to 2011 45 Total payments: A 2011 overpayment oredited to 2012 45 Total payments: A 2011 overpayment oredited to 2012 overpayment oredited to 2012 45 Total payments: A 2011 overpayment oredited to 2012 overpayment oredited to 2012 46 Total payments: A 2011 overpayment oredited to 2012 overpayment oredited to 2012 overpayment oredited to 2012 overpayment oredited to 2012 47 Total payments: A 2011 overpayment oredited to 2012 overpayment oredited to 2012 overpayment oredited to 2012 overpayment oredited to 2012 overpayment overpaid 48 Total payments: A 2011 overpayment oredited to 2012 o				_								37		
Tax and Payments												38 _		
40			dd lines 3 7 and 38 to line	a 35c or 36, v	whicheve	er applies		<u></u>		<u> </u>		39		4,873.
b Other credits (see instructions), c General business credit. Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827). d Credit for prior year minimum tax (attach Form 8801 or 8827). d Total credits. Add lines 40a through 40d d Subtract line 40e from line 93. d Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedulu). d Total tax. Add lines 41 and 42 d Payments. A 2010 oversyment credited to 2011			·											
c General business credit. Attach Form 8801 or 8827). e Total credits. Add lines 40s through 40d 1 Subtract line 40e from line 39. 1 Total tax. Add lines 41 and 42 1 Total t		•												
d Credit for prior year minimum tax (attach Form 8801 or 8827). 1 Total credits. Add lines 40 through 40d 1 Subtract line 40 for mile 39 1 Total tax. Add lines 41 and 42 2 Other taxes. Check if from:														
to 1 state recitiss. Add lines 40 a through 40d 1 Subtract line 40e from line 39. 2 Other taxes. Check If from:														
41 Subtract line 40e from line 39, 42 Other toxes. Check if from: Form 4255 Form 8611 Form 8687 Form 8686 Other (attach schedule), 43 Total tax. Add lines 41 and 42 44 Payments: A 2010 overpayment credited to 2011 44a Payments: A 2010 overpayment credited to 2011 44a Payments: A 2010 overpayment credited to 2011 44b 1,785 b 2011 estimated tax payments 6 Tax deposited with Form 8688 44b 1,785 c Tax deposited with Form 8688 44c 44b 1,785 c Tax deposited with Form 8688 44c 44b 1,785 c Total payments and payments: Form 2439 c Deter credits and payments: Form 2439 c Form 4138 c Total payments. Add lines 44a through 44g 45 c Total payments. Add lines 44a through 44g 45 c Total payments. Hine 45 is larger than the total of lines 43 and 46, enter amount owed 47 c Tax due, Hine 45 is less than the total of lines 43 and 46, enter amount owed 48 c Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial Accounts. If YES, enter the name of the foreign country! Pix5, the organization may have to file Form TD F90-22.1, Report of Foreign 80 B Enter the amount of time 49 content content of the 49 may have to file Form TD F90-22.1, Report of Foreign 80 Enter the amount of time 49 content content of the 49 may have to file form 10 F90-22.1, Report of Foreign 80 Enter the amount of the 49 content content of the 49 may have to file form 10 F90-22.1, Report of Foreign 80 Enter the amount of the 49 content form 800 content forms the content form 800 content forms the foreign country! Pix5, the organization may have to file form TD F90-22.1, Report of Foreign 80 Enter the amount of the 49 content forms the propagation may have to file form 10 F90-22.1, Report of Foreign 10 F90-22.1, Report of Foreign 10 F90-22.1, Report of Foreign 10 F90-22.1, Report of Foreign 10 F90-22.1, Report of Foreign 10 F90-22.1, Report of Foreign 10 F90-22.1, Report of Foreign										<u></u>		400		
42 Other taxes. Check If from: Sorm 4255 Form 8611 Form 8597 Form 8686 Other (attach schedule), 42 43 4,873. 43 Total tax. Add lines 41 and 42 4,155 44b 1,785. 44a Payments: A 2010 overpayment credited to 2011 44a 4,155 44b 1,785. 5 2011 estimated tax payments 44b 1,785. 6 Tox deposited with Form 8686 Add 1,785. 6 Foreign organizations: Tax poil or withheld at source (see instructions) 44d 44d 44d 44d 44d 44d 44d 4														4,873.
43														
44a 4, 155. b 2011 estimated tax payments											/•		•	4,873.
b 2011 estimated tax payments											55.			
to Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 8941) f Credit for small employer health insurance premiums (Altach Form 438 f Total payments. Add lines 44a through 44g f Total Payments. Add lines 44a through 44g f Total Payments. Add lines 44a through 4b. f Total Payments. Add lines 44a through 4b. f Total Payments. Add lines 44a through 4b. f Total Payments. Add lines 44a through 4b. f Total Payments. Add lines 44a through 4b. f Total Payments. Add lines 41a through 4b. f Total Payments. Add lines 41a through 4b. f Total Payments. Add lines 4b. f Print Payments. Add lines 4b. f Print Payments. Add lines 4b. f Print Payments. Add lines 4b. f Print Payments. Add lines 4b. f Print Payments. Add lines 4b. f Print Payments. Add lines 4b. f Print Payments. Add lines 4b. f Print Payments. Add lines 4b. f Print Payments. Add lines 4b. f Print Payments. Add lines 4b. f Print Payments. Add li										1,7	85.			
d Foreign organizations: Tax paid or withheld at source (see instructions) c Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Other Total payments. Add lines 44a through 44g 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 47 Tax due, If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount owed 49 Enter the amount of line 46 you want: Credited to 2012 estimated tax ▶ 7 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file form TD F90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign fusst? 1 Inventory at beginning of year. 2 During the tax year, did the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ 1 Inventory at beginning of year. 2 During the section 263A costs (attach schedule). 4 Additional section 263A costs (attach schedule). 4 Bo Other costs (attach schedule). 4 Bo Other costs (attach schedule). 5 Total Add lines 1 through 4b 5 Foreign payments. Frim Type preparer's name Preparer's signature Preparer's signature Preparer's signature Prim/Type preparer's name Preparer's signature Prim/Type preparer's name Preparer's signature Prim/Type preparer's name Prim/Type preparer's														
Credit for small employer health insurance premiums (Attach Form 8941) 44f														
Sign Form 2439	е	Backup	withholding (see instructi	ions)					44e					
Form 4136	f	Credit fe	or small employer health	insuranc <u>e pr</u>					44f					
Total payments. Add lines 44a through 44g. 5timated tax penalty (see instructions). Check if Form 2220 is attached. Tax due, if line 45 is less than the total of lines 43 and 46, enter amount owed. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Bit line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid. Tax due, if lines 45 is larger than the total of lines 43 and 46, enter	g	Other co	edits and payments:		Form 2	439		 .	l					
State payments. Add lines 44 through 149 to 100 lines 43 and 46, enter amount owed 46												4.5		5 940
Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 1, 067. Refunded 248 1, 067. 48 1	45													3,540
48														
Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?														1,067
At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?							enter	amount over	paid .	1,067.Refunde	d b			
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2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?														
If YES, see instructions for other forms the organization may have to file. 3														
3 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► 1 Inventory at beginning of year	2	-	•					vas it the gra	antor o	f, or transferor to, a	fore	ign trust?		X
Inventory at beginning of year 1 6 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at end of year 7 Inventory at														
Inventory at beginning of year 1														
2 Purchases	Sch				ter meth	od of inven				5		1		
Additional section 263A costs (attach schedule)							┨					6		
Additional section 263A costs (attach schedule)				—————			┤'							
(attach schedule) . 4a				3		<u> </u>	1					7		
b Other costs (attach schedule) . 4b	4 a			4 a			8						ect to	Yes No
Total. Add lines 1 through 4b 5 to the organization? X Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? X yes No Paid Print/Type preparer's name Preparer's signature Primt's name WATKINS MEEGAN LLC Firm's address 6720-B ROCKLEDGE DRIVE, SUITE 750 Phone no. 301-654-7555	b	-	·				1	property	produc	ed or acquired	for	resale)	apply	Maille Sulte
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions) X yes No		Total, A	dd lines 1 through 4b	5			1	to the orga	nization	1?				X
Here Signature of officer Paid Preparer Use Only May the IRS discuss this return with the preparer shown below (see instructions) X yes No Preparer Signature of officer Date Preparer's signature Preparer's signature Date Check if self-employed P7IIN PO0957510 Firm's name WATKINS MEEGAN LLC Firm's address ▶ 6720-B ROCKLEDGE DRIVE, SUITE 750 Phone no. 301-654-7555		Under	penalties of perjury, I declare	that I have exa	amined this	return, includin	g acco	mpanying sched	ules and	statements, and to the	best	of my know	ledge and	belief, it is true
Here Signature of officer Paid Preparer Use Only Pint/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name	Sigr	correc	ь, ано сотреце, рестагавот от рг	reparer (other tha	an rawhayer)	io pasco vii dii III	windth	or, or seriou prep	. J. W. 11(0)	ary mornoago.	M	ay the IR	S discus	s this return
Paid Print/Type preparer's name Preparer Use Only Print/Type preparer's name Preparer Firm's name WATKINS MEEGAN LLC Preparer Firm's address ▶ 6720-B ROCKLEDGE DRIVE, SUITE 750 Phone no. 301-654-7555	Her										_ wi	th the p	reparer s	show <u>n b</u> elow
Paid Check ☐ if self-employed P00957510 Preparer Use Only Firm's name ▶ WATKINS MEEGAN LLC Firm's EIN ▶ 52-1297695 Firm's address ▶ 6720-B ROCKLEDGE DRIVE, SUITE 750 Phone no. 301-654-7555		Sign					 _				(Se	e instruction		es No
Preparer Use Only Firm's name WATKINS MEEGAN LLC	Paid		Print/Type preparer's name	3		Preparer's s	ignatui	re	۱,	Jate				357510
Use Only Firm's address ▶ 6720-B ROCKLEDGE DRIVE, SUITE 750 Phone no. 301-654-7555			****	TNIC NOTE	יד דגמי	<u> </u>			<u> </u>					
Firm's address 6/20-B ROCKLEDGE DRIVE, SUITE 730 Priorie No. 301 001 700							SIITI	TE 750						
			· _ · _				JUL.	100		1,14	EHON	enu.		

Form	GGO_T	(2011)	

orm 990-T (2011) Schedule C - Rent Income	/Erom Roal Dr	operty:	and Personal Prope	rtu l	L eased Wit	h Real Prone	rtv)	Page 3
(see instructions)	e (FIOIII Neai FI	operty a	and Fersonal Frope					
. Description of property								
1)								
2)								Lit s
3)								
4)								
	2. Rent receiv	ed or accr	ued					
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	регсел	From real and personal prop tage of rent for personal prop or if the rent is based on prof	erty	exceeds			ected with the income (attach schedule)
1)								
2)								
4)							·	
otal		Total	· · · · · · · · · · · · · · · · · · ·			(b) Total deduction	ons.	
c) Total income. Add totals of c nere and on page 1, Part I, line 6						Enter here and or Part I, line 6, colu	n page 1,	
Schedule E - Unrelated D			coo instructions)			- dr (1, 11110 <u>0, 0010</u>	(2)	
ochedule E - Ulifelated D	ent-i manced in	COLLIE (S		Т	3. Dedu	ctions directly conr	nected with	or allocable to
1. Description of de	ebt-financed property		2. Gross income from allocable to debt-finance property		(a) Straight	debt-finance line depreciation schedule)	d property (b)	Other deductions attach schedule)
1)								· <u>-</u>
(2)						•		
3)						<u></u>		
4)				\dashv	· · · · · · · · · · · · · · · · · · ·			· <u>-</u> -
	P A and a discon							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	5. Average adjus of or allocab debt-financed p (attach sched	le to property	6. Column 4 divided by column 5			ome reportable x column 6)	(columi	locable deductions on 6 x total of columns 3(a) and 3(b))
1)				%				
2)				%				
3)				%				
4)				%				
Total dividends-received deduct	tions included in co	lumn 8 ,		>	Part I, line	and on page 1, 7, column (A).	Part I,	ere and on page 1, line 7, column (B).
Schedule F - Interest, An	nuities, Royaitie					ons (see msur	ictions)	
Name of controlled organization	2. Employer identification nur		3. Net unrelated income (loss) (see instructions)	4. To	otal of specified syments made	5. Part of column included in the corganization's gro	controlling	6. Deductions directly connected with income in column 5
(1)								
	1							-
(2)	-	-						
3)	 							
4) Nonexempt Controlled Orga	nizatione					<u> </u>		<u> </u>
vonexempt Controlled Orga					10. Par	t of column 9 that is	, 11	I. Deductions directly
7. Taxable Income	8. Net unrelate (loss) (see insti		9. Total of specifie payments made	d ———	include	ed in the controlling ation's gross income	cor	nected with income in column 10
1)								
(2)								
(3)	ļ		<u> </u>					
(4)								
					Enter	columns 5 and 10. here and on page 1, , line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).
Totals	<u></u>		<u> </u>		<u> </u>			Form 990-T (201

Schedule G - Investment In	come of a Sec	tion 501(c)(7),		nization (see inst	ructions)	E Tajat dada di
1. Description of income	2. Amount of	income		Deductions directly connected (attach schedule)		asides schedule)	5, Total deductions and set-asides (col. 3 plus col. 4)
(1)							
(2)							
(3)				<u> </u>			<u>.</u> .
(4)							Filesham and as assed
	Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				ent paga-alam			
Schedule I - Exploited Exe	mpt Activity Inc	come, Othe	r Th	an Advertising In	come (see instru	ctions)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected v production unrelated business inc	with of I	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)		<u></u>					
(4)							
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here ar page 1, Par line 10, col.	tI,				Enter here and on page 1, Part II, line 26.
Totals ▶ Schedule J - Advertising In	Come (see instri	uctions)					225 65501
Part I Income From Per			nsol	idated Basis			·
Part Income From Fer	louicais Report	eu on a co	11301	luateu Dasis	W-T		
1. Name of periodical	2. Gross advertising income	3. Direct advertising o		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ATCH 2	-						
(2)							
(3)							
(4)							有用的 物质质验
V-7							
Totals (carry to Part II, line (5))	282,606.	143,8	303.	138,803.	201,403.	299,34	97,939
Part II Income From Pe 2 through 7 on a l	riodicals Repo	rted on a	Sepa	rate Basis (For	each periodical	listed in Par	t II, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direc advertising o		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)					· · · ·		
(2)							
(3)	•	· · · · · · · · · · · · · · · · · · ·		 			
(4)				.,,			
(5) Totals from Part I	282,606.	143,	303.				97,939
(3) Totals from Fact	Enter here and on page 1, Part I, line 11, col. (A).	Enter here at page 1, Pa line 11, col.	nd on art I (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	282,606.	143,			nre stiggiski	Carrier and a street	97,939
Schedule K - Compensation	on of Officers, D	Directors, a	nd T	r ustees (see instru		γ	
1. Name				2. Title	3. Percent of time devoted to business	_ 4. Comp	pensation attributable to prelated business
(1)						%	
(2)						%	
(3)						%	
(4)						%	
Total. Enter here and on page 1, F	Part II, line 14					. ▶	
							Form 990-T (2011

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEE

850.

PART II - LINE 28 - OTHER DEDUCTIONS

850.

OLIDATED BASIS	
A CONS	
TED ON	
REPOR	
INCOME	
ADVERTISING	
PART I,	
SCHED J -	

	7.	EXCESS	READERSHIP	COSTS			97,939.
		.9	READERSHIP	COSTS	276,840.	22,502.	299,342
ATTACHMENT 2		5.	CIRCULATION	INCOME	189,990.	11,413.	201,403.
ATTACHMENT		· ***	ADVERTISING	GAIN OR LOSS			138,803.
	Э.	DIRECT	ADVERTISING	COSTS	141,193.	2,610.	143,803.
	2.	GROSS	ADVERTISING	INCOME	240,453.	42,153.	282, 606.
			1.	NAME OF PERIODICAL	CONNECT	JOB ADS	COLUMN TOTALS

ATTACHMENT 2 PAGE 55

5YN2JD M151 8/9/2013

FEDERAL FOOTNOTES

TOTAL CHARITABLE CONTRIBUTIONS	\$530,918
ADD: CARRYFORWARD FROM 2010 LESS: 2011 DEDUCTION, 990-T, LINE 20	3,168,544 (3,609)
TOTAL AMOUNT CARRYFORWARD TO 2012	\$3,695,853

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

AF	or th	ne 201	0 calendar year, or tax year beginning $10/01$, 2010, a	nd ending	09	/30, 20 11						
			C Name of organization AMERICAN ASSOCIATION OF		D Employer identific	ation number						
Вс	neck if a	pplicable;	ZOOLOGICAL PARKS AND AQUARIUMS, INC.									
	Addre		Doing Business As	•	55-0526930	0						
	7	change	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telephone number							
	Initia	i return	8403 COLESVILLE ROAD, SUITE 710		(301) 562-0	777						
	Term	inated	City or town, state or country, and ZIP + 4	:								
	Amer		SILVER SPRING, MD 20910		G Gross receipts \$	18,841,032.						
		cation	F Name and address of principal officer: JAMES D. MADDY		H(a) is this a group retur	n for Yes X No						
	_ pend	iiig	SAME AS C ABOVE		affiliates? H(b) Are all affiliates incli	uded? Yes No						
<u> </u>	Tax-ex	empt st	atus: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or	527	if "No," attach a list.	•						
J	Websi	ite: 🕨	WWW.AZA.ORG		H(c) Group exemption nu	ımbər 🕨						
			ization: X Corporation Trust Association Other	L Year of forr	nation: 1971 M State							
	rt I		nmary	' : : : :								
	1			7								
	•	THE	describe the organization's mission or most significant activities: AAZPA IS AN EDUCATIONAL ORGANIZATION DEDICAT	ED TO TH	E ADVANCEMENT							
2		OF Z	COOLOGICAL PARKS AND AQUARIUMS FOR CONSERVATION	ON, SCIE	NTIFIC							
Ĕ		STUI	DIES, AND RECREATION.									
Governance	2	Check	this box F if the organization discontinued its operations or disposed of	of more than 2	5% of its net assets.							
8	3	Numb	er of voting members of the governing body (Part VI, line 1a)		3	13.						
	4		er of independent voting members of the governing body (Part VI, line 1b)			13.						
Activities	5	Total r	number of individuals employed in calendar year 2010 (Part V, line 2a)		5	27.						
¥	6		number of volunteers (estimate if necessary)		6	350.						
	7 a	Total (gross unrelated business revenue from Part VIII, column (C), line 12		7a	312,441.						
			related business taxable income from Form 990-T, line 34			36,052.						
					Prior Year	Current Year						
يو	8	Contri	butions and grants (Part VIII, line 1h)		1,796,223.	1,323,405.						
	9	Program service revenue (Part VIII, line 2g) 4, 610, 129. 4, 813										
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	ECTION	219,372.	197,126.						
-	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	🖳	194,798.	217 , 786.						
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,820,522.	6,551,689.						
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		357,041.	455,630.						
	14		its paid to or for members (Part IX, column (A), line 4)		0.	.0.						
8			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,840,602.	3,047,593.						
띪	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) 59,354.		0.	0.						
2	b	Total f	undraising expenses (Part IX, column (D), line 25) ▶59,354.	<u>-</u>								
			expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,038,788.	2,966,207.						
1	18	Total e	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	🗀	6,236,431.	6,469,430.						
L 10	19	Reven	ue less expenses. Subtract line 18 from line 12	· · · · · · ·	584,091.	82,259.						
Net Assets or Fund Balances		_	PURILO INIONTE	Be	ginning of Current Year	End of Year						
SSe	20		assets (Part X, line 16) PUBLIC INSPECTION labilities (Part X, line 26)	00 by	11,765,479.	12,085,074.						
뚩	21				2,103,758.	2,430,095.						
	22		sets or fund balances. Subtract line 21 from line 20		9,661,721.	9,654,979.						
	rt II		nature Block Ferjury, I declare that I have examined this return, including accompanying schedules and	l etatements an	d to the best of my knowler	dge and helief it is true						
			perjory, i decisie that make examined this return, including accompanying schedules and blete. Declaration of preparer (other than officer) is based on all information of which prepare			age and belief, it is true,						
- 6:	an				,							
	ign ere	│ 	Signature of officer		Date							
• • • • • • • • • • • • • • • • • • • •	51 G	[organical of onlosi		Dub							
		🕨 :	Type or print name and title									
			Type or print haine and time Type preparer's signature	Date , /	Check if	PTIN						
Paid		7	Daniel O'She Roel Offin	s/2/n	self- employed	P00957510						
Prep	агег	 	MARKING MERCAN 77C	0/2/10		1297695						
Use	Only		IIIIIII			-654-7555						
May	the I		address 7700 WISCONSIN AVENUE, SUITE 500 BETHESDA, MD 20814 cuss this return with the preparer shown above? (see instructions)		1	X Yes No						

Form **990** (2010)

For Paperwork Reduction Act Notice, see the separate instructions.

c (Code:) (Expenses \$ 1,171,948 including	g grants of \$ 439,815.) (Revenue \$	0.)
CONSERVATI	ON & SCIENCE: PROGRAM FACII	LITATES, SUPPORTS, PROMOTES	· · · · · · · · · · · · · · · · · · ·
AND COORDI	NATES COOPERATIVE ANIMAL MAN	NAGEMENT, CONSERVATION AND	
SCIENTIFIC	INITIATIVES OF AZA MEMBER I	INSTITUTIONS. PROGRAM	
PROVIDES G	GRANTS FOR ENDOWMENT FUND AND	O OTHER SOURCES FOR	
CONSERVATI	ON AND RELATED SCIENTIFIC AM	ND EDUCATIONAL INITIATIVES OF	
AZA MEMBER	R INSTITUTIONS AND COLLABORAT	rors.	•

ATTACHMENT 1
15,000.)(Revenue \$

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 1,376,310. including grants of \$

15,000.) (**Revenue** \$ 2,953,120.

4e Total program service expenses ▶

5,604,221.

JSA

Form	990 (2010) 55-0526930			Page 3
Par	t 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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	├
.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		X
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,			
6	Part III	5		
•	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	<u> </u>	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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_	-	v
•	complete Schedule D, Part III	8	-	X
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or			•
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	nn 4		
a		11a	x	1
b	Schedule D, Part VI 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	11a	71	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	11c	. !	Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1.		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
1.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4~	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	_	, [v
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		·v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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		X

Form **990** (2010)

20a

20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H . .

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).

X

ı aı	Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	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? If "Yes," complete Schedule J	23	Х	-
24 a		<u> </u>		
270				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		х
	through 24d and complete Schedule K. If "No," go to line 25.	24a		
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	1	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		Ï	
	If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		
28				1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		<u> X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		. 1	
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
V -1	IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	-
-		33		
а	Did the organization receive any payment from or engage in any transaction with a			•
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
• •	Part V, line 2 X Yes No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ì	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.		,	
	Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
			000	(2010)

a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?. 2a Enter the number of employees reported on Form W-3. Transmittel of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 It is a teast one is reported on line 2a, clid the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Lax 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. ► 3a Dix the organization have unrelated business gross income of \$1,000 or more during the year? 3a Lax 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. ► 3b If "Yes," in famelial account in a foreign country. ► 3c Enter the name of the foreign country. ► 3c Enter the name of the foreign country. ► 3c Enter the name of the foreign country (such as a bank account, securities account, or other financial accounts.) 5a Was the organization a perty to a prohibited tax shelter transaction at any time during the tax shelter transaction? 5a Was the organization appear to a prohibited tax shelter transaction of the organization solicid any contributions that it was required to flat the organization include with very solicitation an express statement that such contributions or giffs were not tax deductible? 5b If "Yes," to line 5a or 5b,	Par				_
1a Enter the number reported in Box 3 of Form 1096. Enter -0-if not applicable. Define the number of Forms W-2G included in line 1a Enter -0-if not applicable. Define the number of Forms W-2G included in line 1a Enter -0-if not applicable. Define of general content of Forms W-2G included in line 1a Enter -0-if not applicable. Define of general content of the calendary part of the second		Check if Schedule O contains a response to any question in this Part V	<u></u>		1
b Enter the number of Forms W-2G included in line 1s Enter 0- if not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittel of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return 2a 27 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note if the sum of lines 1s and 2s is greater than 250, you may be required to cerifs (estimations) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if Yes," has if filed a Form 990-T for this year? ## Why. *provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. *▶ 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? (I Yes," to line 5a or 5b, did the organization file Form 8868-17. 6a 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? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the peyor? 7 If I'Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess o			artrishissi	Yes	No
c Did the organization comptly with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 To Statements, filed for the calendar year ending with or within the year covered by this return. 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Note. If the sum of lines ta and 2 is greater than 250, you may be required to e-file, (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Lines and the sum of lines to the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4 Lines are the financial account in a foreign country. 5 If "Yes," enter the name of the foreign country. 5 If "Yes," enter the name of the foreign country. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in file form 8868-T7. 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5 Unifer the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization may be a subject to the subject to the subject to the subj		Enter the number reported in Box 5 of Form 1650. Enter -0-11 not applicable			38118117
reportable gaming (gambling) winnings to prize winners? 2		· · · · · · · · · · · · · · · · · · ·		agarun Se bar	2500300
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 27 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3	С				
Statements, filed for the calendar year ending with or within the year covered by this return 2a 27 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts or filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? c if "Yes," to line 5a or 5b, did the organization file Form 8886-17 6 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? 6 Did any taxable party notify the organization file Form 8886-17 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization to file of the contribution of the value of the goods or services provided? 7 The cold the organization notify the donor of the value of the goods or services provided? 7 If I'ves," indicate the number of Forms 8282 filed during the year, pay premiums on a personal benefit contract? 7 If Did the organization receive a payment in excess of \$75 made party as a contribution file after mid-8-0.7 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 9 Sponsoring organizat	•		10		SEC 18-15-818
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 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)? 5 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account? 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5a or 5b, did the organization file Form 8896.T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If yes," indicate the number of Forms 8282 filed during the year 1 Did the organization sell, exchange, or otherwhise dispose of tangible personal property for which it was required to file Form 8282? 1 If yes," indicate the number of Forms 8282 filed during the year 1 Did the organization file accountable of contribution of contribution of contribution of contribution of contribution of contribution of contribution of contribution of contribution of contribution of contribution of contributions i	2a	1 - 1 - 2"			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bif Yes, "In sit iffield a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ► See instructions for filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 bif "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 put 11 the organization receive a contribution of gasified indirectly or indirectly, on a personal benefit contract? 7 put 11 frees," indicate the number of Forms 8282 filed during the year 9 Did the organization make a contribution of case, boats, airplanes, or other whiches, did the organization the a Form 1098-0? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess	h	Cotatements, med for the calendar year ending with or within the year covered by this return.	#1221.11.11\$1	X	PRESENT
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? S ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? S ponsoring organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? B Did the organization make any taxable distributions under section 4966? B Did the organization make a distribution to a donor, donor advisor, or related person? B Did the organization make any taxable distributions under section 4966? B Did the organization make any taxable distributions under section 4966? B Did the organization make any taxable distributions under section 4966? B Did the organization make any taxable distributions under section 4966? B Did the organization make any taxable distributions under section 4966? B Did the organization make any taxable distributions under section 4966? B Did the organization make any taxable distributions under section 4966? B Did the organization make any taxable distributions under section 4966? B D Did the organization make any taxable distributions under section 4966? B D Did the organization make any taxable distributions under section 4966? B D D D D D D D D D D D D D D D D D D	ь				
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MILITARI LINE LINE CONTROL LINE	h			n ng i speki Salah da sa	
the organization is incensed to issue qualified nearth dians	U	the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			14b		

Par	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or	b bei	low, ango	and
	Schedule O. See instructions.	n Gu	ariye	:5 III
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			1 1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1.	3		† ·
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	3	'	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			-
	of the governing body?	7a	Х	
b		7 b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>		
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	and the state of the state of the state of the governing body belove ining alle		v	
	form?	11a	Х	
12a	and the product of the product in any and any are organization to follow this follow,		X	
12a	The state of the s	12a		
b	and the second distribution of the second distri	406	х	
С	rise to conflicts?	12b	^	
	describe in Schedule O how this is done	42-	х	
13	Does the organization have a written whistleblower policy?	12c	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	14		
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		- [-]	
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			7.7.7
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?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		÷	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		-	
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.	• • •		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.		٠	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ PHIL WAGNER 8403 COLESVILLE ROAD, SUITE 710 SILVER SPRING, MD 20	e		
	organization ► PHIL WAGNER 8403 COLESVILLE ROAD, SUITE 710 SILVER SPRING, MD 20	910		
	301-562-0777			

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

Page 7

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

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

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

	Check this box if neither the organization nor any re				

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tru or director		Officer	Key employee	Highest compensated at employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1)RICK BARONGI		ĺ								
DIRECTOR	1.00	X						. 0.	0	
(2) TED A. BEATTIE										
DIRECTOR	1.00	X						0:	0	•
(3) STEVE BURNS		Ì		1						
DIRECTOR	1.00	X			_			0.	0.	
(4) NORBERTO CASTRO								<u>-</u>		
DIRECTOR	1.00	X						0.	. 0,	
(5) JOHN A. FRAWLEY				ı						,
DIRECTOR	1.00	Х						0.	0.	
(6) DEBORAH B. JENSEN										
DIRECTOR	1.00	Х						0;	.01	
(7)KARYN KEARNEY										.
DIRECTOR	1.00	Х				1		0.	0	
(8) DENNIS E. PATE		i								<u> </u>
DIRECTOR	1.00	Х						0.	0	,
(9) KEITH WINSTEN										
DIRECTOR	1.00	Х		- ,				0.	0	
(10)JEFFREY P. BONNER										•
CHAIR	2.00	Х		х		ł		0:	o.	
(11)L. PATRICIA SIMMONS					\neg					
CHAIR ELECT	2.00	х		x		[0.	· 0!	÷
(12)TOM SCHMID								,		
VICE CHAIR	2.00	х		x		- 1		0.	· ol	
(13)KEVIN J. BELL				\neg			寸			
PAST CHAIR	2.00	х		x	۱ ۱		ŀ	٠ ٥,	0	· ·
(14)JAMES D. MADDY				_	寸					-
PRESIDENT & CEO	40.00		:	$_{\rm X}$				248,726.	0.	84,17
(15)LAURA BENSON				-						
SR. VP OF FINANCE & ADMIN	40.00			$_{\rm X}$. [İ		139,851.	0.	19,43
(16)KRISTIN L. VEHRS				+	-					25,15
EXECUTIVE DIRECTOR	40.00	i			х			190,249.	0.	24,98
										50 990 (201

Form 990 (2010)

Part VII Section A. Officers, Directors, Tru (A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	ndividual trustee	Institutional trustee			Highest compensated at employee	Ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Report compens from re organiza (W-2/1099	sation lated ations	Estimated amount of other compensation from the organization and related organizations
SR. VP OF CONSERVATION	40.00					х		179,798.		0.	27,112
SR. VP OF COMMUNICATIONS	40.00					х		165,359.		0.	26,894
SR. VP MRKTING & CORP STRATEGY	30.00					х		137,602.		0.	14,296
VP OF SALES & MARKETING	40.00					х		129,477.		0.	13,133
VP OF GOVERNMENT AFFAIRS	40.00					х		114,216.		0.	21,076
(22)								·			
(23)											
(24)										:	
(25)			-		:			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
(26)											<u> </u>
(27)											
(28)											
1b Sub-total c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	ection A		'				* * *	1,305,278. 1,305,278.		0.	231,096. 231,096.
Total number of individuals (including but not reportable compensation from the organization)	limited to th		liste				o re		\$100,000 i	n	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual											4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
Section B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·			
Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	end	lent	cont	ract	tors that received	more th	an \$10	0,000 of
(A) Name and business addr	ess							(B) Description of ser	vices	С	(C) ompensation
ATTACHMENT 2											
	<u></u>						+			<u> </u>	
							f				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				itec		thos	e li	sted above) who	received	ic Speir (#) 1655 UN (S)	

	VIII	Statement of Reve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
synnom synnom	b	Federated campaigns Membership dues Fundraising events	1b	a. Calag Propin afreni II Halifia				
and other similar amounts	d e	Related organizations	1d Itions) 1e					
- 1		and similar amounts not included Noncash contributions included in Total . Add lines 1a-1f	in lines 1a-1f: \$	1,323,405.	1,323,405.			
Kevenue	- 44	ADVERTISING ACCREDITATION FEES		541800 900099	336,066. 87,750.	87,750.	312,441.	23,625
Program Service Revenue	c d	CONFERENCE FEES MEMBERSHIP DUES PUBLICATION SALES		900099 900099 900099	1,511,676. 2,865,370. 12,510.	1,511,676. 2,865,370. 12,510.		
	f g	All other program service rev Total. Add lines 2a-2f			4,813,372.			
4	ļ	Investment income (includin other similar amounts) Income from investment of t	ax-exempt bond p	roceeds	154,264. 0. 216,105.			154,264 216,105
6	à àa	Royalties · · · · · · · · · · · · · · · · · · ·	(i) Real	(ii) Personal				
	C	Rental income or (loss) Net rental income or (loss).						
7		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 12,332,205. 12,289,343.	(ii) Other				
o B	d	Gain or (loss)			42,862.			42,862
Otner Kevenue		events (not including \$ of contributions reported on See Part IV, line 18	line 1c).					
- I	C	Less: direct expenses Net income or (loss) from ful Gross income from gaming a See Part IV, line 19	ndraising events . activities.					
	C _.	Less: direct expenses Net income or (loss) from ga	b aming activities					
10	b	Gross sales of inventi- returns and allowances Less: cost of goods sold Net income or (loss) from sa	a b					
11		Miscellaneous Reven		Business Code	1,681.	1,681.		
	c	All other revenue			1,681.			
	е				,	The was considered by the constraint of the latest terms of the la	 	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must comp	lete column (A) but a	re not required to compl	ete columns (B), (C), a	nd (D).		
	o not include amounts reported on lines 6b, o, 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 governments and organizations in the U.S. See Part IV, line 21	455,630	455,630.				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.					
4	Benefits paid to or for members	0.					
5	Compensation of current officers, directors, trustees, and key employees	779,629.	489,383.	290,246.			
. 6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.					
7	Other salaries and wages	1,835,402.	1,668,784.	121,099.	45,519.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	138,500.	121,838.	12,110.	4,552.		
9	Other employee benefits	153,610.	139,697.	10,112.	3,801.		
10	Payroll taxes	140,452.	127,706.	9,264.	3,482.		
11	Fees for services (non-employees):						
	Management	0.					
	Legal	169,609.		169,609.			
	Accounting	35,390.		35,390.	<u> </u>		
	Lobbying	0.		· · · ·	<u>.</u>		
	Professional fundraising services. See Part IV, line 17	0.					
	Investment management fees	429,920.	406,627.	23,293.	 		
12	Other	429,920.	400,027.	23,293.			
13	Office expenses	494,064.	438,944.	54,120.	1,000.		
14	Information technology	113,848.	30,953.	82,895.	1,000.		
15	Royalties	0.	3073001	02,000.			
16	Occupancy	306,142.	258,881.	47,261.			
17	Travel	178,510.	121,520.	56,990.			
18	Payments of travel or entertainment expenses	-	, , ,				
	for any federal, state, or local public officials	0.					
19	Conferences, conventions, and meetings	988,910.	957,976.	30,934.			
20	Interest	0.					
21	Payments to affiliates	0.					
22	Depreciation, depletion, and amortization	75,653.	64,328.	11,325.			
23	Insurance	32,992.	4,486.	28,506.			
24	Other expenses Itemize expenses not covered						
	above (List miscellaneous expenses in line 24f. If						
	line 24f amount exceeds 10% of line 25, column						
	(A) amount, list line 24f expenses on Schedule O.) SPONSORSHIPS TO MEMBERS	120 001	120 001				
	OVERHEAD ALLOCATION	139,921.	139,921. 177,547.	170 547			
	ALLOCATION TO SUBSIDIARY	-4,749.	1//,54/.	-178,547.	1,000.		
_	INCOME TAXES	5,997.	0.	-4,749. 5,997.	0.		
u			<u> </u>	3,337.	<u> </u>		
f	All other expenses			_			
	Total functional expenses. Add lines 1 through 24f	6,469,430.	5,604,221.	805,855.	59,354.		
26	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	0,200,200.	0,004,221.	000, 800.	39,334.		
	campaign and fundraising solicitation			<u>.</u>			

PAGE 11

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	300	- 1	300.
	2	Savings and temporary cash investments	1,945,960	. 2	3,729,226.
	3	Pledges and grants receivable, net	464,837	. 3	364,763.
	4	Accounts receivable, net	255,646	. 4	369,090.
	5	Receivables from current and former officers, directors, trustees	s, key		
		employees, and highest compensated employees. Complete Part	II of	1 .	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)),	persons		
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organization	ations of		
46		section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
ssets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
. ~	- 9	Prepaid expenses and deferred charges	72,752	. 9	154,595.
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part Vi of Schedule D 10a 1,109	,305.	ľ	
	b	Less: accumulated depreciation	,611. 121,158	10c	559,694.
	11	Investments - publicly traded securities			6,397,729.
	12	Investments - other securities. See Part IV, line 11		12	325,938.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11			183,739.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,085,074.
	17	Accounts payable and accrued expenses			852,324.
	18	Grants payable			0.
	19	Deferred revenue			1,248,371.
	20	Tax-exempt bond liabilities		20	, ,
Ø	21	Escrow or custodial account liability. Complete Part IV of Sched		21	
Liabilities	22	Payables to current and former officers, directors, trustees,			
Ē		employees, highest compensated employees, and disqualified pe	- 1		
Ë		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D			329,400.
	26	Total liabilities. Add lines 17 through 25.			2,430,095.
		Organizations that follow SFAS 117, check here \blacktriangleright X and complines 27 through 29, and lines 33 and 34.			
μce	27	Unrestricted net assets	3,755,288.	2.2	3,935,025.
<u>8</u>	28	Temporarily restricted net assets			5,719,954.
J.B	29	Permanently restricted net assets		 	3,113,934.
Š	23	Organizations that do not follow SFAS 117, check here ▶ □ ar		29	
or Fund Balances		complete lines 30 through 34.	iu		
	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances		33	9,654,979.
	34	Total liabilities and net assets/fund balances			12,085,074.
		The state of the s		<u> </u>	

Form **990** (2010)

FUII	11 930 (2010)			ra	ye ı z
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			X	
 1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,5	51,	589.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,4	69,4	130.
3	Revenue less expenses. Subtract line 2 from line 1	3	* 4	82,2	259.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,6	61,	721.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-	89,0	001.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		:		
	column (B))	6	9,6	54,	979.
Pέ	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	, .			
•				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	•		1.	
	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?		2a		X
	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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?	•	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	 1			
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
3a	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	· · · · ·			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
				990	(0040)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN ASSOCIATION OF

Employer identification number

ZOOLO	GICAL PARKS A	ND AQUARIUMS	, INC.						55	-05	526930		
Part I	Reason for Pub	lic Charity Statu	s (All organizations mu	ust co	mplet	e this p	art.) Se	ee instr	uctions	ş.			
The orga	anization is not a pri	vate foundation be	cause it is: (For lines 1 th	rough	11, ch	eck only	one bo	ox.)					
_1	A church, conventi	on of churches, or	association of churches	descrit	bed in	section	170(b)	(1)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4 🔠	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the												
	hospital's name, ci					-							
5	An organization of	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 F	Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 An organization that normally receives a substantial part of its support from a governmental unit or from the										he gener	al public		
_	described in section	on 170(b)(1)(A)(vi)	. (Complete Part II.)										
8			оп 170(b)(1)(A)(vi). (Con	7		-							
9 X An organization that normally receives: (1) more than 331/3% of its support from contributions, membership for											-	-	
	•		exempt functions - sub	-			•		•				
	• • •		ome and unrelated bus				•		n 511	tax)	from bu	ısinesses	
_		-	ne 30, 1975. See section	-				•					
10		= :	ted exclusively to test for	•					•				
11	_ ,		rated exclusively for the								_		
		•	pported organizations de					-		-		section	
			es the type of supporting										
	aType I	bType				nally inte	_			_	/pe III - Ot		
e			the organization is not			-							
			gers and other than one	or mc	ore pui	DIICIY SL	рропе	o organ	lizations	aes	scribed in	1 Section	
f	509(a)(1) or section		n determination from th	. IDC	11-11 H	. : T	1 7	Erma II	T.	- 01			
,	organization, check		n determination from th	ie ins	mar n	ısaı	ype i,	туре п,	от тур	B 111	Supportii	''y	
~			nization accepted any gif		 ntribut	ion from		f tho	• • • •			لــا .	
g	following persons?	_	mzation accepted any gir	10100	imput		ally U	1 1116					
			ectly controls, either alor	ne or i	logoth	or with	neren	ne deec	ribed in	, Zii)	Г	Yes No	
		-	dy of the supported organ			01 111111	persor	13 GC30	indea in	' (")	11g(i)		
			scribed in (i) above?	II ZULIOI I	• •				• • • •		11g(ii)		
		• •	on described in (i) or (ii) a	hove?	• • •						11g(lii)	-	
h		-	ut the supported organiz				• • • •		• • • •		1.30.7		
	ame of supported	(ii) EIN	(iii) Type of organization	, , , , , , , , , , , , , , , , , , , 	Is the	(v) Did	you notify	(vi)	is the	Г	(vii) Amou	ent of	
(7)	organization	(1)	(described on lines 1-9 above or IRC section (see instructions))	organization in col. (i) listed in your governing document?		the organization in col. (i) of your support?		organization in		support			
									rganized : U.S.?				
				Yes	No	Yes	No	Yes	No	l			
(A)	•						-	1.					
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(B)				1						l ·			
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Form 990 or 990-EZ.

For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

1 Gits, grants, contributions, and membership fees received. (Do not include any 'unusual grants'). 2 Tax revenues levied for the organization's benefit and either plat to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f) . 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal) year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Add lines or the common success of the security of the common success of the security of the common success of the common suc	Pai	Support Schedule for Or (Complete only if you chec Part III. If the organization	ked the box o	n line 5, 7, or	8 of Part I or if	the organizat	ion failed to qu	A)(vi) ualify under
Calendar year (or fiscal year beginning in) 1 Gilts. grants, contributions, and membership fees received. (Do not include any "unusual grants"). 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25 of the amount person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25 of the amount person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25 of the amount person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25 of the amount person (other than a governmental unit or publicly support subtract line 5 from line 4. 5 Excition B. Total Support. Subtract line 5 from line 4. 6 Gross income from interest, dividends, present substances are substances and the substances are substances from similar sources. 9 Net income from unrelated business activities, whether or not the business is requisitly carried on line 7 than 10 three from 500 is from the sale of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10	Sec	Section A. Public Support						
membership fees received. (Do not include any 'unusual grants'.) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f). 5 Public support. Subtract line 5 from line 4 8 Cross income from interest, dividends, payments received on securities (loans, payme			(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
benefit and either paid to or expended on its behalf	1	membership fees received. (Do not						
furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3. 5 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). 6 Public support. Subtract line 5 from line 4 Section B. Total Support 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, restrictly and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part N). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2009 Schedule A, Part II, line 14. 15 Public support percentage from 2009 Schedule A, Part II, line 14. 16 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organiza	2	benefit and either paid to or expended on						
5 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). 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4	3	furnished by a governmental unit to the organization without charge						
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) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13 or 15a, and line 15 is 1331/3% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here.	4	Total. Add lines 1 through 3	Modell (485) are to de all coll (48) are to de all				armi aras a sa agai escaras	
publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. Section B. Total Support 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) . 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 4 Public support percentage from 2009 Schedule A, Part II, line 14 . 15 Public support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 10 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 0% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. 15 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. 16 10% for more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. 17 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.	5	The portion of total contributions by each		principal apprincipal				
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Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly								•
supported organization								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	18	Private foundation. If the organization	on did not chec	k a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see

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

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

Sec	tion A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,763,885.	3,538,922.	4,281,465.	4,632,429.	4,188,775.	20,405,476.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the	· ·					
	organization's tax-exempt purpose	1,556,964.	1,672,353.	1,567,189.	1,466,114.	1,635,561.	7,898,181.
3	Gross receipts from activities that are not an	."					
-	unrelated trade or business under section 513						
4							
	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						
6	Total. Add lines 1 through 5	5,320,849.	5,211,275.	5,848,654.	6,098,543.	5,824,336.	28,303,657.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						28,303,657.
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	5,320,849.	5,211,275.	5,848,654.	6,098,543.	5,824,336.	28,303,657.
10a	Gross income from interest, dividends,	ļ					
	payments received on securities loans, rents, royalties and income from similar						
	sources	290,302.	315,479.	410,072.	315,168.	370,369.	1,701,390.
b	Unrelated business taxable income (less			' .			
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	290,302.	315,479.	410,072.	315,168.	370,369.	1,701,390.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly					<i>.</i>	
	carried on	45,576.	-850.	3,066.	47,387.	37,052.	132,231.
12	Other income. Do not include gain or		Ï				•
	loss from the sale of capital assets						
	(Explain in Part IV.)	1,212.	446.	18,983.	22,824.	1,681.	45,146.
13	Total support. (Add lines 9, 10c, 11,			-		٠.	
	and 12.)	5,657,939.	5,526,350.	6,280,775.	6,483,922.	6,233,438.	30,182,424.
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501((c)(3)
	organization, check this box and stop here	<i></i>	<u></u>				▶
Sec	tion C. Computation of Public Sup		-				· -
15	Public support percentage for 2010 (line 8					15	93.78%
16	Public support percentage from 2009 Sche					16	93.86%
Sec	tion D. Computation of Investmen	nt Income Pero	centage				
17	Investment income percentage for 2010 (li	ne 10c, column (f	i) divided by line 1	3, column (f))		17	5.64%
18	Investment income percentage from 2009	Schedule A, Part I	III, line 17			18	5.49%
19a	331/3% support tests - 2010. If the or	ganization did no	ot check the box	on line 14, and	i line 15 is more	e than 331/3%, a	and line
	17 is not more than 331/3%, check th	is box and sto p	here. The orga	anization qualifies	as a publicly	supported organi	zation ► X
b	331/3% support tests - 2009. If the orga	inization did not	check a box on I	ine 14 or line 19	a, and line 16 is	more than 331/3	3 %, and
	line 18 is not more than 331/3%, check	this box and st	op here . The org	ganization qualifie	es as a publicly	supported organi	zation 🕨 📗
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b	, check this bo	x and see instru	uctions >

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. 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

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Name of the organization					Employer identification number
AMERICAN ASSOCIATION	OF				
ZOOLOGICAL PARKS AND	AQUARIUMS,	INC.			55-0526930
Organization type (check one):			• .		
Filers of:	Section:	•		•	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1	1) nonexempt charit	able trust not treated a	as a private fou	ndation
	527 politi	ical organization			
Form 990-PF	501(c)(3)	exempt private fou	ndation		
	4947(a)(1	1) nonexempt charit	able trust treated as a	private foundat	on
	501(c)(3)	taxable private foul	ndation		
Note. Only a section 501(c)(7), instructions. General Rule	(6), or (10) organ	nization can check t	oxes for bout the Gene	iai Rule and a S	pecial Rule. See
[]		and the second of the second o	at received, during the	e year, \$5,000 o	r more (in money or
Special Rules			· ·		
sections 509(a)(1) ar	nd 170(b)(1)(A)(vi), and received fron	any one contributor,	during the year	t of the regulations under a contribution of the EZ, line 1. Complete Parts
the year, aggregate of	contributions of m	ore than \$1,000 for	m 990 or 990-EZ that use <i>exclusively</i> for relig en or animals. Comple	gious, charitable	
the year, contribution aggregate to more th year for an exclusively	s for use exclusive nan \$1,000. If this y religious, charita zation because it	ely for religious, cha box is checked, en able, etc., purpose, received nonexclus	ritable, etc., purposes er here the total contri Do not complete any o	, but these confibutions that we fithe parts unles ble, etc., contrib	re received during the
Caution. An organization that is	not covered by t	he General Rule an	d/or the Special Rules	does not file So	hedule B (Form 990
990-EZ, or 990-PF), but it must		and the second s	• •	and the second s	The second secon
line 2 of its Form 990-PF, to ce	and the second s			the state of the s	
					dia dia dia dia dia dia dia dia dia dia
For Paperwork Reduction Act Notice,	see the Instructions fo	or Form 990, 990-EZ, or	990-PF.	Schedule E	(Form 990, 990-EZ, or 990-PF) (2010)

(a)			
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_		\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2_		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_		\$18,015. 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4-			Person X Payroll
		\$ <u>10,000.</u>	Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(Complete Part II if there is a noncash contribution.)
	(b) Name, address, and ZIP + 4	(c)	(Complete Part II if there is a noncash contribution.)
No. 5 -	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is
No 5 (a)	Name, address, and ZIP + 4	(c) Aggregate contributions \$	(Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

i aitt	Contributors (see instructions)	<u> </u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7_		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$16,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9 9		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 10		\$30,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 11		\$220,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 12 _		\$8,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ <u>53,300.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 14 _		\$12,996.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 15 _		\$ <u>31,600</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 16		\$ <u>50,057.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 17		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 18 _		\$21,250.	Person Payroll Noncash (Complete Part II if there is

Part I	Contributors	(see instructions
--------	--------------	-------------------

			<u> </u>
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 19 _		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20_		\$15,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 22 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23_		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 24 _		\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors	(see	instructions)

i aiti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 25		\$15,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 28 _		\$125,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$99,761.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 30 _		\$76,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors	(see	instructions'
	- onthinatoro	1000	midd addonio, io,

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
31		\$60,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33_		\$8,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
34		\$16,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 35 _		\$6,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
36_		\$ 7,500.	Person X Payroll Noncash

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 37 _		\$ <u>17,708.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization AMERICAN ASSOCIATION OF Employer identification number ZOOLOGICAL PARKS AND AQUARIUMS, INC. 55-0526930 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV. Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No Was a correction made? Yes Nο If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filling organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1)

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

Schedule C (Form 990 or 990-EZ) 2010

(2)

(3)

(4)

(5)

(6)

section 4911 tax for this year?

Part II-A	Complete if the organization is ex	empt under section 501(c)(3) and filed Form 5768 (election under
	section 501(h)).	()()

<u>B</u>	Check ▶	if the filing	organization	checked box A	and "limited	control" pro	visions apply.
				belongs to an a			

		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	0.	
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	10,856.	
C	Total lobbying expenditures (add lines 1	a and 1b)	10,856.	
d	Other exempt purpose expenditures		6,458,574.	
ė		d lines 1c and 1d)	6,469,430.	
f,	Lobbying nontaxable amount. Enter the columns.		473,472.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		1 2 2 2 2 2
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25	% of line 1f)	118,368.	
h	Subtract line 1g from line 1a. If zero or le		* * * * * * * * * * * * * * * * * * * *	
i	Subtract line 1f from line 1c. If zero or le			
j.	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720 reporting	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expe	nditures During 4-Y	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount	499,010.	467,528.	461,822.	473,472.	1,901,832.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,852,748.
c Total lobbying expenditures	6,535.	8,515.	6,089.	10,856.	31,995.
d Grassroots nontaxable amount	124,753.	116,882.	115,456.	118,368.	475,459.
e Grassroots ceiling amount (150% of line 2d, column (e))					713,189.
f Grassroots lobbying expenditures	0.	0.	0.	0.	0.

Schedule C (Form 990 or 990-EZ) 2010

		(a)		(b)
		Yes	No		Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local				<u>- </u>
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d ·	Mailings to members, legislators, or the public?		*		
9	Publications, or published or broadcast statements?				
f ~	Grants to other organizations for lobbying purposes?				<u> </u>
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		•		· · · · · · · · · · · · · · · · · · ·
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV	.			<u>.</u>
	Takat Add to a Angles of Ar			<u> </u>	
a		Ī	٠.		•••
a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	İ	.		
	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	3/53			
Ť	501(c)(6).	s)(5),	or s	ectio	n
					Yes
	Were substantially all (90% or more) dues received nondeductible by members?				1
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			• • •	2
	Did the organization agree to carryover lobbying and political expenditures from the prior year?	• • •			3
ar	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c	:)(5).	OF S	ectio	n n
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A,	ine 3	is a	nswe	red
					<u> </u>
	Dues, assessments and similar amounts from members		$\overline{\ldots}$	1	
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	olitica	ı		
	expenses for which the section 527(f) tax was paid).		- 1		
l	Current year			2a	
)	Carryover from last year			2b	
;	Total			2c	
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		[3	<u> </u>
•	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of the	•		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lot	bying	,		
	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)			4	
			<u> l</u>	5	
	IV Supplemental Information				<u> </u>
m	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, I	ine 5	and	Part	II-B, line 1i.
Ο,	complete this part for any additional information.				
					
<u>-</u> -					
	·				-
					

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS AND AQUARTUMS

Employer identification number

55-0526020

Pai		sed Funds or Othe	er Similar Funds o	or Accounts. Co		
<u> </u>	organization answered "Yes" to Form 99		de ed Sunde	(lit) Erinda a		
	``.	(a) Donor ad	vised funds	(b) Funds a	nd other accounts	
1	Total number at end of year				· '	
2	Aggregate contributions to (during year)			<u> </u>		
3						
4	rigging and and a control of the con	<u> </u>	<u> </u>			
5	Did the organization inform all donors and donor ad					٦
	funds are the organization's property, subject to the				. Yes L	No
6	Did the organization inform all grantees, donors, an					
	used only for charitable purposes and not for the be					ד
•	purpose conferring impermissible private benefit?	<u> </u>		<u> </u>	· Yes	No
Par				Form 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the	. =				
	Preservation of land for public use (e.g., recreated	ation or education)		of an historically		ea
	Protection of natural habitat		Preservation	of a certified hist	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization hel	ld a qualified conser	vation contribution i	in the form of a co	onservation	
	easement on the last day of the tax year.			200000000000		
				5.00 5.00	e End of the Tax	(Year
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements					
C	Number of conservation easements on a certified h		• •	. <u>2c</u>	<u> </u>	
d	Number of conservation easements included in (c) a	•	·			
	historic structure listed in the National Register	i contract of the contract of				
3	Number of conservation easements modified, trans	ferred, released, ext	tinguished, or termi	nated by the organ	nization during the)
	tax year ▶			•		
4	Number of states where property subject to conserv	vation easement is lo	cated ▶			
5	Does the organization have a written policy regarding					_
	violations, and enforcement of the conservation ease					∟ No
6	Staff and volunteer hours devoted to monitoring, ins	specting, and enforci	ng conservation ea	sements during th	e year	
	D			•		
7	Amount of expenses incurred in monitoring, inspecti	ing, and enforcing co	onservation easeme	ents during the yea	ar	
	► \$.*
8	Does each conservation easement reported on line			ection 170(h)(4)(B)	٦.
	(i) and 170(h)(4)(B)(ii)?				. L Yes L	∟ No
9	In Part XIV, describe how the organization reports c	conservation easeme	ents in its revenue ar			
	balance sheet, and include, if applicable, the text of	the footnote to the	organization's financ	cial statements tha	at describes the	
	organization's accounting for conservation easement			·	<u> </u>	
Par	Organizations Maintaining Collections of Complete if the organization answered	of Art, Historical T 'Yes" to Form 990.	reasures, or Othe Part IV. line 8.	er Similar Asset	S.	
1a	If the organization elected, as permitted under SFA			revenue statema	ont and balance	eboci
	works of art, historical treasures, or other similar public service, provide, in Part XIV, the text of the foo	assets held for pu	blic exhibition, edu	ucation, or resea	rch in furtheran	ice of
þ	If the organization elected, as permitted under SI	FAS 116 (ASC 958)), to report in its i	revenue stateme	nt and balance	sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relating	assets held for pu	blic exhibition, edu	ucation, or resea	rcn in furtheran	ce of
	(i) Revenues included in Form 990, Part VIII, line 1			and 🙀	œ	
	(ii) Assets included in Form 990, Part X					
2			· ·			
2	If the organization received or held works of art,	i i			aai gain, provide	e the
а	following amounts required to be reported under SF, Revenues included in Form 990, Part VIII, line 1				r	
	Assets included in Form 990, Part X				Ψ ¢	

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

Schedule D (Form 990) 2010

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that apply): a	Рa	Till Organizations Maintain	ing Collections	of Art, Histo	rical Treasures	, or Ot	her Similar	Assets (<i>(continued)</i>	
b Scholarly research	3	Using the organization's acquisiti collection items (check all that app	on, accession, an oly):	d other recor	ds, check any o	f the fo	llowing that	are a sig	nificant use	of its
b Scholarly research c Other Preservation for future generations Part X/V. 1 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part X/V. 2 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition		d [Loan or exc	change i	orograms			
c	b	Scholarly research		e	⊣		-			
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization sollection?	С	Preservation for future of	enerations	· L						-
XIV. Southing the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rether than to be maintained as part of the organization's collection?	4			ons and expla	in how they fur	ther the	organization	's evemn	nt nurnosa i	n Part
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?				one and explo	in non incy lan		organization	o cacing	or purpose i	II I CAIL
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5		on solicit or receiv	e donations of	fact bistorical tra	acuroa	or other aimi	lon		
Eart W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.	_	assets to be sold to raise funds rat	her than to be mai	intained as na	rt of the organiza	tion's co	Uloction?	اها آ		¬
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa	rt IV Escrow and Custodial A	Arrangements. C	omplete if the	ne organization	answe	red "Yes" to	Form 99		No
included on Form 990, Part X?			· · · · · · · · · · · · · · · · · · ·			-				
included on Form 990, Part X?	1a	Is the organization an agent, truste	e, custodian or ot	her intermedia	ary for contribution	ns or of	ther assets no	ot		
b if "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance		included on Form 990, Part X?						[Yes	□ No
c Beginning balance	b							[
C Beginning balance 1d					Γ			mount	• • • • • • • • • • • • • • • • • • • •	
d Additions during the year . 1d 1e	С	Beginning balance				10			· · ·	
e Distributions during the year . 1e 1f	d						-			-
f Ending balance	е									
Did the organization include an amount on Form 990, Part X, line 21? Yes	f									
b if "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back contributions (e) Four years back (e) Four years b	2a	Did the organization include an am	ount on Form 990) Part X line 1	212	<u> </u>	 -	ſ	Vac	TN-
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. A Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back years (e) Four years back (e) Four years back years (e) Four years back years (e) Four years back years (e) Four years (e) Four years (e) Four years (e) Four years (e) Fo		If "Yes " explain the arrangement in	Part XIV	, r art X, iiio 2				L	res _	NO
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e)				ation answer	red "Voe" to For	~~ 000	Port IV line	. 10		
a Beginning of year balance		2 Indowntone Funds: CO							(a) Fauryas	ro book
b Contributions	1a	Reginning of year balance	(a) Obijelit year	(b) Filor yea	(C) Two year	15 Dack	(u) integye	als Dack	(e) Four yea	S Dack
c Net investment earnings, gains, and losses	Ь		·							
and losses. d Grants or scholarships	c		<u> </u>							
d Grants or scholarships	·	_ _ ;		1						
e Other expenditures for facilities . and programs . f Administrative expenses . g End of year balance . 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	А	•				<u> </u>				
and programs		-						· · · · ·		· ·
g End of year balance. 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	·									
g End of year balance										
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	-		 	· · · · · · · · · · · · · · · · · · ·						
a Board designated or quasi-endowment		•								
b Permanent endowment	2				•					
Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations .	a L	Board designated or quasi-endown		%			: .			
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. (ii) related organizations. (ii		. =====								
organization by: (i) unrelated organizations. (ii) related organizations. b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 Land b Buildings c Leasehold improvements d Equipment 1,109,305 549,611 559,694 e Other								•		
(ii) related organizations	3a	Are there endowment funds not in	the possession of	the organizat	ion that are held	and ad	ministered for	the		<u> </u>
(ii) related organizations		- · · ·							Yes	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land							<i>.</i>		3a(i)	T
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) 1a Land	_								3a(ii)	T
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (other) (other) (d) Book value	b								3b	
Description of investment (a) Cost or other basis (b) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 1 Land	4								•	
County (investment) (other) depreciation County (investment)	Par	t VI Land, Buildings, and Equ	<u>iipment. See Fo</u>	rm 990, Part	t X, line 10.					7
b Buildings		Description of investment						(d	l) Book value	
c Leasehold improvements 1,109,305 549,611 559,694 e Other 1,109,305 549,611 559,694	1 a	Land								
d Equipment	b	Buildings					.			
e Other	C	Leasehold improvements								
e Other	d	Equipment			1,109,30	5	549,611.		559.	694.
	e.	Other		-						
				rm 990, Part X	, column (B), line	10(c).)			559,	694.

Schedule D (Form 990) 2010

	Part VII	Investments - Other Securities. See F	<u>orm 990, Part X, lin</u>	ne 12.	
(2) Closely-held equity interests		(a) Description of security or category		(c) Method of valu	ation: irket value
(2) Closely-held equity interests	(1) Financia	al derivatives			
(3) Other					
(5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(3) Other				
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(E) (F) (G) (G) (H) (I) (I) (Total (Column (b) must equal Form 590, Part X, cot. (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of Investment type (b) Book value (c) Method of valuation: Cost or end of year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(B)				
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(F) (F)					
(5) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					· · · · · · · · · · · · · · · · · · ·
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Total. Column (b) must equal Form 990, Part X, col. (B) line 12.) Part X III Investments - Program Related. See Form 990, Part X, line 13. (e) Method of valuation: Cost or end-of-year market value					<u> </u>
Total (Column (b) must equal Form 990, Part X, cot. (B) line 12. Part XIII Investments - Program Related. See Form 990, Part X, line 13.		· 			· · · · · · · · · · · · · · · · · · ·
Investments - Program Related. See Form 990, Part X, line 13.		(h) must agual Form 200, Rad V, and (R) Fina 10.)			
(a) Description of investment type (b) Bock value (c) Method of valuation: Cost or end-of-year market value (f) (g) (d) (g) (g) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10			orm 990 Part X lin	13 ne 13	
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(3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Pert X, col. (8) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col. (8) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) DEFERRED COMPENSATION LIABILITY 202, 449, (3) OTHER LIABILITIES 126, 951. (4) (5) (6) (7) (8) (9) (10) (10) (11)					
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Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) DEFERRED COMPENSATION LIABILITY 202, 449. (3) OTHER LIABILITIES 126, 951. (4) (5) (6) (7) (8) (9) (10) (11)		<u> </u>			
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(2) DEFERRED COMPENSATION LIABILITY 202,449. (3) OTHER LIABILITIES 126,951. (4) (5) (6) (7) (8) (9) (10) (11)			(b) Amount		
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(10)(11)					
(11)	(10)				Project Control of the Control of th
	(11)				
		n (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 329,	400.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

JSA 0E1270 1.000

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial States	nent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		6,551,689
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		6,469,430
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		82,259
4	Net unrealized gains (losses) on investments	4		-278 , 677
5	Donated services and use of facilities	5		;
6	Investment expenses	6	-	
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		172,155
9	Total adjustments (net). Add lines 4 through 8	9		-106,522
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-24,263
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	urn		
1	Total revenue, gains, and other support per audited financial statements		1	6,273,012
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_	- 1	
a	Net unrealized gains on investments 2a -278,67	7.		
þ	Donated services and use of facilities	_		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)	_		000 600
e	Add lines 2a through 2d	• -	2e	-278 , 677.
3	Subtract line 2e from line 1	•	3	6,551,689.
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 XIV.) Add lines 4 and 4 b	_		
C	Add lines 4a and 4b	٠ -	4 c	6,551,689.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u>5</u>	0,551,669.
1			1	6,922,136.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• -	' 	0,322,230
a			1	
b		\dashv	.	·
c	Other lesson	-		
d	Other (Describe in Part XIV.) 2d 452,70	6.	.	
e	Add lines 2a through 2d		2e	452,706.
- 3	Add lines 2a through 2d Subtract line 2e from line 1	• -	3	6,469,430.
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 Det VIV)			
	Add lines 4a and 4b		4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	6,469,430.
Part	XIV Supplemental Information			
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp Iditional information.	t IV, ete t	lines his p	s 1b and 2b; art to provide
SEE	PAGE 5			
-				
-				
				

FIN 48 FOOTNOTE

PART X, LINE 2

IN ACCORDANCE WITH THE PROVISIONS IN THE INCOME TAXES TOPIC OF THE FASC, AZA HAS PERFORMED AN EVALUATION OF ITS TAX POSITIONS AND BELIEVES IT HAS APPROPRIATE SUPPORT FOR ITS TAX POSITIONS TAKEN. THE PROVISION FOR UNRELATED BUSINESS INCOME TAX HAS BEEN INCLUDED IN GENERAL AND ADMINISTRATIVE EXPENSE IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES. TAX YEARS PRIOR TO 2007 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS AND THE STATE OF MARYLAND.

OTHER ADJUSTMENTS

PART XI, LINE 8

NET LOSS OF SUBSIDIARY INCLUDED IN

CONSOLIDATED FINANCIAL STATEMENTS

\$(452,706)

SALE OF SUBSIDIARY SHARES TO

NONCONTROLLING SHAREHOLDERS

\$ 624,861

TOTAL

\$ 172,155

Part XIV Supplemental Information (continued)

OTHER ADJUSTMENTS

PART XIII, LINE 2D

\$452,706 REPRESENTS THE EXPENSES OF SUBSIDIARY INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

d States

20 10

Open to Public Inspection

, line 21 or 22.

Employer identification number 55-0526930 å

X Yes

eligibility for the grants or assistance, and

(222 1112 11	Governments, and Individuals in the Unite
Department of the Treasury	Complete if the organizatio
Internal Revenue Service	ARERICAN ASSOCIATION OF
ZOOLOGICAL PARI	ZOOLOGICAL PARKS AND AQUARIUMS, INC.
Part General Int	Part I General Information on Grants and Assistance
1 Does the organiza	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees'
the selection criter	the selection criteria used to award the grants or assistance?
2 Describe in Part IN	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments Form 990, Part IV, line 21, for any recipient tha Il can be duplicated if additional space is needed	overnments recipient tha ce is needec	and Organizative at received m	ations in the Unit ore than \$5,000.	ed States. Comp Check this box if	elete if the organizano one recipient r	its and Organizations in the United States. Complete if the organization answered "Yes" to hat received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part ed	s" to \$5,000. Part
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ZOO ATLANTA		-		-			
800 CHEROKEE AVENUE, SE ATLANTA, GA 30315	58-1655184	501(C)(3)	270,427.				CONSERVATION
(2) ST. LOUIS ZOO							
ONE GOVERNMENT DRIVE ST. LOUIS, MO 63110	43-1727309	501(C)(3)	70,050.				CONSERVATION
(3) FRESNO CHAFFEE ZOO							
894 W. BELMONT AVENUE FRESNO, CA 93728	42-1661145	501(C)(3)	19,488.				CONSERVATION
(4) HOUSTON ZOO	,					-	
1513 CAMBRIDGE STREET HOUSTON, TX 77002	74-1590271	501 (C) (3)	26,360.				CONSERVATION
(5) TENNESSEE AQUARIUM							
탪	58-1837154	501 (C) (3)	48,776.				CONSERVATION
(6) UTAH'S HOGLE ZOO				•			
2600 SUMNYSIDE AVE. S. LAKE CITY, UT 84108	87-0217405	501(C)(3)	23, 592.				CONSERVATION
-(7)							
(8)	1			· .			
(6)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations 		organizations					0
For Paperwork Reduction Act Notice, see the Instructions	structions fo	for Form 990.				Schedu	Schedule I (Form 990) (2010

OE12882500N2JD M151 8/2/2012

Schedule I (Form 990) (2010)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2						
က						
4						
lo.						
မ						
7						
Part IV	Part IV Supplemental Information. Complete this part		vide the informa	tion required in	Part I, line 2, and an	to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING USE OF GRANTS

PART I, LINE 2

GRANT APPLICATIONS ARE REVIEWED BY A SCIENTIFIC ADVISORY COMMITTEE AND

FUNDING RECOMMENDATIONS ARE APPROVED BY THE AAZPA BOARD OF DIRECTORS.

ASSOCIATION STAFF ARE RESPONSIBLE FOR OVERSIGHT OF THE GRANT AND

REPORTING PROCESS.

PAGE 37

(Form 990)

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ASSOCIATION OF

ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number 55-0526930

Pari	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	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 (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
_	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		

3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
•	Form 990 of other organizations X Approval by the board or compensation committee			
i	During the year did any parent listed in Form 900. Bort VIII. Section A. line 10, with respect to the filing			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		*	
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	<u> </u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c	Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	ŀ	-	l .
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		. :	
	compensation contingent on the revenues of:			
·a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			l ·
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			,,
а	The organization?	6a		X
þ	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			v
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	_		.,
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9	L	

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

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakd	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)(I)(B)	reported in prior Form 990 or Form 990-EZ
	(n) 248,72		0	74,500.	9,670.	332,896.	0
1 JAMES D. MADDY	: ;	0.		0.	0		.0
-	(1) 139,851	51.	0	13,925.	5,510.	159,286.	0
2 LAURA BENSON (i				0.	0	0	0
	(1) 190,249.	.61	.0	19,275.	5,705.	215, 229.	0.
3 KRISTIN L. VEHRS			 	0.	0	 	0
	179,	798.	0	18,386.	8,726.	206,910.	0
4 PAUL J. BOYLE				0	0	0.0	.0
	(1) 165,359	.65	0	17,319.	9,575.	192,253.	0
STEVEN L. FELDMAN				0.	0	0	.0
	(n) 137,602	0 0	0	13,658.	638.	151,898.	0
6 JILL D. NICOLL	(ii)	0 0		0.	0.		0
	(i)	 					
7	(II)						
<u>)</u>	(1)		 				
i) 8	(E)						
<u>) </u>	()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 				
6	(ii)					-	
	(i)	1	 	 		 	
10	•						-
		 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-I	
11	(ii)					•	
) ·	()		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- 	
12 (i	(3)						
9	(0)						
13	(ii)						
	(0)						
14	(E)						
	(0)	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
15	(ii)						
	(b)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
16	(ii)	-			·		
						Sche	Schedule J (Form 990) 2010

Part III Supplemental Information

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

PARTICIPATION IN NONQUALIFIED PLAN

PART I, LINE 4B

JAMES D. MADDY PARTICIPATED IN THE 457F PLAN, TO WHICH THE ASSOCIATION

CONTRIBUTED \$50,000 FOR HIM.

PARTICIPATION IN EQUITY-BASED COMPENSATION ARRANGEMENT

PART I, LINE 4C

DURING THE YEAR ENDED SEPTEMBER 30, 2011, ANIMALS, INC., ENTERED INTO AN

AGREEMENT WITH JILL NICOLL, AN EMPLOYEE OF AZA TO ISSUE 458 SHARES OF

CLASS B, NONVOTING, COMMON STOCK TOTALING AN ESTIMATED \$59,535, SUBJECT

TO VESTING PROVISIONS.

Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ASSOCIATION OF

ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number 55-0526930

DOING BUSINESS AS

PAGE 1, BOX C

THE AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS & AQUARIUMS, INC., D/B/A: 1.

ASSOCIATION OF ZOOS & AQUARIUMS 2. AZA

MEMBERS OF ORGANIZATION

PART VI, LINE 6

THE ORGANIZATION HAS MEMBERS AS SET FORTH IN ARTICLE VI OF THE BYLAWS.

MEMBERS RIGHTS TO ELECT MEMBERS OF THE GOVERNING BODY

PART VI, LINE 7A

THE MEMBERSHIP ELECTS ON AN ANNUAL BASIS, THE GOVERNING BODY PURSUANT TO ARTICLE IV, SECTION 2 OF THE BYLAWS.

DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL

PART VI, LINE 7B

MEMBERS HAVE VOTING RIGHTS WITH RESPECT TO AMENDMENTS OF THE

ORGANIZATION'S GOVERNING DOCUMENTS AND OTHER MAJOR DECISIONS (SUCH AS

DISSOLUTION OR MERGER DECISIONS) PURSUANT TO ARTICLE IX OF THE BYLAWS.

GOVERNING BOARD REVIEW OF FORM 990

PART VI, LINE 11B

THE 990 IS PREPARED BY AN INDEPENDENT AUDIT FIRM IN CONJUCTION WITH THE

AAZPA VICE PRESIDENT OF FINANCE. THE DRAFT FORM 990 IS REVIEWED BY LEGAL

COUNSEL, CEO, AND EXECUTIVE DIRECTOR. THE DRAFT IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS.

CONFLICT OF INTEREST POLICY

PART VI, LINE 12C

THE ORGANIZATION'S HISTORIC PRACTICE HAS BEEN FOR MEMBERS OF THE BOARD OF DIRECTORS TO SIGN AN ACKNOWLEDGMENT OF THE CONFLICT OF INTEREST POLICY UPON COMMENCEMENT OF THEIR TERM ON THE BOARD, AND THEREAFTER FOR ANY BOARD MEMBERS WITH A CONFLICT OR POTENTIAL CONFLICT TO TIMELY DISCLOSE THIS AND NOT PARTICIPATE OR DELIBERATE ON ANY SUCH MATTER. THE ORGANIZATION ASKS OFFICERS AND KEY EMPLOYEES TO SIMILARLY ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE ASKED TO SIGN AN ANNUAL STATEMENT REITERATING SUCH ACKNOWLEDGMENT AND DISCLOSING ANY CONFLICTS OR POTENTIAL CONFLICTS COVERED BY THE POLICY.

COMPENSATION OF TOP MANAGEMENT OFFICIALS

PART VI, LINE 15A

THE AZA COMPENSATION COMMITTEE IS COMPRISED OF THE BOARD CHAIR, BOARD VICE CHAIR, PAST CHAIR AND CHAIR ELECT. ON AT LEAST AN ANNUAL BASIS, THIS GROUP REVIEWS COMPENSATION MATTERS REGARDING THE AAPZA PRESIDENT AND CEO, VICE PRESIDENT OF FINANCE, AND EXECUTIVE DIRECTOR. THE COMMITTEE REVIEWS CURRENT COMPENSATION, COMPARABILITY DATA AND PERFORMANCE. COMPENSATION CHANGES ARE REPORTED TO THE PRESIDENT AND CEO. THE BOARD CHAIR IS RESPONSIBLE FOR PROVIDING WRITTEN AUTHORIZATION TO THE AZA VICE PRESIDENT OF FINANCE FOR IMPLEMENTATION OF ANY COMPENSATION CHANGE FOR THAT

Employer identification number 55-0526930

POSITION. THIS PROCESS WAS LAST UPDATED IN 2010.

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND ON REQUEST. THE CONFLICT OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST. REQUESTS FOR THE FINANCIAL STATEMENTS ARE CONSIDERED ON A CASE BY CASE BASIS.

OTHER CHANGE IN NET ASSETS

PART XI, LINE 5

UNREALIZED LOSS ON INVESTMENTS

\$(278,677)

EQUITY IN NET LOSS OF SUBSIDIARY

\$ (349,830)

SALE OF SUBSIDIARY SHARES TO

NONCONTROLLING SHAREHOLDERS

\$ 539,506

TOTAL

\$ (89,001)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVI	CES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
ACCREDITATION & MEMBERSHIP	0.	668,238.	2,953,120.
GOVERNMENT AFFAIRS	15,000.	708,072.	0.

ATTACHMENT 1

Employer identification number 55-0526930

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION

GRANTS

EXPENSES

REVENUE

TOTALS

15,000.

1,376,310.

2,953,120.

ATTACHMENT 2

990	$P\Delta RT$	VTT-	COMPENSATION	$\cap \mathbb{F}$	тис	CT17C	итсивет	מדגם	TMD	CONTRACTOR
2201	TULL	A T T -	COMPENSATION	OF.	TUD	ETAE	UTGHEST	PAID	TND.	CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HILTON AMERICAS HOUSTON 1600 LAMAR STREET HOUSTON, TX 77010	HOTEL & CATERING	187,055.
BENEFIT MALL P.O. BOX 630957 BALTIMORE, MD 21263	HEALTH INSURANCE	174,905.
HOGAN LOVELLS US, LLP 555 THIRTEENTH STREET, NW WASHINGTON, DC 20004	LEGAL	141,362.
MASTER PRINT, INC. 8401 TERMINAL ROAD NEWINGTON, VA 22122	PRINTING	137,992.
PRIME GROUP 888 16TH STREET, SUITE 800 WASHINGTON, DC 20006	RESEARCH	128,927.
TO	TAL COMPENSATION	770,241.

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Department of the Treasury

Name of the organization

AMERICAN ASSOCIATION OF

ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ► Attach to Form 990.

OMB No. 1545-0047

Employer identification number

55-0526930

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2010 (f)
Direct controlling
entity No Yes Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (f) Direct controlling (e) End-of-year assets entity Public charity status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Ð (c) Legal domicile (state or foreign country) (d) Exempt Code section Legal domicile (state or foreign country) (b) Primary activity 9 Primary activity (a)Name, address, and EIN of disregarded entity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN of related organization Part Part II 턴 ଷ୍ପ ପ୍ର 4 9 뒥 4 9 S 9 2 ମ ୭

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PAGE 45

Schedule R (Form 990) 2010 (k) Percentage , ownership Percentage ownership 67.5400 (i) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, (g) Share of end-of-year assets 261,862. Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income -305,748, (h) Disproportionale allocations? Yes No (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total income (d)
(Direct controlling entity because it had one or more related organizations treated as a partnership during the tax year.) AAZEA (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or
foreign country) 뭠 DIGITAL ED. MEDIA (d)
Direct controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) 80-0514891 8403 COLESVILLE ROAD, STE 710 SILVER SPRING, ND 20910 (b) Primary activity Name, address, and EIN of related organization (a) Name, address, and EIN related organization (1) ANIMALS, INC. (7) Part III Part IV (9) E 9 ପ୍ 4 ପ୍ର ପ୍ 9 S থ € ଭ

oscilla in the same and the		006070000		Page 3
Part V Trans	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34,	s" to Form 990, Pa	art IV, line 34, 35, 35a, or 36.)	
Note. Complete li	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
1 During the ta	During the tax year, did the organization engage in any of the following transactions with one or more re	Lotel agoitoriacens hatelar arom ro	0 = 0 to 0 to 0	
	מבווסדסנוסוום אומו סווני	arca organizations is	ובת ווו רמונא וודוע?	× 1
a Receipt of (I)	Receipt of (I) Interest (II) annutries (III) royatties or (IV) rent from a controlled entity			1a A
b Giff, grant, o	Gift, grant, or capital contribution to other organization(s)			1b X
to tacao #i5	Ciff great or control controls from other commission(s)			>
	יייי סיוים מיוים			
d Loans or loar	Loans or loan guarantees to or for other organization(s)			
e Loans or loar	Loans or loan quarantees by other organization(s)			1e X
t sale of asset	sale of assets to other organization(s)			4f
g Purchase of	Purchase of assets from other organization(s)			10 ×
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	בייייייייייייייייייייייייייייייייייייי			
i Lease of faci	Lease of facilities, equipment, or other assets to other organization(s)			4i ×
		-		
i lease of faci	base of facilities component or other enemy from other enemy of			A CONTRACTOR OF THE CONTRACTOR
ברמשם כן ומכן	mes, equipment, of other assets from other organization(s)			;
k Pertormance	Performance of services or membership or fundraising solicitations for other organization(s)			1k A
I Performance	Performance of services or membership or fundraising solicitations by other organization(s).			X
m Sharing of fa	Sharing of facilities anninument mailing lists or other assets			
	vinces, equipment, manning hers, or other assets			
n Sharing of pa	Sharing of paid employees			Y ul
o Reimbursem	Reimhursement paid to other organization for expenses			×
				_
b Keimonisem	Reimbursement paid by other organization for expenses			4 1 1 v
 q Other transfe 	Other transfer of cash or property to other organization(s)			19 X
	Other transfer of cash or property from other organization(s).	•		1r ×
2 If the answer	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	s line, including cove	ered relationships and transe	action thresholds
		(a)	1-7	(5)
	Name of other organization	Transaction	Amount involved	Method of determining
		type (a-r)		amount involved
(1) ANIMALS.	TNC.	Д	373 708	E-1974
l.		1	· C F O 1 / O F	FEIV
S TEMTMA (c)	JNL	4	(i
(2)		4	136,262.	FMV
(3)				
(4)				
		-		
(5)				
(9)				
JSA GECNOTIN MIET	161 8/2/2012 1.EE.13 10 0 2			Schedule R (Form 990) 2010
A CIOZNIC				17 PU PU

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

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

Yes No Yes Yes No Yes	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Are all partners section	as	(f) Disproportionate allocations?	(g) te Code V-UBI amount in box 20	(h) c General or managing
Schedule R (Form)			country)	organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		partner?
	(1)					4		Yes No
		•						
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			٠					
	(5)							
	(9)		:					
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		-						-
Schedule R (Form 990) 2010								
							Schedule R (Form	990) 2010

Schedule R (Form 990) 2010

Page 5

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Ā.	For t	he 200	9 cale	ndar year, or tax year beginning 10/01, 2009, and end	ling	(09/30 , 20 1	0
В	Check if	applicable:	Please	C Name of organization AMERICAN ASSOCIATION OF		D Employer iden	tification number	
		iress nge	use IRS label or	Doing Business As ZOOLOGICAL PARKS AND AQUARIUMS,	INC.	55-05269	930	
		ne change	print or	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone num	nber	
	⊣	al retum	type. See	8403 COLESVILLE ROAD, SUITE 710	÷	(301) 562	-0777	
F		mination	Specific	City or town, state or country, and ZIP + 4	-	, ,		
-	Ame	ended	Instruc- tions.	SILVER SPRING, MD 20910		G Gross receipts	s 10.19	9,259.
┢		lication	F N	ame and address of principal officer: JAMES D. MADDY		H(a) Is this a group		
<u> </u>	i pen	ding	i .	COLESVILLE ROAD, SILVER SPRING, MD 20910		affiliates? H(b) Are all affiliates	⊢1 ` ⁻	<u> </u>
_	Tovo	xempt st				f ''	list. (see instructions	
÷				X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 AZA. ORG				,
<u>, , , , , , , , , , , , , , , , , , , </u>						H(c) Group exemption: 1971 M St		T-175.7
_	_				of format	tion: 19/1 Mr St	ate of legal domic	ie: WV
L	art I	Sui	nmary					
	1			be the organization's mission or most significant activities:				
ά	THE AAZPA IS AN EDUCATIONAL ORGANIZATION DEDICATED TO THE ADVANCEMENT							
Governance				GICAL PARKS AND AQUARIUMS FOR CONSERVATION, S	CIENT	TETC		
ē		STUL	DIES	AND RECREATION.				
õ	2			if the organization discontinued its operations or disposed of more the second of the continued its operations or disposed of more the second of the continued its operations.				
ಿಕ	3	Numb	er of vo	ting members of the governing body (Part VI, line 1a)	. .		:	13
jes	4	Numb	er of in	dependent voting members of the governing body (Part VI, line 1b)		4		13
Activities	5			of employees (Part V, line 2a)				32
Act	6	Total r	number	of volunteers (estimate if necessary)		۔ ا		350
7	7a	Total	ross u	nrelated business revenue from Part VIII, line 12, column (C)	<i>.</i> .			7,809.
				business taxable income from Form 990-T, line 34			· · · · · · · · · · · · · · · · · · ·	6,387.
						Prior Year	Current	Year
•	8	Contri	bution	and grants (Part VIII, line 1h)		1,618,632	. 1,79	6,223.
Revenue	9					4,318,253		0,129.
eve	10			come (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	א ├─	-477,027		9,372.
æ	11			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		237,825		4,798.
	12			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,697,683		0,522.
	13			- ita id /D-d IV - alima (A) line (A)		358,648		7,041.
	14			to or for members (Part IX, column (A), lines 1-3)	· • 	0		
	15				• •	2,998,379	<u> </u>	0,602.
ses				r compensation, employee benefits (Part IX, column (A), lines 5-10)	· • -	0	2,04	0,002.
Expense	loa	Froies	sionai	undraising fees (Part IX, column (A), line 11e) ing expenses, Part IX, column (D), line 25) ▶ 59,143.		U	•	
X	, , ,					2 002 522	2 02	0 700
	' '			es (Part IX, column (A), lines 11a-11d, 11f-24f)		2,993,533		8,788.
	l			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	· •	6,350,560		$\frac{6,431}{4,001}$
L 60	19	Reven	ue less	expenses. Subtract line 18 from line 12	_	-652,877		4,091.
Net Assets or Fund Balances				`		eginning of Year	End of	
sse	20			Part X, line BUBLIC INSPECTION COPY		10,374,973		5,479.
TA TA	21			(* 412.7, 11.0.2.0)		1,743,361		3,758.
		Net as:	sets or	fund balances. Subtract line 21 from line 20		8,631,612	9,66	1,721.
Pa	rt II	Sig	nature	Block				
		Under	penaltje	s of perjury, I deciare that I have examined this return, including accompanying sched	lules and	statements, and to	the best of my I	knowledge
		and be	ener, ru	strue, correct, and complete. Declaration of preparer (other than officer) is based on	au intori	mation of which pr	eparer nas any k	nowleage.
	ign	.		=3700		17/18	12011	
H	ere	S	Signatur	e of officer		Date *	1	
			rx	esident & CEO				
		T	ype or	rint name and title				
		Prepar		Date 1 1 Sel	neck if	Preparei	r's identifying num	ber
Paid Dann		signat	ure		npłoyed	▶ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ructions) P00957510	
•	arer's		name (o			EIN >	52-129769	5
Use (URIY	address	mployed s, and Zl	7700 WISCONSIN AVENUE, SUITE 500 BETHESDA, MD 20814		Phone no.	301-654-7	555
May	the II	RS disc	uss thi	return with the preparer shown above? (See instructions)			X Yes	No
_				perwork Reduction Act Notice, see the separate instructions.*			1 1 1 1 1	0 (2009)

Ĭ	art III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: THE AAZPA IS AN EDUCATIONAL ORGANIZATION DEDICATED TO THE ADVANCEMENT
	OF ZOOLOGICAL PARKS AND AQUARIUMS FOR CONSERVATION, SCIENTIFIC
	STUDIES, AND RECREATION.
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	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
48	(Code:)(Expenses \$2,392,766. including grants of \$3,500.)(Revenue \$2,061,316.) CONSERVATION EDUCATION: DEVELOPS AND PROMOTES PROGRAMS ON WILDLIFE CONSERVATION IN SUPPORT OF ZOOS AND AQUARIUMS. CONDUCTS CONTINUING EDUCATION ANNUALLY AND PROVIDES FOR EXCHANGE OF
	EDUCATIONAL INFORMATION THROUGH CONFERENCES (BIOLOGY, ELEPHANT MGMT., ETC.).
4b	(Code:)(Expenses \$ 996,399. including grants of \$ 0.)(Revenue \$ 387,271.) PUBLIC EDUCATION & COMMUNICATION: PROVIDES EDUCATIONAL INFORMATION TO THE PUBLIC, MEDIA, ZOOS & AQUARIUMS REGARDING AAZPA PROGRAMS. MONITORS INDUSTRY NEWS. PROVIDES EXCHANGE OF EDUCATIONAL INFORMATION THROUGH PUBLICATIONS (NEWSLETTER TO MEMBERS, DIRECTORY, BROCHURES, PUBLICATIONS, WEBSITE).
	(Code:)(Expenses\$ 971,662. including grants of \$ 352,540.)(Revenue \$ 1,013,639.) CONSERVATION & SCIENCE: PROGRAM FACILITATES SUPPORTS, PROMOTES
	AND COORDINATES COOPERATIVE ANIMAL MANAGEMENT, CONSERVATION AND SCIENTIFIC INITIATIVES OF AZA MEMBER INSTITUTIONS. PROGRAM
	PROVIDES GRANTS FOR ENDOWMENT FUND AND OTHER SOURCES FOR CONSERVATION AND RELATED SCIENTIFIC AND EDUCATIONAL INITIATIVES OF AZA MEMBER INSTITUTIONS AND COLLABORATORS.
	AZA MEMBER INSTITUTIONS AND COLLABORATORS.
	Other program services. (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 1,082,932. including grants of \$ 1,000.) (Revenue \$ 3,512,357.)
4 e	Total program service expenses ► 5,443,759.

Part IV

Checklist of Required Schedules

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax if "Yes," complete Schedule C, Part III . 5 Did the organization intential any donor advised funds or any similar funds or accounts where 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 II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 10 Did the organization indicated in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part III. 10 Did the organization indicated in from the related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VII. 10 Did the organization report an amount for investments—other-securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 19? If "Yes," complete Schedule D, Part VII. 12 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 19? If "Yes," complete Schedule D, Part VII. 12 Did the organization report an amo		•		Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributions?. 3 Did the organization engage in diffect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations in lobbying activities? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negofiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negofiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 10 Did the organization report an amount for lond, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 10 Did the organization report an amount for lond repasses in Part X, line 10. that is 5% or more of its total assets reported in Part X,	1				
3 Did the organization engage in direct pritical campaign activities on behalf of or in opposition to candidates for public officer if "Ves," complete Schedule C, Part II. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III. 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 503(a) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 503(a) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II. 5 Did the organization requirement and proxy tax? If "Yes," complete Schedule C, Part III. 7 Did the organization receive or hold a conservation casement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 10 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowements? If "Yes," complete Schedule D, Part VII. 10 Did the organization report an amount for levestments—other-securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 11 Did the organization oreport an amount for levestments—other-securities 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. 12 Did the organization oreport an amount for lovestments—other-securities in Part X					
candidates for public office? If "vss," complete Schedule C, Part I. Sections 501(c)(3) organizations. Did the organization engage in lobbying activities? If "ves," complete Schedule C, Part III. Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "vss," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "vss," complete Schedule D, Part II. Did the organization to provide advised on the distribution or investment of amounts in such funds or accounts? If "vss," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assatz? If "vss," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assatz? If "vss," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assatz? If "vss," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "vss," complete Schedule D, Part IV. Did the organization with a public organization of the organization organization and the organization organization and the part X, line 10 Part X			2	X	
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5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 8033(e) notice and raporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repsit, or debt negoliation services? If "Yes," complete Schedule D, Part II. 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 Is the organization asswer to any of the following questions "Yes"? If so, complete Schedule D, Part VI. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 13 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. 14 Did the organization report an amount for other liabilities in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 15 Did the organization report an amount for other rassets in Part X, line 17 "Yes," complete Schedule D, Part X II. 16 Did the organization report an amount for other rassets in Pa	4		_	v	
notice and reporting requirement and proxy tax / if "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 . Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . Did the organization report an amount in Part X, line 21; 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 II . Did the organization in directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If" Yes," complete Schedule D, Part V . It is the organization's answer to any of the following questions "Yes?" If so, complete Schedule D, Parts V . VII, VIII, K, or X as applicable . Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—order-securities in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments-program related in Part X, line 13? If "Yes," complete Schedule D, Part XI. Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part XI. Did the organization separate, independent audited financial statements for the tax year? It "Yes," complete Schedule D, Part X . Did the organization included in consolidated, independent audited financial statements for the buse statement for the tax year? It "Yes," complete Schedule D, Part XI. Did the organization as school described in section 170(D\(1)\(1)\(1)\(1)\(1)\(1)\(1)\(1)\(1)\(1)	E		4		
b Did the organization maintain any donor advised funds or any similar funds or accounts where 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. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21; 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. Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. It is the organization share to any of the following questions "Yes" If so, complete Schedule D, Part VI. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 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 VI. Did the organization report an amount for other liabilities 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 VI. Did the organization report an amount for other liabilities 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 XV. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XV. Did the organization report an amount for other liabilities in Part X, line 25% If "Yes," complete S	3		ا ـ		
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		3		
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedula D, Part III. 8 Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedula D, Part III. 9 Did the organization report an amount in Part X, line 21; 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. 10 Did the organization directly or through a related organization, hold assets in term, permanent, or queasi-endowments? If" Yes," complete Schedule D, Part V. 11 Is the organization's answer to any of the following questions "Yes?" If so, complete Schedule D, Parts VI, IVI, IVI, IV, IV, IV, IV, IV, IV, I			_		X
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21; 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. Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. It is the organization's answer to any of the following questions "Yes?" If so, complete Schedule D, Part V. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other-securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 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. Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization obtain separate, independent audited financial statements for the tax year include a foothoote that addresses the organization is libitify for uncertain tax proplete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, XII. Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," libiting Schedule D, Part X, XII. and XIII. Did the organization maintain an office, employees, or agents outside of the United States? Did the organizat	7		1		
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II	•		7		Х
complete Schedule D, Part III	8				
9 Did the organization report an amount in Part X, line 21; 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 N . 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If" Yes," complete Schedule D, Part V . 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . 11 Did the organization seport an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 12 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. 13 Did the organization report an amount for other isabilities 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. 14 Did the organization report an amount for other liabilities 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 VIII. 15 Did the organization obtain separate in orosolidated financial statements for the tax year include a foothoute that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, and XIII separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, and XIII separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, and XIII separate, and programs service activities outside the United States? 12 Did the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, Part I. 13 Did the organization report on Part IX, column (A),			8		Х
x; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part N . 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If" Yes," complete Schedule D, Part V . 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VII, IX, or X as applicable . 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 12 Did the organization report an amount for investments—other-securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 13 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 VIII. 14 Did the organization report an amount for investments—organ 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. 15 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 VIII. 16 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, VIII, and XIII is optional. 15 Did the organization aschool described in section 170(b)(1)(A)(I))? If "Yes," complete Schedule E. 16 Did the organization maintain an office, employees, or agents outside of the United States?. 17 Did the organization maintain an office, employees, or agents outside of the United States?. 18 Did the organization report on Part IX, column (A), line 3, more than \$1,000 from grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. 18 Did the organization report on Part IX, column (A), li	9				
complete Schedule D, Part N					
quasi-endowments? If" Yes," complete Schedule D, Part V. 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, X, or X as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • 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. • Did the organization report an amount for other assets 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. • 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 XI. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XI. • Did the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X II. • Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, III, and XIII. • Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. • Did the organization maintain an office, employees, or agents outside of the United States? • Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, and programs service activities outside the United States? If "Yes," complete Schedule F, Part II. • Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III. • Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, co			9		Х
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VII, VIII, IX, or X as applicable 11		quasi-endowments? If" Yes," complete Schedule D, Part V	10		Х
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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
If "Yes," complete Schedule G, Part III			10	-+	
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					X
		The state of the s		990 (2	

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	ŀ		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			ĺ
	United States 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? If "Yes," complete Schedule J	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 question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
ď	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) and 501(c)(4) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	- 1		·
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	200000000	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part V	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
_	family member) was an officer, director, trustee, or direct or indirect owner? 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	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
_	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			-
	III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	· · · · · · · · · · · · · · · · · · ·	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? If "Yes," complete Schedule R,		}	
	· · · · · · · · · · · · · · · · · · ·	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	$\neg \uparrow$	\neg	
	19? Note . All Form 990 filers are required to complete Schedule Q	38	х	
			990 (2	2009)

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 11	9		
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	J		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠	gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
2 a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 33	,		
h	enation of the defended year ending with or within the year obvered by the return	2 b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
٠.	instructions)			
Ja	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	20	Х	
	this return?	3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
42	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			x
	account)?	4a		_^
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			57
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6а	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was]	ı	
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		1.12	
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		ł	
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		C	በበበ /	2000)

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

Sec	tion A. Governing Body and Management	-		
			Yes	No
1a	Enter the number of voting members of the governing body	120000000000000000000000000000000000000		
b	Enter the number of voting members that are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
•				
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		$\overline{\mathbf{x}}$
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	-		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	Х	
6	Does the organization have members or stockholders?	6	Λ	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		١., ا	
	of the governing body?	7a	Х	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	A.V. (1984)
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
C4				
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Teve	enue Code.)		Yes	No
		40-	703	X
	Does the organization have local chapters, branches, or affiliates?	10a		
b	, , ,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	**************************************
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	5 44		
12a	, the state of the	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	Х	
•	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С		12c	х	
	describe in Schedule O how this is done	13	х	
13	Does the organization have a written whistleblower policy?		X	
14	Does the organization have a written document retention and destruction policy?	14		40.00
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		<u> </u>
	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?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)			
. 0	available for public inspection. Indicate how you make these available. Check all that apply.	on ity)		
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► LAURA BENSON 8403 COLESVILLE RD, SUITE 710, SILVER SPRING, MD 20	1e		
	organization: ► LAURA BENSON 8403 COLESVILLE RD, SUITE /IU, SILVER SPRING, MD 20	7710		
	301-562-0777			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

_					
	Check this box if the organization did not compensate ar		- 4:	ar frustaa	
- [. Check this boy if the organization did not combensale at	iv current office	i onecion	. Or ausiee.	

(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F) Estimated
Name and Title	Average hours per week	ndividual trustee P or director	nstitutional trustee		त्र Key employee	## Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BRAD ANDREWS							ĺ		_ [_
PAST CHAIR	2.00	Х		Х				0.	0.	0
TOM SCHMID		İ	ĺ							,
DIRECTOR	1.00	Х						0.	0.	. 0
JEFFREY P. BONNER										
CHAIR ELECT	2.00	Х		Х				0.	0.	. 0
KEVIN J. BELL										
CHAIR	2.00	Х		Х				0.	0.	. 0
JACKIE OGDEN										
DIRECTOR	1.00	Х		[0.	0	. 0
ROBERT WIESE										
DIRECTOR	1.00	Х						0.	. 0	0
KEITH WINSTEN										
DIRECTOR	1.00	Х						0.	0.	0
NORBERTO J. CASTRO										
DIRECTOR	1.00	Х						0 -	0	0
KARYN KEARNEY										
DIRECTOR	1.00	Х						0.	0	0
DENNIS E. PATE										•
DIRECTOR	1.00	Х						0.	0.	0
L. PATRICIA SIMMONS				ŀ					į	
VICE PRESIDENT	2.00	X		Х	,			0.	0	0
DEBORAH JENSEN										
DIRECTOR	1.00	Х						O.	0	0
JOHN FRAWLEY				\neg						
DIRECTOR	1.00	Х						0.	0	0
JAMES D. MADDY				T						
PRESIDENT & CEO	40.00			х				245,794.	0	81,484
LAURA BENSON				\top						,
SR. VP OF FINANCE & ADMIN	40.00			х				136,842.	0	18,925
KRISTIN L. VEHRS										
EXECUTIVE DIRECTOR	40.00		ľ		Х	j	_	185,869	0	19,449
	····									Form 990 (2009)

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Part VII Section A. Officers, Directors, Tr	T	y En	ple			and	Hig		T		
(A) Name and title	(B) Average	Doei	tion :		C)	that ap	nh A	(D) Reportable	(E Repor		(F) Estimated
Name and the	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compen from re organiz (W-2/109	sation elated ations	amount of other compensation from the organization and related organizations
PAUL J. BOYLE				-	_	Ä	_				
SR. VP OF CONSERVATION	40.00					Х		176,961.		ο.	25,551
STEVEN L. FELDMAN										_	
SR. VP OF COMMUNICATIONS JILL D. NICOLL	40.00					Х		162,451.		0.	26,103
SR VP MRKTING & CORP STRATEGY	30.00					х		134,570.		0.	13,390
JAY L. VESTAL VP OF SALES & MARKETING	40.00					Х		127,109.		[ه	12,875
STEVE G. OLSON	40.00						-	127,103.			12,070
VP OF GOVERNMENT AFFAIRS	40.00					Х		111,167.		0.	19,474
									·		
	-	·									
		·								į	
			Ť								
											<u> </u>
1b Total	ļ			1	!			1,280,763.	· -	- 0]	217,251
Total number of individuals (including but not I reportable compensation from the organization	imited to th		ste				re		\$100,000 i	in	
3 Did the organization list any former offic	or directo	r or	+	stoc		0 0	mni	lavos or highost	compone	eatod	Yes No
employee on line 1a? If "Yes," complete Schedu											3 X
4 For any individual listed on line 1a, is the the organization and related organizations	greater tha	an \$1	150	,000)?	lf "Ye	₹S, "	complete Schedu	ensation le J for	from such	77.5
individual	or accru	е со	mp	ensa	atio	n fro	m	any unrelated or	ganization	o for	4 X
services rendered to the organization? If "Yes," Section B. Independent Contractors	complete S	chedu	ıle J	for	suc	h per	son				5 X
Complete this table for your five highest compensation from the organization.	compensate	ed inc	dep	end	ent	contr	act	ors that received	more th	an \$100	0,000 of
(A)								(B)			(C)
Name and business address ATTACHMENT 3	ess							Description of serv	rices	. Co	mpensation
TITTACHIENT 3	ALLACIMENT 3										
******	.			•							•
2 Total number of independent contractors (in- more than \$100,000 in compensation from the				ited	to	those	e lis	sted above) who r	received		de angles de la de Self transport for parties Self transport de la des

	1 990 (Page 9
Pa	rt VII	Statement of Revenue			55-0526930		1
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ti si	1a	Federated campaigns 1a					
grants nounts	Ь	Membership dues 1b					Administration
S, g	6	Fundraising events 1c			经股票债务		
giffs, g	d	Related organizations 1d			100000000000000000000000000000000000000		
5, <u>E</u>	e	Government grants (contributions) 1e		are to see the second	Been all a		100
itio	f	All other contributions, gifts, grants,			1981 1981		
들축	-	and similar amounts not included above . 1f	1,796,223.		15-14-17-55		ale de la companya de la companya de la companya de la companya de la companya de la companya de la companya d
Contributions, and other simi	g	Noncash contributions included in lines 1a-1f: \$			design of the second		
	h	Total. Add lines 1a-1f		1,796,223.			A Maria
Jue			Business Code		es cuera a con		
γė	2a	ADVERTISING	541800	329,323.		307,809.	21,514
5	ь	ACCREDITATION FEES	900099	66,750.	66,750.		
vice	_ c	CONFERENCE FEES	900099	1,366,170.	1,366,170.		
Ser	ď	MEMBERSHIP DUES	900099	2,836,206.	2,836,206.		
Ę	e	PUBLICATION SALES	900099	11,680.	11,680.		
Program Service Revenue	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	>	4,610,129.	100		
	3	Investment income (including dividends, inter					
	ĺ	other similar amounts)		143,194.			143,194
	4	Income from investment of tax-exempt bond p	oroceeds 🕨	0.			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	. Þ	171,974.			171,974
		(i) Real	(ii) Personal				
	6a	Gross Rents					di sibuji base d
	ь	Less: rental expenses		5.55 (1.10)	selection of the selection		电影电影电影
	С	Rental income or (loss)					
	d	Net rental income or (loss).		0.			
_	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 3,454,915.					
	ь	Less: cost or other basis				accedite.	
		and sales expenses 3,378,737.		477.465	Apple of the 15		17 1 1 1 1
	С	Gain or (loss)	L	- -			
	d	Net gain or (loss)	·····	76,178.			76,178.
ne	8a	Gross income from fundraising					
ие/		events (not including \$				A SHIP OF THE	eth Colors of
Other Revenue		of contributions reported on line 1c).		经特别的 化铁	anger mali proper		电影动电话号
) L	_	See Part IV, line 18 a					
Ě		Less: direct expenses b Net income or (loss) from fundraising events .		0.			
0		·					,
	9 a	Gross income from gaming activities. See Part IV, line 19					
	h	Less: direct expenses b	I .				中部分表對
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less			and our sectors as	Branch Branch	李明 李明 4
		returns and allowances a		and the state of the state of		4000年1月1日日	
	ь	Less: cost of goods sold b	l l				
	C	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	11a	OTHER	900099	22,824.	22,824.		
	b					,	
ļ	С			,			
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶	22,824.		5 22 23 17 17	
	12	Total Revenue. See instructions		6,820,522.	4,303,630.	307,809.	412,860.
						Fo	m 990 (2009)

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	lete column (A) but ar	re not required to cor	npiete columns (B), (C), and (D).
	o not include amounts reported on lines 6b, , 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 governments and				
	organizations in the U.S. See Part IV, line 21	356,241.	356,241.		Assessment of the second
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	800.	800.		
3	Grants and other assistance to governments,			general constant	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.1			
4	Benefits paid to or for members	0.	-		
5	Compensation of current officers, directors,				
	trustees, and key employees	738,153.	452,922.	285,231.	
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
_		1,656,640.	1,487,701.	122,542.	46,397
7	Other salaries and wages		1,401,101.	122, 542.	40,391
8	Pension plan contributions (include section 401(k		121 054	11 76/	4 640
	and section 403(b) employer contributions)	148,250.	131,854.	11,756.	4,640
9	Other employee benefits	180,127.	167,805.	9,817.	
10	Payroll taxes	117,432.	104,889.	8,994.	3,549
11	Fees for services (non-employees):				
a	Management	0.			
b	Legal	141,933.	4,791.	137,142.	
¢	Accounting	37,860.	·	37,860.	
ď	Lobbying	0.			
e	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
g	Other	495,135.	493,555.	1,580.	
12	Advertising and promotion	0.			
13	Office expenses	511,582.	458,640.	51,903.	1,039
14	Information technology	79,190.	15,574.	63,616.	
15	Royalties.	0.1		·	
16	Occupancy	299,578.	249,793.	49,785.	
		170,601.	115,402.	55,199.	
17	Travel	270,0021	220, 102.	30,2371	
	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	989,641.	964,840.	24,801.	
19	Conferences, conventions, and meetings	0.	504,040.	24,001.	
20	Interest	0.			
21	Payments to affiliates	V - 1	67 00E	12.004	
	Depreciation, depletion, and amortization	79,899.	67,005.	12,894.	
	Insurance	37,999.	13,531.	24,468.	
	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
-	SPONSORSHIPS TO MEMBERS	189,727.	189,727.		•
	OVERHEAD ALLOCATION		168,689.	-169,702.	1,013.
-	ALLOCATION TO SUBSIDIARY	-4,257.		-4,257.	
ď.	INCOME TAXES	9,900.		9,900.	
e					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	6,236,431.	5,443,759.	733,529.	59,143.
26	Joint Costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	, == -,			
SA	sioning controlled in				Form 990 (2000)

Pa	ırt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments	3,366,412.	2	1,945,960.
	3	Pledges and grants receivable, net		3	464,837.
	4	Accounts receivable, net		4	255,646.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L	5		
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	and the second s
şt	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	119,272.	9	72,752.
	1	Land, buildings, and equipment: cost or 10a 610,100.			
	Iva	other basis. Complete Part VI of Schedule D			
		Least accumulated depreciation 488, 942.	170,365.	10c	121,158.
		Less: accumulated depreciation 10b 488,942. Investments - publicly traded securities 10b 488,942.	11	8,602,748.	
	11			12	-,,
	12	Investments - other securities. See Part IV, line 11	·	13	· · · · · · · · · · · · · · · · · · ·
	13	Investments - program-related. See Part IV, line 11		14	
	14	Intangible assets	105 210	15	302,078.
	15	Other assets. See Part IV, line 11	10 274 272	16	11,765,479.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	225 225		418,468.
	17	Accounts payable and accrued expenses		18	158,397.
	18	Grants payable		19	810,668.
	19	Deferred revenue ATCH 4.		20	010/0001
	20	Tax-exempt bond liabilities		21	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		Z 1	
ij	22	Payables to current and former officers, directors, trustees, key			
<u> </u>		employees, highest compensated employees, and disqualified		22	
_		persons. Complete Part II of Schedule L		23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties	150 000	25	716,225.
	25	Other liabilities. Complete Part X of Schedule D	1,743,361.		2,103,758.
	26	Total liabilities. Add lines 17 through 25	1,713,301.	20	LYIOSYIGGI
Fund Balances		Organizations that follow SFAS 117, check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			2.755.202
<u>a</u>	27	Unrestricted net assets		27	3,755,288.
Ba	28	Temporarily restricted net assets		28	5,906,433.
덛	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ř	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances		33	9,661,721.
_	34	Total liabilities and net assets/fund balances	10,374,973.	34	11,765,479.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			$B_{i} = \{ i \in I_i : i \in $
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3a	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN ASSOCIATION OF

Name of	the organizati	on AMERICAN	ASSOCIATION OF)				Employ		ation number
ZOOLOG			ARIUMS, INC.							26930
Part I	Reason f	or Public Char	ity Status (All organ	nizations r	nust comp	lete this	part.) Se	ee instru	ctions.	•
The orga		•	dation because it is: (_					
1 💹	A church, c	onvention of chu	ırches, or association	of churche	s described	in sectio	n 170(b)	(1)(A)(i).		
2	A school de	escribed in secti	on 170(b)(1)(A)(ii). (Ai	ttach Sche	dule E.)					
3			hospital service organ							
4	A medical	research organi	ization operated in co	onjunction	with a hos	spital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
		ame, city, and st								
5			or the benefit of a co	llege or ur	niversity ow	rned or a	perated	by a gov	ernmental	unit described in
_			omplete Part II.)							
6		_	vernment or governme							
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
			(1)(A)(vi). (Complete l							
8			d in section 170(b)(1)							
9 X			ally receives: (1) more							
			ated to its exempt fur							
			ment income and ur						511 tax)	from businesses
40 🖂		_	n after June 30, 1975.							
10			and operated exclusive and operated exclus							to corpy out the
11			ublicly supported org							
			at describes the type							
	a Typ	1			oe III - Fund					pe III - Other
e			ertify that the organiz					irectly b		
- Ш			ion managers and oth							
		r section 509(a)(• •	Ū		
f		• •	d a written determina	ation from	the IRS tha	atitisa	Type I, 1	Гуре II, с	r Type III	supporting
	_	n, check this box	· ·							
g			the organization acce	epted any o	ift or contr	ibution fro	m any of	the		
	following pe	rsons?							•	
	(i) A pers	on who directly	or indirectly controls	s, either al	one or tog	ether wit	h person	is descri	bed in (ii)	Yes No
			erning body of the sup		anization?					11g(i)
			erson described in (i) a							11g(ii)
		_	of a person described		-					11g(iii)
<u>h</u>		· ···	ation about the suppo			•		г	1	
(i) Name	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the	organization	(v) Did y	ou notify sization in		Is the	(vii) Amount of support
0,90	inzanon		above or IRC section		document?	col. (i)	of your	(i) organ	ized in the	
			(see instructions))	Yes	No	supp Yes	No.	Yes	S.?	
				103		103	110	100	"	
							,			
										-
				_						
		经制度销售	eti deleta autorialis						9.50	
Total		A Property								

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

Schedule A (Form 990 or 990-EZ) 2009

Sche	edule A (Form 990 or 990-EZ) 2009			55	-0526930_		Page 2
Pa	rt II Support Schedule for Or (Complete only if you chec	ganizations D ked the box or	escribed in a n line 5, 7, or	Sections 170(8 of Part l.)	b)(1)(A)(iv) a	nd 170(b)(1)(A	4)(vi)
Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					_	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each	10.00	Powers and	1000年6月9日	100000		
	person (other than a governmental unit or	e a la compa	A CONTRACTOR				
	publicly supported organization) included		LEAD FRANCISCO		1935 6 6 6 4		
	on line 1 that exceeds 2% of the amount	21225					
c	shown on line 11, column (f)				1.		
500	Public support. Subtract line 5 from line 4. tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4,	· · · ·				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	1 1					
12	Gross receipts from related activities, etc. (•••••	12	
13	First five years. If the Form 990 is a organization, check this box and stop here tion C. Computation of Public Sup	<u> </u>		nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
				11 column (f)		14	%
14 15	Public support percentage for 2009 (I Public support percentage from 2008						<u>%</u>
10 16a	331/3% support test - 2009. If the co	vrganization did	not check the	box on line 13	and line 14 is	331/3% or mor	
·va	this box and stop here. The organizati						▶□
Ь	331/3% support test - 2008. If the	organization did	not check a b	ox on line 13 o	or 16a, and line	15 is 331/3%	or more,
_	check this box and stop here. The org	anization qualific	es as a publicly	supported organ	nization		▶ 🔲
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me	eets the "facts-	-and-circumstan	ces" test, chec	k this box and	istop here. Ex	φlain in
	Part IV how the organization meets	the "facts-and-c	ircumstances" t	est. The organiz	zation qualifies	as a publicly su	ipported
	organization,	,					▶□
Ь	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the org	anization meets	the "facts-and	d-circumstances"	' test, check th	nis box and sto	p here.
	Explain in Part IV how the organzation						publicly
18	supported organization Private foundation. If the organization						▶ □ □ and see
-	instructions						
•						chedule A (Form 99	

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Part III

	-11 A D-1-11- O				·		
	ction A. Public Support	(-) DOOF	#3.000C	4-) 2007	(4) 2000	(a) 2000	(f) Total
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")	2,883,859.	3,763,885.	3,538,922.	4,281,465.	4,632,429.	19,100,560.
2	Gross receipts from admissions, merchandise				'		
	sold or services performed, or facilities				i		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	1,154,907.	1,556,964.	1,672,353.	1,567,189.	1,466,114.	7,417,527.
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					į	
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		·	-			_
6	Total. Add lines 1 through 5	4,038,766.	5,320,849.	5,211,275.	5,848,654.	6,098,543.	26,518,087.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		·				
þ	Amounts included on lines 2 and 3	-					
	received from other than disqualified persons that exceed the greater of			i			
	\$5,000 or 1% of the amount on line 13 for the year						
_	•						
8	Add lines 7a and 7b Public support (Subtract line 7c from						
٠	line 6.)						26,518,087.
202	tion B. Total Support						20,020,0071
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	. ,	4,038,766.	5,320,849.	5,211,275.	5,848,654.	6,098,543.	26,518,087.
9 10-	Amounts from line 6	4,030,700.	3,320,843.	3,211,213.	3,040,034.	0,000,040.	20,510,007.
ıva	payments received on securities loans,	Ī	İ				
	rents, royalties and income from similar						
	sources	221,331.	290,302.	315,479.	410,072.	315,168.	1,552,352.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
C	Add lines 10a and 10b	221,331.	290,302.	315,479.	410,072.	315,168.	1,552,352.
11	Net income from unrelated business]		
	activities not included in line 10b, whether or not the business is regularly	i					
	carried on	44,244.	45,576.	-850.	3,066.	47,387.	139,423.
12	Other income. Do not include gain or	1					
	loss from the sale of capital assets						
	(Explain in Part IV.)	450.	1,212.	446.	18,983.	22,824.	43,915.
13	Total support. (Add lines 9, 10c, 11,					i	
	and 12.)	4,304,791.	5,657,939.	5,526,350.	6,280,775.	6,483,922.	28,253,777.
14	First five years. If the Form 990 is for	the organization	s first, second,	third, fourth, or	fifth tax year as	a section 501(d	:)(3)
	organization, check this box and stop here.		<u> </u>				▶ │ │
Sec	tion C. Computation of Public Sup	port Percentag	ge				
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, colum	n (f))	 L	15	93.86%
16	Public support percentage from 2008 Sche	dule A, Part III, line	15		<i></i> . <i></i> . [16	94.95%
Sect	tion D. Computation of Investmen						
	Investment income percentage for 2009 (lir		_	3, column (f))		17	5.49%
18	Investment income percentage from 2008 S			* .* .		18	4.62%
	33 1/3% support tests - 2009. If the or					·	
	17 is not more than 33 1/3%, check th						
	33 1/3% support tests - 2008. If the orga						
	line 18 is not more than 331/3%, check						
	Private foundation. If the organization of						
SA SA				.,, ,00,		hedule A (Form 99	

SMM-00453

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

▶See separate instructions

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

	-	s," to Form 990, Part IV, line 5 (Proxy Torganizations: Complete Part III.	ax), then		
_		ICAN ASSOCIATION OF		Employer ident	ification number
	DLOGICAL PARKS AND			55-05	26930
		e organization is exempt unde	r section 501(c) o		
1 2 3	Provide a description of t Political expenditures Volunteer hours	he organization's direct and indirec	t political campaign	activities in Part IV ▶ \$	V (
		organization is exempt under			
1	Enter the amount of any	excise tax incurred by the organizat	ion under section 4	955	
2 3 4a b	If the organization incurre Was a correction made? If "Yes," describe in Part IV		n 4720 for this year	?	Yes No
Par		organization is exempt unde).
1 2 3 4 5	activities Enter the amount of the file 527 exempt function activities Total exempt function ex line 17b Did the filing organization Enter the names, addresse were made. For each organization received the second secon	expended by the filing organization. ling organization's funds contributed vities. penditures. Add lines 1 and 2. Enfile Form 1120-POL for this year? es and employer identification number an idea of the amount elived that were promptly and direction committee (PAC). If additional action committee (PAC).	d to other organization on Foundation of the term of t	ions for section substitute of the section is separate political organization orga	ions to which payments so enter the amount of tion, such as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			· :		

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

Schedule C (Form 990 or 990-EZ) 2009

JSA 9E1264 2.000

P	art II-A Complete if the organizati under section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	ction
		belongs to an affiliated group. n checked box A and "limited control" provis	ions apply.	
		bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a b	Total lobbying expenditures (add lines 1	0. 6,089. 6,089. 6,230,342.		
d e f	Other exempt purpose expenditures Total exempt purpose expenditures (ad Lobbying nontaxable amount. Enter the columns.	6,236,431.		
	If the amount on line 1e, column (a) or (b) is Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,600,000. \$1,000,000.		
g h		• •	115,456.	
j	If these is an amount other than zero or	n either line 1h or line 1i, did the organization file	Form 4720 reporting	Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
2 a Lobbying non-taxable amount	425,785.	499,010.	467,528.	461,822.	1,854,145.		
b Lobbying ceiling amount (150% of line 2a, column (e))					2,781,218.		
c Total lobbying expenditures	4,610.	6,535.	8,515.	6,089.	25,749.		
d Grassroots nontaxable amount	106,446.	124,753.	116,882.	115,456.	463,537.		
e Grassroots ceiling amount (150% of line 2d, column (e))					695,306.		
f Grassroots lobbying expenditures	0.	0.	0.	0.	0.		

Schedule C (Form 990 or 990-EZ) 2009

		(6	1)		(b)	
		Yes	No		Amo	unt	
r	During the year, did the filing organization attempt to influence foreign, national, state or local egislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						16 18 17 18 18 16 18 16
a \	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-					
	Mailings to mambers legislators or the public?	1 1					
	Publications, or published or broadcast statements?						
	Grants to other organizations for lobbying purposes?				-		
	Direct contact with legislators, their staffs, government officials, or a legislative body?						
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	Other activities? If "Yes," describe in Part IV						
j 7	Total. Add lines 1c through 1i	225500000000000000000000000000000000000					
2 a [Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	f "Yes," enter the amount of any tax incurred under section 4912						
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		_			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 50	l(c)(5)	, or s	ection	1		
	501(c)(6).					Yes	No
1 V	Vere substantially all (90% or more) dues received nondeductible by members?				1	1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		• • •		2		
	Did the organization agree to carryover lobbying and political expenditures from the prior year?			· · · · ·	3		
	III-B Complete if the organization is exempt under section 501(c)(4), section 50	(c)(5)	, or s	ectior	ļ		
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A	, line	3 is a	nswei	ed		
	"Yes."			 -			
	Oues, assessments and similar amounts from members			1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	politic	al				
	expenses for which the section 527(f) tax was paid).						
	Current year			2a			
	Carryover from last year	•.••		2b 2c			
	otal aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3	· · · · ·		
	inotices were sent and the amount on line 2c exceeds the amount on line 3, what portion		e				
	xcess does the organization agree to carryover to the reasonable estimate of nondeductible l						
	1 P0 1 P0		·	4			
	nd political expenditure next year? axable amount of lobbying and political expenditures (see instructions)			5			
Part I							

Schedule C (F	orm 990 or 990-EZ) 2009	55-0526930	Page 4
Part IV	Supplemental Information (continued)		
	·		
•			
	· · · · · · · · · · · · · · · · · · ·		
		•	
		·	
	·		
		•	
_ .			

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ASSOCIATION OF

Employer identification number 55-0526930

200	DEUGICAL PARKS AND AQUARIUMS, INC.		33-0320930
Pa	Organizations Maintaining Donor Adv the organization answered "Yes" to For	rised Funds or Other Similar Funds rm 990, Part IV, line 6.	or Accounts. Complete if
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		***
5	Did the organization inform all donors and donor a		n donor advised
-	funds are the organization's property, subject to the	ne organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant f	inds can be
-	used only for charitable purposes and not for the b		
	purpose conferring impermissible private benefit?		
Pa	Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recre	·	on of an historically important land area
	Protection of natural habitat		on of a certified historic structure
	Preservation of open space		The design of this construction
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the form of a conservation
_	easement on the last day of the tax year.	eld a qualified conservation contribution	THE HOTOLING CONSCITATION
	the state of the s		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified l		· · · · · · · · · · · · · · · · · · ·
d	Number of conservation easements included in (c)		
3	Number of conservation easements modified, trans		
J	the tax year	storred, released, extinguished, or term	minated by the organization defing
4	Number of states where property subject to conse	nyation easement is located	
- 5	Does the organization have a written policy regardi		
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in		-
•	Land volunteer nours devoted to mornioring, in	pocung, and chiording conscitation c	addition to during the year
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easen	nents during the year
•	S	ang, and emoreing conservation cases	nonto daring the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section
•	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	•	1 1 1
9	In Part XIV, describe how the organization reports		
•	balance sheet, and include, if applicable, the text of		
	the organization's accounting for conservation ease		, joint statements that designs of
Par			ner Similar Assets.
	Complete if the organization answered		
1 a	If the organization elected, as permitted under SI	FAS 116 not to report in its revenue	statement and halance sheet works of
ı u	art, historical treasures, or other similar assets help	d for public exhibition, education, or r	esearch in furtherance of public service,
	provide, in Part XIV, the text of the footnote to its fir	·	
þ	If the organization elected, as permitted under Si	FAS 116, to report in its revenue sta	tement and balance sheet works of art,
	historical treasures, or other similar assets held the following amounts relating to the self-or item.		search in furtherance of public service,
	provide the following amounts relating to these item (i) Revenues included in Form 990, Part VIII, line 1		▶ €
	(ii) Assets included in Form 990, Part X		► ¢
2			
2	If the organization received or held works of art		ii assets tot iiriancial gain, provide the
	following amounts required to be reported under SF		▶ €
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<i></i>	····· ▶ \$

Pa	rt III Organizations Mainta	ining Coll	ections	of Art, F	listorica	I Treasure	s, or	Other Similar	Assets ('continued)	1
3	Using the organization's acquis		sion, and	other red	cords, ch	eck any of th	ne fol	lowing that are a	significa	nt use of its	
	collection items (check all that a	apply):									
а				d			chang	ge programs			
b				е		Other					
C											
4	Provide a description of the org	anization's	collections	s and exp	plain how	they further	the d	organization's ex	empt pur	rpose in	
	Part XIV.					•					
5	During the year, did the organiz										
	assets to be sold to raise funds									Yes	No
Pai	rt IV Escrow and Custodia	l Arranger	nents. C	omplet	e if the c	rganization	ans	wered "Yes" to	Form 99	90, Part	
	IV, line 9, or reported	an amour	nt on For	m 990,	Part X, Ii	ne 21.					
										•	
1a	Is the organization an agent, tru	stee, custoo	dian or ot	her interi	mediary f	or contributi	ons o	r other assets no	ot		
	included on Form 990, Part X?.								[Yes	No
Ь											_
	, ,			•			<u> </u>	A	Amount		
c	Beginning balance						1 c	·			
d	Additions during the year						-				
-	Distributions during the year										
f	Ending balance										
2 2	Did the organization include an									Yes	No
	If "Yes," explain the arrangemen			, . a.c.,	, 2				[
	rt V- Endowment Funds. C			ation ar	swered	"Yes" to Fo	rm 9	90 Part IV line	- 10		
r a	Lindowinent i dilds. C		rent Year		rior year	(c) Two ye				(e) Four year	ırs back
1a	Beginning of year balance			(2).	nor your	(0) (1110)		(-)			11
h	Contributions	<u> </u>					<u> </u>				
C		•		-							
·	and losses										
а	Grants or scholarships			-							
u	Other expenditures for facilities					1				7.0	
e	and programs	i				6.5 5.5		Market State			
								100			
T	Administrative expenses			<u> </u>							
9	End of year balance.									<u> </u>	
2	Provide the estimated percentage	-	ar end ba		a as:						
	Board designated or quasi-endo			%							
	Permanent endowment >	%									
	Term endowment ▶	<u></u> %				41 . . 1.					
3 a	Are there endowment funds not	in the poss	ession of	tne orga	anization	that are new	ana c	administered for	ine	Va	- N-
	organization by:									Yes	S No
	(i) unrelated organizations									3a(i)	+
	(ii) related organizations			• • • • •						3a(ii) 3b	
b	If "Yes" to 3a(ii), are the related									30	Ш
4	Describe in Part XIV the intende						137.1	. 40			
Par	rt VI Investments - Land, B	uildings, a	· ·					~1	-		
	Description of investment			or other ba	sis (I	b) Cost or other basis (other)		(c) Accumulated depreciation		d) Book value	
1a	Land										
b	Buildings										
C	Leasehold improvements										
d	Equipment					610,10	001	488,942.		121,	158.
	Other			- -							
	i. Add lines 1a through 1e. (Colur		t equal Fo	rm 990, I	Part X, co	lumn (B), line	9 10(0	:).) ▶		121,	158.
									C-L-J	ula D (Carro O	00/ 2000

Part VII	Investments - Other Securities. See	Form 990, Part X, Iir	ne 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial of	derivatives		
	eld equity interests		
		•	
		1 - 1 - · · ·	
	······································		
	~~~~~~~~~~~		<del></del>
		- 📙	
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	
Part VIII	Investments - Program Related. See	Form 990, Part X, III	
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
		<u> </u>	
Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X,	line 15	
raitiA		a) Description	(b) Book value
		a) Description	(b) Book value
<del> </del>			<u> </u>
	,		
	· · · · · · · · · · · · · · · · · · ·		
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>
Part X	Other Liabilities. See Form 990, Part	X, line 25	
1. ,	(a) Description of liability	(b) Amount	
Federal inc	come taxes		and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o
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OTHER A	CCRUED BENEFITS	9,965	
ACCRUED		156,439	
	ENT IN SUBSIDIARY	270,383	
	IABILITIES	73,040	
OTHER P	TENTITION	10,040	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
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			was and the control of the property of the control of the property of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control
			election and was child particles a provide a constant
			and the first of the second of the second of the second of
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 25.)	716,225	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

55-0526930

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial States	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,820,522
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,236,431
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	584,091
4	Net unrealized gains (losses) on investments	4	599,993
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	150 075
8	Other (Describe in Part XIV.)	8	-153,975
9	Total adjustments (net). Add lines 4 through 8	9	446,018
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,030,109
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	1 1	7,420,515
1	Total revenue, gains, and other support per audited financial statements	1	7,420,313
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments  2a 599, 93	33	
a	Trot directing game on invocational and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	73.	
b	Donated services and use of facilities		
C	Recoveries of prior year grants 2c		
ď	Other (Describe in Part XIV.)	2e	599,993
e	Add lines 2a through 2d	3	6,820,522
3	Subtract line 2e from line 1		0,020,022
4	Investment expenses not included on Form 990, Part VIII, line 7b		
a			
b		4c	
5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	· ·	6,820,522
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		
1	Total expenses and losses per audited financial statements	1	6,390,406
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
– a	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
С	Other losses 2c		
ď	Other (Describe in Part XIV.)	75.	
е	Add lines 2a through 2d	2e	153,975.
3	Subtract line 2e from line 1	3	6,236,431.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		•
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	. 5	6,236,431.
Part	XIV Supplemental Information		
and 2b this pa	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa ; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Al rt to provide any additional information.  PAGE 5	so complete	) 

### Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

PART X, LINE 2

TAX YEARS PRIOR TO 2006 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS AND THE STATE OF MARYLAND.

OTHER ADJUSTMENTS

PART XI, LINE 8

NET LOSS OF SUBSIDIARY INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS.

OTHER ADJUSTMENTS

PART XIII, LINE 2D

EXPENSES OF SUBSIDIARY INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS.

# SCHEDULE (Form 990)

Department of the Treasury

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

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

20 <b>09</b>
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Inspection

► Attach to Form 990. AMERICAN ASSOCIATION

Employer identification number 55-0526930

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? Part | General Information on Grants and Assistance ZOOLOGICAL PARKS AND AQUARIUMS, INC. Name of the organization

≗ T Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part

(h) Purpose of grant or assistance CONSERVATION CONSERVATION CONSERVATION CONSERVATION CONSERVATION CONSERVATION CONSERVATION CONSERVATION (g) Description of non-cash assistance N/A ď/A I/A Ä, I/A N/A 4/A (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . . . . . . . . . . . . . 19,600. 22,143, 62,960. 25,600. 16,995. 22,130 22,524 131,952 (c) IRC section if applicable 501(C)(3) 501 (C) (3) 501(C)(3) 501(C)(3) 501(C)(3) 501(0)(3) 501(0)(3) 501(C)(3) 34-4440256 43-1727309 36-2512404 93-0718337 84-0407039 84-0502539 42-1661145 31-4390844 (P) EIN 4520 CHEYENNE RD COLORADO SPRINGS, CO 80906 ONE GOVERNMENT DRIVE ST. LOUIS, MO 63110 4001 SW CANYON ROAD PORTLAND, OR 97221 894 W BELMONT AVENUE FRESNO, CA 93728 (a) Name and address of organization or government 2300 STEELE STREET DENVER, CO 80205 CHEYENNE MOUNTAIN ZOOLOGICAL PARK P.O. BOX 140130 TOLEDO, OH 43614 P.O. BOX 14903 CHICAGO, IL 60614 P.O. BOX 400 POWELL, OH 43065 TOLEDO ZOOLOGICAL GARDENS FRESNO CHAFFEE ZOO COLUMBUS ZOO & AQUARIUM OREGON ZOO FOUNDATION LINCOLN PARK ZOO DENVER 200

2 Enter total number of section 501(c)(3) and government organizations	3 Enter total number of other organizations	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------------------------------------------------

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Schedule I (Form 990) 2009

CONSERVATION

K/N

16,445.

501(C)(3)

47-0469782

3701 SOUTH 10TH STREET OMAHA, NE 68107

OMAHA'S HENRY DOORLY ZOO

Schedule 1 (	Schedule 1 (Form 990) 2009			55-0526930			Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed		he United States inal space is nee	s. Complete if the ded.	e organization answered	in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Jitional space is needed.	l .
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
							:
Part IV	Supplemental Information. Complete this pa	ete this part to	o provide the inf	ormation require	d in Part I, line 2, and an	rt to provide the information required in Part I, line 2, and any other additional information.	
PROCEDURES	URES FOR MONITORING USE OF	GRANTS					
PART I	PART I, LINE 2						
GRANT	GRANT APPLICATIONS ARE REVIEWED B	BY A SCIENTIFIC	IFIC ADVISORY	RY COMMITTEE AND	AND		
FUNDIN	FUNDING RECOMMENDATIONS ARE APPROVED	VED BY THE	AAZPA BOARD	D OF DIRECTORS	ss.		1
ASSOCI	ASSOCIATION STAFF ARE RESPONSIBLE	FOR O	IGHT OF THE	GRANT AND			
REPORTING	ING PROCESS.	! ! ! ! ! !					
						Schedule I (Form 990) 2005	990) 2006

## (Form 990)

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

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

AMERICAN ASSOCIATION OF

ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number 55-0526930

Par	t I Questions Regarding Compensation				
		- 14		Yes	No
1a	Check the appropriate box(es) if the organization prov	•			
	990, Part VII, Section A, line 1a. Complete Part III to p	provide any relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the orgar or reimbursement or provision of all of the expenses de explain	nization follow a written policy regarding payment escribed above? If "No," complete Part III to	1ь		
2	Did the organization require substantiation prior to rein	abursing or allowing expenses incurred by all	1.2		
_		rector, regarding the items checked in line 1a?	2	,	
	Times, and siere, tradiced, and the BEO, Executive E	restor, regulating the herite shocked in the care,		100	
3	Indicate which, if any, of the following the organization	uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that a	pply.			
	X Compensation committee	Written employment contract			
	independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Parorganization or a related organization:	rt VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control payr		4a		Х
b		al nonqualified retirement plan?	4ь	Х	
C	Participate in, or receive payment from, an equity-base		4c		Χ
	If "Yes" to any of lines 4a-c, list the persons and prov	ide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations me	ust complete lines 5-9			
5	For persons listed in Form 990, Part VII, Section A, line				
	compensation contingent on the revenues of:	ta, ala ale elgameanen pay el acordo any			
а			5a	DESCRIPTION OF THE PERSON NAMED IN	X
b	Any related organization?		5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line	e 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:				
а	The organization?	,	6a		X
b	Any related organization?		6b		Χ
	If "Yes" to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line				
	payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and 6 and		7	ightharpoonup	_X
8	Were any amounts reported in Form 990, Part VII, paid			-	
	subject to the initial contract exception described in Re				v
_	in Part III		8	$\dashv$	<u> </u>
9	If "Yes" to line 8, did the organization also follow the rel	· · · · · · · · · · · · · · · · · · ·			
	Regulations section 53.4958-6(c)?		9	- 1	

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

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown of W-2 and		/or 1099-MISC compensation	7.0000000000000000000000000000000000000			
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(a) Nonaxable benefits	( <b>F</b> ) fotal of countins (B)(I)-(D)	(r) Compensation reported in prior Form 990 or Form 990-EZ
	245,794	0	0	73,000.	8,484.	327,278.	0.
JAMES D. MADDY (II)			0	0	0.	1	.0
	136,84	0	0	13,902.	5,023.	155,767.	0
LAURA BENSON (II)			0	0	,0	i	0
	185,86	0	0	18,62	827.	205,318.	0.
KRISTIN L. VEHRS (n)				0	0	1	.0
	176,	0	0	18,025.	7,526.	202,512.	0.
PAUL J. BOYLE (ii)	0.		0	0	0		0
	162,45		0		8,374.	188,554.	0.
STEVEN L. FELDMAN (II)	0		.0.	0	0	1	0.
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(ii)			 				
<u> </u>							
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·						Sche	Schedule J (Form 990) 2009

JSA

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Schedule J (Form 990) 2009	55-0526930	K. expQ
Part III Supplemental Information		ט ט ס ס
Complete this part to provide the information, explanation, or for any additional information.	descriptions required for Part I, lines 1a,	1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part
PARTICIPATION IN NONQUALIFIED	PLAN	
PART I, LINE 4B		
JAMES D. MADDY PARTICIPATED IN	N THE 457E PLAN, TO WHICH THE ASSOCIATION	
CONTRIBUTED \$50,000 FOR HIM.		
ASU		Schedule J (Form 990) 2009
9E1282 1.000 5YN2JD M151 7/12/2011 10:	10:06:51 AM V 09-9.4 SMM-00453	PAGE 40

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Employer identification number

55-0526930

AMERICAN ASSOCIATION OF

ZOOLOGICAL PARKS AND AQUARIUMS, INC.

ATTACHMENT 1

DOING BUSINESS AS

PAGE 1, BOX C

THE AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS & AQUARIUMS, INC., D/B/A: 1.

ASSOCIATION OF ZOOS & AQUARIUMS 2. AZA

MEMBERS OF ORGANIZATION

PART VI, LINE 6

THE ORGANIZATION HAS MEMBERS AS SET FORTH IN ARTICLE VI OF THE BYLAWS.

MEMBER RIGHTS TO ELECT MEMBERS OF THE GOVERNING BODY

PART VI, LINE 7A

THE MEMBERSHIP ELECTS ON AN ANNUAL BASIS, THE GOVERNING BODY PURSUANT TO ARTICLE IV, SECTION 2 OF THE BYLAWS.

DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL

PART VI, LINE 7B

MEMBERS HAVE VOTING RIGHTS WITH RESPECT TO AMENDMENTS OF THE

ORGANIZATION'S GOVERNING DOCUMENTS AND OTHER MAJOR DECISIONS (SUCH AS

DISSOLUTION OR MERGER DECISIONS) PURSUANT TO ARTICLE IX OF THE BYLAWS.

GOVERNING BOARD REVIEW OF FORM 990

PART VI, LINE 11A

THE 990 IS PREPARED BY AN INDEPENDENT AUDIT FIRM IN CONJUCTION WITH THE

AAZPA SR. VICE PRESIDENT OF FINANCE. THE DRAFT FORM 990 IS REVIEWED BY

Employer identification number 55-0526930

ATTACHMENT 1 (CONT'D)

LEGAL COUNSEL, CEO, AND EXECUTIVE DIRECTOR. THE DRAFT IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS.

CONFLICT OF INTEREST POLICY

PART VI, LINE 12C

THE ORGANIZATION'S HISTORIC PRACTICE HAS BEEN FOR MEMBERS OF THE BOARD OF DIRECTORS TO SIGN AN ACKNOWLEDGMENT OF THE CONFLICT OF INTEREST POLICY UPON COMMENCEMENT OF THEIR TERM ON THE BOARD, AND THEREAFTER FOR ANY BOARD MEMBERS WITH A CONFLICT OR POTENTIAL CONFLICT TO TIMELY DISCLOSE THIS AND NOT PARTICIPATE OR DELIBERATE ON ANY SUCH MATTER. THE ORGANIZATION ASKS OFFICERS AND KEY EMPLOYEES TO SIMILARLY ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE ASKED TO SIGN AN ANNUAL STATEMENT REITERATING SUCH ACKNOWLEDGMENT AND DISCLOSING ANY CONFLICTS OR POTENTIAL CONFLICTS

COMPENSATION OF TOP MANAGEMENT OFFICIALS

PART VI, LINE 15A

THE AZA COMPENSATION COMMITTEE IS COMPRISED OF THE BOARD CHAIR, BOARD VICE CHAIR, PAST CHAIR AND CHAIR ELECT. ON AT LEAST AN ANNUAL BASIS, THIS GROUP REVIEWS COMPENSATION MATTERS REGARDING THE AAPZA PRESIDENT AND CEO, SR. VP OF FINANCE AND ADMINISTRATION AND EXECUTIVE DIRECTOR. THE COMMITTEE REVIEWS CURRENT COMPENSATION, COMPARABILITY DATA AND PERFORMANCE. COMPENSATION CHANGES ARE REPORTED TO THE PRESIDENT AND CEO. THE BOARD CHAIR IS RESPONSIBLE FOR PROVIDING WRITTEN AUTHORIZATION TO THE AZA SR. VP OF FINANCE AND ADMINISTRATION FOR IMPLEMENTATION OF ANY COMPENSATION CHANGE FOR THAT POSITION. THIS PROCESS WAS LAST UPDATED IN

AMERICAN ASSOCIATION OF Name of the organization ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number 55-0526930 ATTACHMENT 1 (CONT'D)

2010.

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND ON REQUEST. THE CONFLICT OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST. REQUESTS FOR THE FINANCIAL STATEMENTS ARE CONSIDERED ON A CASE BY CASE BASIS.

FORM 990, PART III, LINE	4D - OTHER	PROGRAM SERVICES	ATTACHI	MENT 2
DESCRIPTION		GRANTS	EXPENSES	REVENUE
ACCREDITATION & MEMBERSE	IIP	0.	500,651.	2902956.
GOVERNMENT AFFAIRS		1,000.	582,281.	609,401.
Т	OTALS	1,000.	1082932.	3,512,357.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	ATTACHMEN PAID IND. CONTRACTORS	NT 3
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MASTER PRINT 8401 TERMINAL ROAD NEWINGTON, VA 22122	PRINTER	133,848.
BENEFIT MALL P.O. BOX 630957 BALTIMORE, MD 21263-0957	HEALTH INSURANCE	162,772.
METRO EXPOSITION RECREATION CO. P.O. BOX 2746 PORTLAND, OR 97208	CATERING SERVICES	139,532.
THE BERNDT GROUP	WEBSITE SERVICES	134,512.

Name of the organization AMERICAN ASSOCIATION OF ZOOLOGICAL PARKS AND AQUARIUMS, INC.

Employer identification number 55-0526930

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

3618 FALLS ROAD, SUITE 300 BALTIMORE, MD 21211

CLYDE PEELINGS REPTILAND 18628 US ROUTE 15 ALLENWOOD, PA 17810 EXHIBIT DEVELOPER

145,931.

140,001

TOTAL COMPENSATION

716,595.

ATTACHMENT 4

### FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED MEMBERSHIP DUES	696,956.	720,293.
DEFERRED ADVERTISING REVENUE	23,046.	22,610.
DEFERRED REGISTRATION REVENUE	63,965.	67,570.
DEFERRED OTHER	0.	195.
TOTALS	783,967.	810,668.

# SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. See separate instructions, Attach to Form 990.

Schedule R (Form 990) 2009 (f)
Direct controlling
entity (f) Direct controlling entity Employer identification number 55-0526930 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because had one or more related tax-exempt organizations during the tax year.) (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets (d) Exempt Code section (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity 딩 AMERICAN ASSOCIATION ZOOLOGICAL PARKS AND AQUARIUMS, INC Name of the organization Part II Part I

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(j) General or managing Yes No (h) Percentage 100.0000 partner? ownership (i)
Code V-UBI
amount in box 20 of
Schedule K-1
(Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (g) Share of end-of-year assets o. Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (h) Disproportente Yes No (f) Share of total income -153,975 (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income ပ because it had one or more related organizations treated as a partnership during the tax year. (d) Direct controlling entity AAZPA Predominant income (related, unrelated, exciuded from (ax under sections sections) (c)
Legal domicile
(state or
foreign county) H DIGITAL ED. MEDIA (d) Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign 80-0514891 STE 710 SILVER SPRING, MD 20910 (a) Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization COLESVILLE ROAD, ANIMALS, INC. Part III Part IV 8403

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Schedule R (Form 990) 2009

Schedula R (Form 990) 2009

Χes (c) Amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. T E 4 P 9 **1**p Purchase of assets from other organization(s)...................... Performance of services or membership or fundraising solicitations for other organization(s) Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) (b)
Transaction
type (a-r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Щ Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity......... Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. (a)
Name of other organization Other transfer of cash or property from other organization(s), ANIMALS, INC. Part V (1) E c <u>,_ ×</u> _ 0 0 ಡ Ω U ರ

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Schedule R (Form 990) 2009

# Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

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(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V.UBI amount in bax 20 of Schedule K-1	(h) General or managing partner?
			Yes No		Yes No	(Form 1055)	Yes No
				:			
					ī	Schedule R (Form 990) 2009	m 990) 2009

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