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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public

AF	or th	e 201	3 calendar year, or tax year begin	ining , 20	13, and endi	ng			, 20
R a	neck if ap	nlicable:	C Name of organization				D Employer ide		on number
<b>D</b> 0	_		INDIANAPOLIS ZOOLOGICA	AL SOCIETY, INC.			35-1074	747	
	Addre chang		Doing Business As						
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone nu	mber	
	Initial	return	1200 WEST WASHINGTON S	STREET			(317) 630	-516	5
	Termi	nated	City or town, state or province, country, a	and ZIP or foreign postal code					
	Amen return		INDIANAPOLIS, IN 46222	2			<b>G</b> Gross receipts	s \$	67,169,855.
	Applic pendi		F Name and address of principal officer:	MIKE CROWTHER			H(a) Is this a group subordinates?		Yes X No
	-		1200 WEST WASHINGTON S	STREET INDIANAPOLIS,	IN 46222		H(b) Are all subordin		d? Yes No
I	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(	1) or 52	27	If "No," attach	a list. (se	e instructions)
J	Websi	te: 🕨	WWW.INDYZOO.COM				H(c) Group exemp	tion numbe	er 🕨
K	Form o	of organ	nization: X Corporation Trust	Association Other >	L Year o	of format	ion: 1944 <b>M</b> 8	State of le	egal domicile: IN
Pá	art I	Sui	mmary						
	1	Briefly	y describe the organization's mission or	r most significant activities: THE	INDIANAPO	DLIS	ZOOLOGICAI	SOC	IETY WILL
e		EMP	OWER PEOPLE AND COMMUNIT	CIES, BOTH LOCALLY AN	D GLOBALI	ΔΥ, Τ	O ADVANCE		
ă		ANI	MAL CONVERSATION.						
/err	2	Check	k this box ▶ if the organization di	scontinued its operations or dispo	osed of more th	 an 25%	of its net assets		
Governance	3	Numb	per of voting members of the governing	body (Part VI, line 1a)				3	38.
			per of independent voting members of t					4	38.
Activities &			number of individuals employed in cale					5	449.
ξi			number of volunteers (estimate if necess					6	456.
Ä			unrelated business revenue from Part V	**				7a	0
			nrelated business taxable income from I					7b	0
						T	Prior Year		Current Year
_	8	Contri	ibutions and grants (Part VIII, line 1h)				13,790,50	1.	10,073,264.
nue			am service revenue (Part VIII, line 2g)			_	15,529,923	_	16,723,143.
Revenue	10	Invest	tment income (Part VIII, column (A), line	es 3, 4, and 7d)			5,154,833	_	4,572,639.
ď			revenue (Part VIII, column (A), lines 5,				556,35	_	1,014,831.
			revenue - add lines 8 through 11 (must				35,031,60	_	32,383,877.
			s and similar amounts paid (Part IX, colu				282,719	_	118,585.
			fits paid to or for members (Part IX, colu				202771	0	110,303.
			es, other compensation, employee bene				12,786,313		13,289,075.
Expenses			ssional fundraising fees (Part IX, column		38,75	_	23,597.		
ber	h	Total	fundraising expenses (Part IX, column (I		30,73		23,337.		
ŭ			expenses (Part IX, column (A), lines 11				12,494,198	3	12,761,928.
			expenses. Add lines 13-17 (must equal				25,601,984	_	26,193,185.
	19		nue less expenses. Subtract line 18 from				9,429,623		6,190,692.
- S		Kevei	Tue less expenses. Subtract line to from	Tillie 12			ning of Current Ye		End of Year
Net Assets or Fund Balances	20	Total	accets (Part V. line 16)			F-	32,939,179		142,626,913.
Asse	21		assets (Part X, line 16) liabilities (Part X, line 26)				4,021,149		7,809,055.
met/	22		ssets or fund balances. Subtract line 21	from line 20		1	28,918,030		134,817,858.
	rt II		gnature Block	Hom line 20			20,510,030	<u> </u>	131,017,030.
			of perjury, I declare that I have examined this	s return including accompanying sch	edules and state	ments a	and to the hest of	my knov	vledge and helief it is
true	, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all information of	which preparer ha	as any kr	nowledge.	illy Kilov	vicage and belief, it is
Sig	n		Signature of officer				l Date		
Hei		'	MADONNA WAGNER	TID C		סק			
			Type or print name and title	VP &	CONTROLLE	7.K			
			Type or print name and title  (Type preparer's name	Preparer's signature	Date		I I I	; PTIN	
Paic			· · ·		Date			"	
Pre	oarer		OLE B FISHBACK			1	self-employe		01279475
Use	Only	_	s name ►BKD, LLP	EDDEE TABLETTE	TAT 46004		Firm's EIN ▶ 4		
N / -	4h - 11		s address >201 N. ILLINOIS S		IN 46204		Phone no. 3.		3.4000
			scuss this return with the preparer show	, , , , , , , , , , , , , , , , , , , ,			<del></del>	<u> L</u>	X Yes No
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.					Form <b>990</b> (2013)

Form 8868 (Rev. 1-2014) Page 2 Х • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box . . . . . . Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part II Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. 35-1074747 print Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. File by the 1200 WEST WASHINGTON STREET due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions INDIANAPOLIS, IN 46222 Enter the Return code for the return that this application is for (file a separate application for each return) 0 1 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ►<sub>MADONNA</sub> WAGNER, 1200 W WASHINGTON ST INDIANAPOLIS, IN 46222 630-5165 Telephone No. ► 317 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is and attach a list with the names and EINs of all members the extension is for. 11/15,2014. I request an additional 3-month extension of time until 5 For calendar year 2013, or other tax year beginning , 20 , and ending 20 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b | \$ 0 c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c |\$ 0 Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature >

Form **8868** (Rev. 1-2014)

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Title >

Date >

## Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box Х If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 35-1074747 INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 1200 WEST WASHINGTON STREET filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions INDIANAPOLIS, IN 46222 Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 0.3 Form 4720 (other than individual) 0.9 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 • The books are in the care of ▶ MADONNA WAGNER Telephone No. ▶ 317 630-5165 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 08/15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X | calendar year 20 13 or tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

Pa		f Program Service A	Accomplishments response or note to any line in this Part		
1	Briefly describe the or		<u> </u>	<u></u>	
	•	•	SOCIETY WILL EMPOWER PEOPL	E AND	
			D GLOBALLY, TO ADVANCE ANII		
	CONSERVATION.		·		
2	Did the organization	undertake any signi	ficant program services during the yea	ar which were not listed on	the
	If "Yes," describe thes	e new services on S	schedule O.		— —
3			, or make significant changes in h	ow it conducts, any prod	ram
Ĭ					
	If "Yes," describe thes				
4			rvice accomplishments for each of it	s three largest program se	rvices, as measured by
			(4) organizations are required to repo		
			r each program service reported.	S	
	,				
4a	(Code: )	(Expenses \$ 22	028,861. including grants of \$	110 506 ) (Revenue \$	16 722 142
			TING A WORLD-CLASS INSTITUT		10,723,143.
			AND VISITOR POPULATIONS FRO		
			F INDIANAPOLIS' FOREMOST A		
			OF KNOWLEDGE AND IDEAS AS		
	AND INTERNATION	IAL RESOURCE F	OR RESEARCH AND CONSERVATION	JN.	
4b	(Code: )	(Expenses \$	including grants of \$	) (Revenue \$	)
	·			····	
4c	(Code:)	(Expenses \$	including grants of \$	) (Revenue \$	)
4 -	Other present as a large	oo (Doogrille a lie Calle	adula O )		
4d	Other program service	·		Φ.	
_	(Expenses \$	including gr		<b>Description</b>	
4e	Total program service	e expenses 🕨	23,028,861.		

 

 4e Total program service expenses ►
 23,028,861.

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#### Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, 5 Χ 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ 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," 8 Χ 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a complete Schedule D, Part VI b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 Χ 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 X 11d Χ 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 Χ 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Χ the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . . . . . . . . Χ Χ 14 a Did the organization maintain an office, employees, or agents outside of the United States?.............. b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV....... 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X Χ 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

#### Part IV Checklist of Required Schedules (continued) No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Χ 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States Χ 22 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 Χ 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 24a Χ 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Χ 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . . . . b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b Χ 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 Χ 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 30 Χ conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Χ 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 related organization? If "Yes," complete Schedule R, Part V, line 2 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..... Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

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## Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 113 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0 c Did the organization comply 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 2a 449 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).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b  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 TD 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? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b C If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b  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? 7a 2  b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Organization solicit on the formanical depa		Check if Schedule O contains a response of note to any line in this Part V	<u> </u>		
b Enter the number of Forms W-2G included in line 1s. Enter-0- if not applicable.  c Did the organization compty 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, field for the calendar year ending with or within the year covered by this ratur.  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, field for the calendar year ending with or within the year covered by this ratur.  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  2b If a least one is reported on line 2a, did the organization file all required feddraf employment tax returns?  Note. If the sum of lines 1s 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 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization is an explaint in a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxeble party notify the organization that it was or is a party to a prohibited stax shelter transaction?  5c If Yes, 'to line 5a or 5b, did 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 that it was row is a party to a prohibited tax shelter transaction?  5d Did the organization sellician include with every solicitation an express statement that such contributions or gifts were not tax deductibl				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Er	nter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply 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  2a 1419  b if at least one is reported on line 2a, did the organization life 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 and 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; or other financial account; or other financial account; or other financial accounts.  5b Was 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 as charitable contributions?  6c If "Yes" of line 5a or 5b, 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).  8 Dif the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  9 Dif the organization experiments, directly or indirectly, to pay premiums on a personal benefit contract?  7 Diff the organization received a contribution of qualified intellectual property, did the organization file payor?  9 If the organization received a contribution of qualified intellectual property, did the organization file payments and services provided of the payor?  9 Sponsoring organizations maintaining donor advi	Er	nter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
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Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand			9b		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand		- · · · · · · · · · · · · · · · · · · ·			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  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?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  13b  Enter the amount of reserves on hand					
Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  13b  13c					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  11a  11a  11b  12a  12a  13a  13a  13a  13b  13b  13b  13b		1 7			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
against amounts due or received from them.)  a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand					
a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c					
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c	ag	gainst amounts due or received from them.)			
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b	Se		12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c	lf '	"Yes," enter the amount of tax-exempt interest received or accrued during the year			
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c	Se	ection 501(c)(29) qualified nonprofit health insurance issuers.			
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c	ls	the organization licensed to issue qualified health plans in more than one state?	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c		- · · · · · · · · · · · · · · · · · · ·			
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c		- · · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand					
· · · · · · · · · · · · · · · · · · ·					
a Did the organization receive any payments for indoor tanning services during the tax year?	D. ⊏L		140		Х
I If IVes II has it filed a Form 700 to report these manufactor If IINts II mustiful an appropriate to October 1 to Octobe					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   14b	IT '	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
Form <b>99</b> 0 1.000 93272J D310			Form		(2013 AGE

Form 990 (2013) Page **6** 

Sect	tion 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 1a 38	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 38	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		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		X
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	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		X
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			
	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	
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	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e <i>.)</i>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
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	,			
	with a taxable entity during the year?	16a		Х
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			
01	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 ▶_IN,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.  Other (cyrlein in Schodule O)			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, 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 torganization: MADONNA WAGNER 1200 W WASHINGTON ST INDIANAPOLIS, IN 46222 317-630-5165	he		

Form **990** (2013)

93272J D310

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

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

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

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 related organization compensated any current officer, director, or trustee.

<b>(A)</b> Name and Title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)FRANK HANCOCK	1.00									
TRUSTEE		Х						0	0	0
(2)DAYTON MOLENDORP TRUSTEE	1.00	Х						C	0	0
(3)DANIEL APPEL	1.00									
CHAIRMAN		Х		Х				0	0	0
	1.00	X						C	0	0
(5)MICHAEL BOSWAY	1.00									
VICE PRESIDENT		Х		Х				0	0	0
(6)DENNIS CASEY TRUSTEE	1.00	X						C	0	0
(7)BETH CATE TRUSTEE	1.00	Х						C	0	0
(8)ALAN COHEN TRUSTEE	1.00	X						C	0	0
(9)KAY KOCH TRUSTEE	1.00	Х						C	0	0
(10)ROBERT LAIKIN	1.00									
TRUSTEE		Х						0	0	0
(11)MICHAEL ALLEY	1.00									
TRUSTEE		Х						0	0	0
(12)KAREN LLOYD	1.00									
TRUSTEE		Х						O	0	0
(13)JIM POWERS TREASURER	1.00	Х		Х				C	0	0
(14)WILLIAM ROSENBAUM	1.00	1							0	
TRUSTEE		X						0	0	0

Form **990** (2013)

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	Part VII Section A. Officers, Directors, Tru	istees, Ke	ey ⊨m	pic	oye	es,	and F	ııg	nest Compensate	ea ⊨mpioyees (d	continue	<u>∍a)</u>	
	(A)	(B)			-	C)			(D)	(E)		(F)	
	Name and title	Average	(40	4		sition			Reportable	Reportable		stimated	
		hours per week (list any	,				e than o is both		compensation from	compensation from	l	nount of other	
		hours for					tor/trust		the	related organizations		pensatio	on
		related	Ind or a	Ins	Officer	₹ e	Hig	Former	organization	(W-2/1099-MISC)		om the	
		organizations	ividu	titut	icer	em /	hes	mer	(W-2/1099-MISC)		_	anizatior d related	
		below dotted line)	of all t	ona		Key employee	ee t cor				l	anization	
		-,	Individual trustee or director	Ę		/ee	npe						
			ee	Institutional trustee			Highest compensated employee						
				"			ted						
(	15) MICHAEL WELLS	1.00											
	TRUSTEE		Х						0	0			0
(	16) JEFFREY HARRISON	1.00											
	TRUSTEE		Х						0	0			0
(	17) STEVE RAMOS	1.00											
	TRUSTEE		Х						0	0			0
(	18) STEVE WALKER	1.00											
	TRUSTEE		Х						0	0			0
(	19) ANN HUNT	1.00											
	TRUSTEE		Х						0	0			0
(	20) DAN YATES	1.00											
	TRUSTEE		Х						0	0			0
(	21) MATTHEW CLAYMON	1.00											
	TRUSTEE		Х						0	0			0
(	22) FRAN JACOBY	1.00											
	TRUSTEE		Х						0	0			0
(	23) MYRTA PULLIAM	1.00											
	TRUSTEE		Х						0	0			0
(	24) ANITA HARDEN	1.00											
	TRUSTEE		X						0	0			0
(	25) DOUG TILLMAN	1.00											
	SECRETARY		X		Х				0	0			0
	1b Sub-total							$\blacktriangleright$	0	0			0
	c Total from continuation sheets to Part VII, Se	-		-	-			$\triangleright$	1,330,887.	0		310,0	
	d Total (add lines 1b and 1c)							<u> </u>	1,330,887.	0	3	310,0	71.
	2 Total number of individuals (including but not I		hose	liste	d a	bov	e) who	o re	eceived more than \$	100,000 of			
	reportable compensation from the organization	<u> </u>	14	1									
												Yes	No
	3 Did the organization list any former office												
	employee on line 1a? If "Yes," complete Schedu	ıle J for su	ch ind	livid	ual						3		X
	4 For any individual listed on line 1a, is the s	sum of rep	ortab	le d	com	per	nsation	n a	nd other compensa	ation from the			
	organization and related organizations gre												
	individual										4	X	
	5 Did any person listed on line 1a receive or												
	for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ıle J	J for	such	per	rson		5		X
	Section B. Independent Contractors												
	1 Complete this table for your five highest components compensation from the organization. Report or compensation.												
	compensation from the organization. Report of	ompensati	on lor	rue	: ca	ien(	uai ye	aı e	ending with or with	ii iile organizatio	ııs lax		

year.

-		
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
ATTACHMENT 1		

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 ▶ 12

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinue	∍d)	
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	erson	e than o is both tor/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am com	(F) stimated nount of other pensation om the	f
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	anization	b
26) TIM DUNN TRUSTEE	1.00	X							0			
27) HOLLY BANTA TRUSTEE	1.00	X						0	0			0
28) CYNDE BARNES TRUSTEE	1.00	Х						C	0			C
29) MARK GARGULA TRUSTEE	1.00	Х						C	0			C
30) JOHN NEIGHBOURS TRUSTEE	1.00	Х						C	0			C
31) JOHN SHARPE TRUSTEE	1.00	Х						C	0			C
32) SUZANNE FEHSENFELD TRUSTEE	1.00	Х						C	0			C
33) KATHY HUBBARD TRUSTEE	1.00	Х						C	0			C
34) KELLY HUNTINGTON TRUSTEE	1.00	Х						C	0			C
35) DAVID KLAPPER TRUSTEE	1.00	Х						C	0			C
36) LISA MCKINNEY TRUSTEE	1.00	Х						C	0			C
1b Sub-total c Total from continuation sheets to Part VII, Se							<b>&gt;</b>					
d Total (add lines 1b and 1c)	limited to t			d al	bov	e) who	o re	eceived more than	\$100,000 of			
3 Did the organization list any former office				ısta	Α	kev e	mr	alovee or highes	t compensated		Yes	No
employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	livid	ual						3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual.	eater than	\$15	50,0	00?	. It	"Yes	s,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5		Х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report covear.</li> </ol>												

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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 ►

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	(A)	(B)			(0								
	Name and title	Average hours per week (list any hours for	box,	Position (do not check more th box, unless person is b officer and a director/				an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	cor	(F) Estimated mount o other npensati	f ion
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or ar	rom the ganization nd relate ganization	on d
37)	STEVE SCHENCK	1.00	v						0	0			
38,	TRUSTEE  KEN YERKES	1.00	X						0	U			
	TRUSTEE		X						0	0			(
39	MICHAEL CROWTHER	40.00	21										
	PRESIDENT & CEO				Х				258,117.	0		97,6	560.
40	PAUL GRAYSON	40.00											
	DEPUTY DIRECTOR	+			Х				186,836.	0		33,5	542.
41	CLAUDIA WILLIS	1.00											
	CFO				Х				121,164.	0		51,6	560.
42)	MADONNA WAGNER	40.00											
	VP OF FINANCE				Х				87,354.	0		12,1	L73.
43	KAREN BURNS	40.00											
	SVP EXT RELATIONS						X		169,685.	0		37,1	191.
44)	MARY JANE BENNETT	40.00											
_	VP-HUMAN RESOURCES						X		119,684.	0		17,8	324
45)	ROBERT SHUMAKER	40.00											
	VP LIFE SCIENCES						X		154,585.	0		26,1	128
46)	NORAH FLETCHALL	40.00											
	VP OPERATIONS	10.00					Х		125,789.	0		13,2	<u> 251</u> .
4'/	DAVID RIGGERS	40.00											
	DIRECTOR OF IT						Х		107,673.	0		20,6	<u>.42.</u>
	Sub-total							<b>&gt;</b>					
	Total from continuation sheets to Part VII, S												
	Total (add lines 1b and 1c) Total number of individuals (including but not						-\b.c	<u> </u>	asived more than	\$100,000 of			
_	reportable compensation from the organization		14		u ai	DOV	e) WIIC	) 16	ceived more man	\$100,000 01			
_	<b>5</b>											Yes	No
3	Did the organization list any <b>former</b> office employee on line 1a? <i>If "Yes," complete Sched</i>										3		Х
4	For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,00	00?	. If	"Yes	,"	complete Schedu	le J for such	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on 1	fron	any	un	related organization	on or individual	5		Х

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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 ▶

#### Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues С Fundraising events 1,252,150 Related organizations 1d 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above . 1f 8,821,114 g Noncash contributions included in lines 1a-1f: \$ \_ Total. Add lines 1a-1f 10,073,264 Program Service Revenue **Business Code** 900099 ADMISSION 6,836,903 6,836,903 2a 900099 4,755,729 4,755,729 **b** MEMBERSHIP DUES c FOOD SALES 721210 1,285,975 1,285,975 d PARKING 812930 1,176,278 1,176,278 713110 1,183,870 1,183,870 1,484,388 1,484,388 All other program service revenue 16,723,143 Investment income (including dividends, interest, and 964,565. Income from investment of tax-exempt bond proceeds . . . > 0 4 5 (i) Real (ii) Personal 1,043,920 6a Gross rents **b** Less: rental expenses . . . 237,235. 806,685. Rental income or (loss) . . d Net rental income or (loss) . . . . . . . 806,685 806,685 (ii) Other (i) Securities Gross amount from sales of 37,450,826. assets other than inventory **b** Less: cost or other basis and sales expenses 33,842,752. 3,608,074. c Gain or (loss) 3,608,074 3,608,074. Other Revenue Gross income from fundraising events (not including \$ \_\_\_\_1,252,150. of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . a 914,137 c Net income or (loss) from fundraising events 208,146. 208,146 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** 11a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 32,383,877 16,723,143 5,587,470.

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 7b, 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 United States. See Part IV, line 21	98,585.	98,585.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	20 000	20 000		
1	United States. See Part IV, lines 15 and 16.  Benefits paid to or for members	20,000.	20,000.		
5	Compensation of current officers, directors,	0			
3	trustees, and key employees	796,846.		398,423.	398,423.
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	9,974,012.	9,029,348.	611,845.	332,819.
8	Pension plan accruals and contributions (include section	250 255	205 715	11 611	21 006
_	401(k) and 403(b) employer contributions)	359,255. 1,383,160.	285,715. 1,117,118.	41,644. 154,123.	31,896. 111,919.
	Other employee benefits	775,802.	657,859.	68,424.	49,519.
10	Payroll taxes	773,002.	037,032.	00,121.	17,317.
	Management	0			
	Legal	23,975.	1,115.	22,860.	
	Accounting	56,286.	1.	56,285.	
	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17.	23,597.			23,597.
1	f Investment management fees	58,771.		58,771.	
Q	Other. (If line 11g amount exceeds 10% of line 25, column	470 601	200 070	70 155	00.066
	(A) amount, list line 11g expenses on Schedule O.)	472,691. 1,079,113.	320,270.	72,155.	80,266.
	Advertising and promotion	51,647.	23,153.	9,483.	19,011.
13 14	Office expenses Information technology	208,817.	143,372.	32,797.	32,648.
15	Royalties	0			
16	Occupancy	1,489,013.	1,448,659.	23,577.	16,777.
17	Travel	61,089.	49,102.	7,710.	4,277.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	19,065.	13,082.	2,855.	3,128.
20	Interest	0			
21	Payments to affiliates	5,274,875.	5,252,639.	13,766.	8,470.
22 23	Depreciation, depletion, and amortization	450,954.	427,304.	17,550.	6,100.
24	Insurance Other expenses. Itemize expenses not covered	13073311	12775011	11/3301	0,100.
	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.)				
а	ANIMAL FOOD & MEDICINE	826,047.	826,047.		
	OPERATING SUPPLIES	1,196,112.	1,164,049.	32,063.	
	MAINTENANCE & REPAIRS	792,282.	786,402.	5,880.	004 750
	OTHER EXPENSES	701,191.	285,928.	120,510.	294,753.
	All other expenses	26,193,185.	23,028,861.	1,750,721.	1,413,603.
	Total functional expenses. Add lines 1 through 24e  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	20,193,103.	23,020,001.	1,730,721.	1,413,003.
JSA	following SOP 98-2 (ASC 958-720)	0			Form <b>990</b> (2013)

JSA 3E1052 1.000

Form **990** (2013)

## Part X Balance Sheet

1 6	IIIA	Datatice Stieet					
		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			26,721,502.	2	23,292,791.
	3	Pledges and grants receivable, net			9,283,320.	3	5,124,080.
	4	Accounts receivable, net			326,379.	4	186,546.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest compensated employees.					
		Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu	, and c intary e	employees' beneficiary			
S		organizations (see instructions). Complete Part II of Sche	edule L		0		0
Assets	7	Notes and loans receivable, net			0	7	0
As	8	Inventories for sale or use			58,458.	8	36,751.
	9	Prepaid expenses and deferred charges	;		172,533.	9	292,972.
	10 a	Land, buildings, and equipment: cost or					
			10a	147,175,534.			
		Less: accumulated depreciation		80,551,303.	55,136,761.		66,624,231.
	11				28,987,119.	11	27,024,378.
	12	Investments - other securities. See Part IV, line 11				12	5,499,902.
	13	Investments - program-related. See Part IV, line 11			0	.0	0
	14	Intangible assets			12,253,107.	14	14,545,262.
	15 16	Other assets. See Part IV, line 11			132,939,179.	15 16	142,626,913.
_	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			3,107,091.	17	6,797,674.
	18					18	0,757,074.
	19	Grants payable  Deferred revenue			908,063.	19	1,006,429.
	20	Tax-exempt bond liabilities				20	0
S	21	Escrow or custodial account liability. Complete Pa	art IV o	f Schedule D		21	0
Liabilities	22	Loans and other payables to current and for					
abil		trustees, key employees, highest compen					
Ë		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			0	23	0
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D			5,995.	25	4,952.
_	26	<b>Total liabilities.</b> Add lines 17 through 25			4,021,149.	26	7,809,055.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	here   X and			
and	27	Unrestricted net assets			68,594,643.	27	66,279,019.
Bal	28	Temporarily restricted net assets			40,137,086.	28	47,375,059.
ы	29	Permanently restricted net assets		<u></u>	20,186,301.	29	21,163,780.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, checl	chere  and			
sts	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or equ		t fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated inco	ome, c	or other funds		32	
Š	33	Total net assets or fund balances			128,918,030.	33	134,817,858.
	34	Total liabilities and net assets/fund balances			132,939,179.	34	142,626,913.
							Farm 000 (2012)

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Part	XI Reconciliation of Net Assets					
ган	Check if Schedule O contains a response or note to any line in this Part XI					
		1	 	32,3		277
1	Total revenue (must equal Part VIII, column (A), line 12)	2		26,1		
2	Total expenses (must equal Part IX, column (A), line 25)				90,6	
3	Revenue less expenses. Subtract line 2 from line 1	3	-	L28,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_		90,8	
5	Net unrealized gains (losses) on investments	5		- 2	90,0	04.
6	Donated services and use of facilities	6				
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_			
	33, column (B))	10		L34,8	17,8	358.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Щ
					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," ex	φlaiı	n in			
	Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	d or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	iaht				
	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, e					
	Schedule O.	, piai				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	fort	h in			
Ja	the Single Audit Act and OMB Circular A-133?	iuit		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erac	the			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit or audits.		HIE	3b		
	Togail of addition oppiding with the contradic of and accomposing crops taken to undergo such add	۸.۱۵.		100		

Form **990** (2013)

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## 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.

201

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

ww.irs.gov/form990. Inspection
Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.  The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  hospital's name, city, and state:								
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).								
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).								
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital 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)(i								
hospital's name, city, and state:	ii). Enter the							
An organization operated for the benefit of a college or university owned or operated by a governmental unit	described in							
section 170(b)(1)(A)(iv). (Complete Part II.)								
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
An organization that normally receives a substantial part of its support from a governmental unit or from the g	jenerai public							
described in section 170(b)(1)(A)(vi). (Complete Part II.)  8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
A community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)  Yellow An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fe	es and aross							
receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than	_							
support from gross investment income and unrelated business taxable income (less section 511 tax) from								
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)	20000000							
An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4)</b> .								
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to	carry out the							
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)	See section							
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.								
a Type I b Type II c Type III-Functionally integrated d Type III-Non-functional								
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqua	-							
other than foundation managers and other than one or more publicly supported organizations described in sec	tion 509(a)(1)							
or section 509(a)(2).								
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III sup	porting							
organization, check this box	⊔							
<b>g</b> Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?								
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and	Yes No							
	1g(i)							
	1g(ii)							
	g(iii)							
h Provide the following information about the supported organization(s).								
	unt of monetary							
above or IRC section   col. (i) listed in   in col. (i) of your   col. (i) organized	support							
(see instructions)) your governing document? support? in the U.S.?								
Yes No Yes No								
(A)								
(B)								
(B) (C)								
(C)								

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(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 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)							
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total	
7	Amounts from line 4	(a) 2000	(3) 2010	(6) 2011	(4) 2012	(0) 2010	(i) rotal	
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. (s	see instructions) .				12		
13	<b>First five years.</b> If the Form 990 is f organization, check this box and <b>stop here</b>							
Sec	tion C. Computation of Public Sup	port Percenta	ge			T T		
14	Public support percentage for 2013 (li		•			14	%	
15	Public support percentage from 2012					15	<u>%</u>	
16a	331/3% support test - 2013. If the c							
	this box and <b>stop here.</b> The organizati							
b	331/3% support test - 2012. If the control have this have and star have. The area							
47-	check this box and <b>stop here.</b> The org	•						
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization	-						
	Part IV how the organization meets to					-	•	
	organization			•	•			
h	10%-facts-and-circumstances test - 2							
b	15 is 10% or more, and if the organization		•					
	Explain in Part IV how the organizati						-	
	supported organization				_	-		
18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	i, or 17b, check	this box and see	•	
	instructions						<u></u>	

93272J D310

## 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	5,983,544.	10,625,255.	14,485,221.	13,790,501.	10,073,264.	54,957,785.
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	14,495,417.	14,877,215.	14,668,160.	16,497,163.	17,637,280.	78,175,235.
3	Gross receipts from activities that are not an	11,100,117.	11,077,213.	11,000,100.	10,157,105.	17,037,200.	70,173,233.
·	unrelated trade or business under section 513						0
4	• •						0
4							
	organization's benefit and either paid						
_	to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	20,478,961.	25,502,470.	29,153,381.	30,287,664.	27,710,544.	133,133,020.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from						
Ū	line 6.)						122 122 020
Sec	tion B. Total Support						133,133,020.
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
		. ,	` ,	` ,		` '	
9 10 a	Amounts from line 6.  Gross income from interest, dividends,	20,478,961.	25,502,470.	29,153,381.	30,287,664.	27,710,544.	133,133,020.
iva	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1,862,963.	1,729,585.	1,754,907.	2,136,987.	2,008,485.	9,492,927.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	1,862,963.	1,729,585.	1,754,907.	2,136,987.	2,008,485.	9,492,927.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						0
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
		00 241 004	05 030 055	20 000 000	20 404 651	00 510 000	140 605 045
4.4	and 12.)  First five years. If the Form 990 is for	22,341,924.	27,232,055.	30,908,288.	32,424,651.	29,719,029.	142,625,947.
14		-					
500	organization, check this box and stop here.					<del> </del>	
	tion C. Computation of Public Sup	•		(f))		4.5	02 240
15	Public support percentage for 2013 (line 8,					15	93.34%
16	Public support percentage from 2012 Sche					16	92.97%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (lin					17	6.66%
18	Investment income percentage from 2012 S					18	7.03%
19 a	331/3% support tests - 2013. If the org	ganization did no	ot check the box	on line 14, and	l line 15 is more	e than 331/3%, a	and line
	17 is not more than 331/3%, check thi	s box and <b>stop</b>	here. The orga	nization qualifies	as a publicly	supported organia	zation 🕨 🛛
	224/00/	nization did not	check a hov on l	ine 14 or line 10	a and line 16 is	more than 221/2	- w and
b	331/3% support tests - 2012. If the orga	mzation did not	CHECK a DOX OH I		a, and interiors	more man 331/3	70, and
b	line 18 is not more than 331/3%, check						

JSA 3E1221 1.000

#### Schedule B (Form 990, 990-EZ, or 990-PF)

## **Schedule of Contributors**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. 35-1074747

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
instructions.  General Rule  For an organization fili	(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
property) from any one Special Rules	e contributor. Complete Parts I and II.					
X For a section 501(c)(3 under sections 509(a)	s) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.					
during the year, total of	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year						

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2013)

Employer identification number 35-1074747

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is nee	ded.
(a)	(b)	(c)	Type of c
No.	Name, address, and ZIP + 4	Total contributions	

(a)	(b)	(c) Total contributions	(a)
No.	Name, address, and ZIP + 4		Type of contribution
1_		\$314,612.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2 _		\$1,380,588.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3 _		\$275,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$375,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5 -		\$2,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

Person Payroll

Noncash

565,310.

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Employer identification number

			35-10/4/4/
Part I Contribu	utors (see instructions). Use duplicate copie	s of Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 		\$529,400.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$475,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$51,375.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$ 	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 35-1074747

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

			35-1074747				
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.						
	For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ▶\$						
	Use duplicate copies of Part III if additional space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				

(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of gift		
		(c) Trailor	or or gift		
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee	
(-) N-					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of gift		
	Transferee's name, address, and ZIP + 4		Relationship 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) Transf	er of aift		
		(e) Traile.	or or gint		
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
(a) No	1				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of gift		
	Transferee's name, address, an	d 7IP + 4	Palatio	nship of transferor to transferee	
	riansieree s name, audiess, an	4 EN T 7	Keiatio		

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

## SCHEDULE D (Form 990)

## Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Employer identification number Name of the organization INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. 35-1074747 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenues included in Form 990, Part VIII, line 1

Schedule D (Form 990) 2013

**\$**\_\_\_\_

▶ \$

<u>Schedule D</u> (Form 990) 2013 Page **2** 

Par	t    Organizations Maintainii	ng Collections of	Art, Historical	Treasures	, or Otl	ner Similar Ass	ets (cont	inued)
3	Using the organization's acquisition collection items (check all that app		other records, che	ck any of th	ne follow	ving that are a sig	nificant us	se of its
а	Public exhibition			or exchang	e progra	ms		
b	Scholarly research		e Othe	r				
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collections	and explain how	they further	r the or	ganization's exem <sub>l</sub>	ot purpose	in Part
	XIII.							
5	During the year, did the organization	on solicit or receive o	donations of art, his	torical treas	sures, or	other similar		
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of the	organizatio	n's collec	ction?	Yes	No
Par	t IV Escrow and Custodial Ar or reported an amount or	•		nization an	swered	"Yes" to Form 99	90, Part I\	/, line 9,
	Is the organization an agent, truste included on Form 990, Part X?  If "Yes," explain the arrangement in						Yes	☐ No
		·	· ·			Amount		
С	Beginning balance			10	;			
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am						Yes	No
	If "Yes," explain the arrangement in							
Par								
		(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back		ears back
1a	Beginning of year balance	20,186,301.	• • •			19,862,199.		27,528
b	Contributions	823,815.	209,639		3,780.	625.		28,632
С	Net investment earnings, gains,	,	•					
	and losses	153,664.	73,503	_5	0,019.	86,574.	5	06,039
d	Grants or scholarships	,	.,					
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	21,163,780.	20,186,301	19.90	3.159.	19,949,398.	19.8	62,199
2	Provide the estimated percentage			<u> </u>			12770	
- а	Board designated or quasi-endown		%	j, ooidiiii (a	,, riola ao	•		
b	Permanent endowment ▶ 100.0							
	Temporarily restricted endowment							
•	The percentages in lines 2a, 2b, ar	•	00%.					
3a	Are there endowment funds not in	•		t are held a	nd admir	nistered for the		
- Ju	organization by:	россосоло с	.o o.ga <u>_</u> aoa				v	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related org						3b	
4	Describe in Part XIII the intended u		•				36	
-			on a chaowinchi h	1100.				
Fai	Land, Buildings, and Equ Complete if the organiza	tion answered "Ye	s" to Form 990, F	Part IV, line	11a. S	ee Form 990, Pa	rt X, line 1	10.
	Description of property	(a) Cost or	other basis (b) Cos	or other basis	(c) Acc	cumulated	(d) Book valu	
10	Land	(inves	tment)	other) 612 326	<u> </u>	eciation	<i>E</i> 1	2 226
1a	Buildings		0.0	612,326.		06 020		$\frac{2,326}{9,999}$
b	<u> </u>			966,928.	-	96,938.		$\frac{9,990.}{3,963}$
C	Leasehold improvements			327,585.		93,722.		3,863.
d	Equipment			705,333.		38,591.		$\frac{6,742.}{1,310}$
	Other			563,362.		22,052.		$\frac{1,310.}{4,321}$
ı ota	I. Add lines 1a through 1e. (Column	ı (u) must equal Forn	н ээυ, raπ X, colun	ııı (Ճ), IINe 1	U(C).	▶	00,62	4,231.

Schedule D (Form 990) 2013

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Schedule D (F	Form 990) 2013	Page 3
Part VII	Investments - Other Securities.	

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" to Form 990.	. Part IV. line 11b. See Form 990. F	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n:
(1) Financia	al derivatives			
	-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) must a must Fami 000 Part V and (D) fine 40 )			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.			
Part VIII	Complete if the organization answered	"Yes" to Form 990	Part IV line 11c See Form 990 F	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(b) Book value	Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11d. See Form 990, F	Part X, line 15.
		Description		(b) Book value
	REST IN PERPETUAL TRUSTS			1,609,026
(2) INTE	REST IN CHAR REM TRUSTS			12,936,236
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15 )		14,545,262
Part X	Other Liabilities.	110 10.)		11,515,202
rarrx	Complete if the organization answered line 25.	"Yes" to Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book valu	е	
(1) Feder	ral income taxes			
(2) ANNU	ITIES PAYABLE	4,	952.	
(3)				
(4)				
_(5)				
(6)				
(7)				
(8)				
(9)				
-	nn (b) must equal Form 990, Part X, col. (B) line 25.)		952.	
2. Liability fo	or uncertain tax positions. In Part XIII, provide the t	ext of the footnote to th	e organization's financial statements that repo	orts the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2013 Page **4** 

	( 1 11)		- 3 -
Part 2		٦.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	_	22 226 222
1	Total revenue, gains, and other support per audited financial statements	1	33,036,239.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments 2a -290,864.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 943,226.		
е	Add lines 2a through 2d	2e	652,362.
3	Subtract line 2e from line 1	3	32,383,877.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	20 202 000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	32,383,877.
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	27,136,411.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other leads		
d	Other (Describe in Part XIII.)  Add lines 2a through 2d  2c  2d 943,226.		
e	Add lines 2a through 2d	2e	943,226.
3	Subtract line 2e from line 1	3	26,193,185.
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		
	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	26,193,185.
Part 2	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.	nation	
SEE	PAGE 5		

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page 5

## Part XIII Supplemental Information (continued)

PART V, LINE 4

INTENDED USES OF ENDOWMENT FUND:

EARNINGS FROM THE ENDOWMENT FUNDS ARE USED TO SUPPORT THE OPERATIONS OF THE INDIANAPOLIS ZOOLOGICAL SOCIETY, INC.

PART X, LINE 2

FIN 48 DISCLOSURE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D

RECONCILIATION OF REVENUE:

FUNDRAISING EVENT EXPESE \$705,991

RENTAL EXPENSE 237,235

TOTAL \$943,226

PART XII, LINE 2D

RECONCILIATION OF EXPENSES:

FUNDRAISING EVENT EXPENSE \$705,991

RENTAL EXPENSE 237,235

TOTAL \$943,226

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

## Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

35-1074747 INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

	assistance, the grantees' eligibiligrants or assistance?	ty for the grant	s or assistance	e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. Describe in	Part V the or				
	assistance outside the United Sta					
3	Activities per Region. (The follow	_		1	· · · · · · · · · · · · · · · · · · ·	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	NORTH AMERICA			GRANTMAKING		15,000.
(2)	EUROPE			GRANTMAKING		5,000.
(3)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		2,953,786.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
	Sub-total					2,973,786.
b	Total from continuation sheets to Part I					
C	Totals (add lines 3a and 3h)					2 072 706

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

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
				ORANGUTAN						
(1)			NORTH AMERICA	CONSERVATION	15,000.	CHECK				
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
2 Ente	er total number of recipient org ne IRS, or for which the granted er total number of other organiz	e or counsel has prov	vided a section 501(c)(3)	equivalency lette	r		· · · · · · · · · · · · · · · · · · ·		1	

Schedule F (Form 990) 2013

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
_(2)							
_(3)							
_(4)							
_(5)							
_(6)							
_(7)							
_(8)							
_(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(</u> 13)							
<u>(14)</u>							
<u>(15)</u>							
<u>(</u> 16)							
(17)							
<u>(</u> 18)							

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#### Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X	Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X	Yes		No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		Yes	X	No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5** 

## Part V

## Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

ORGANIZATIONS'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

THE ORGANIZATION EVALUATES AND MONITORS DONEES BASED ON PUBLIC AND

PRIVATE INFORMATION.

JSA Schedule F (Form 990) 2013

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Employer identification number

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service Name of the organization Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

IND	IANAPOLIS ZOOLOGICAL SOCIE					35-1074747				
Par	Fundraising Activities. Con				"Yes" to Form 9	990, Part IV, line	17.			
	Form 990-EZ filers are not Indicate whether the organization ra				activities Chack	all that apply				
ı a	TT	e e	_	_						
	a X Mail solicitations e X Solicitation of non-government grants b X Internet and email solicitations f Solicitation of government grants									
c	X Phone solicitations	g			ising events					
c	d X In-person solicitations									
2 a	2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees									
k	or key employees listed in Form 990 If "Yes," list the ten highest paid incompensated at least \$5,000 by the	dividuals or entities					X Yes No fundraiser is to be			
		T				Τ				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No						
1	MISON CROSSNICKIE ASSOC	CONCILETING		X		22 507				
2	INSON GROSSNICKLE ASSOC.	CONSULTING		Λ		23,597.				
3										
4										
5										
6										
7										
8										
9										
10										
Tota						23,597.				
3	List all states in which the organization				contributions or		it is exempt from			
	registration or licensing.									
IN,										

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			ZOOBILATION	WINE AUCTION	2.	(add col. <b>(a)</b> through col. <b>(c)</b> )			
4			(event type)	(event type)	(total number)	COI. <b>(C)</b> )			
Revenue	1	Gross receipts	1,710,171.	305,431.	150,685.	2,166,287			
8	2	Less: Contributions	1,119,619.	44,696.	87,835.	1,252,150			
	3	Gross income (line 1 minus line 2)	590,552.	260,735.	62,850.	914,137			
	4	Cash prizes							
	5	Noncash prizes		50,300.	1,000.	51,300			
sesus	6	Rent/facility costs	69,211.	11,039.	8,947.	89,197			
Direct Expenses	7	Food and beverages	103,111.	43,457.	18,479.	165,047			
Direc	8	Entertainment	17,595.		3,850.	21,445			
	9	Other direct expenses	301,419.	38,867.	38,716.	379,002			
		Direct expense summary. Add lines 4 Net income summary. Subtract line 1				705,991 208,146			
Pa			anization answered "Y			·			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
irect E	4	Rent/facility costs							
	5	Other direct expenses							
		Volunteer labor	Yes% No	Yes% No	Yes% No				
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)		▶				
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)					
	9 Enter the state(s) in which the organization operates gaming activities:  a Is the organization licensed to operate gaming activities in each of these states?  b If "No," explain:								
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No  b If "Yes," explain:								

## SCHEDULE I (Form 990)

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

Part II Grants and Other Assistance to G Part IV, line 21, for any recipient th	overnments	and Organiz	ations in the Unit	ed States. Com			es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHEETAH CONSERVATION FUND							
2210 MT. VERNON AVE, ALEXANDRIA, VA 22301-0	31-1726923	501(C)(3)	13,586.				CHEETAH CONSERVAT
_(2) AFRICAN WILDLIFE FOUNDATION, INC							AFRICAN LION
1400 16TH ST NW, WASHINGTON, DC 20036	52-0781390	501(C)(3)	15,000.				CONSERVATION
_(3) WILDLIFE CONSERVATION SOCIETY							TARANGIRE ELEPHAN
2300 SOUTHERN BLVD, BRONX, NY 10460-1099	13-1740011	501(C)(3)	50,000.				CONSERVATION
(4) INTERNATIONAL ELEPHANT FOUNDATION							ELEPHANT
PO BOX 366 AZLE, TX 76098	75-2815706	501(C)(3)	10,000.				CONSERVATION
_(5)	_						
_(6)							
_(7)							
_(8)							
_(9)							
(10)							
(11)	_						
(12)							

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

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

Part III	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.

(a) Type of grant or assistance	<b>(b)</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
1					
2					
3					
_4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

ORGANIZATIONS'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

THE ORGANIZATION EVALUATES AND MONITORS ITS GRANTS BASED ON INFORMATION

RECEIVED FROM THE GRANTEE ORGANIZATION AND OTHER PUBLIC INFORMATION.

93272J D310

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

INDIANAPOLIS ZOOLOGICAL SOCIETY, INC.

Employer identification number 35-1074747

Part	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)					
h	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					
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line					
	1a?	2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the					
	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, but explain in Part III.					
	X Compensation committee Written employment contract					
	Independent compensation consultant  Form 990 of other organizations  Compensation survey or study  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					
а	organization or a related organization:  Receive a severance payment or change-of-control payment?	4a	Х			
b						
C						
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X		
	The second and personal and personal and approximation and an arrangement and arrangement and arrangement and arrangement and arrangement and arrangement and arrangement arra					
	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		Х		
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:					
а	The organization?	6a		X		
b	Any related organization?	6b		X		
	If "Yes" to line 6a or 6b, describe in Part III.					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed					
	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		1		

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
MICHAEL CROWTHER	(i)	258,117.	(	0	79,250.	18,410.	355,777.	0
1 PRESIDENT & CEO	(ii)	0	(	0	0	0	C	0
PAUL GRAYSON	(i)	186,836.	(	0	25,441.	8,101.	220,378.	0
2 DEPUTY DIRECTOR	(ii)	0	(	0				
KAREN BURNS	(i)	169,685.	(	0	23,049.	14,142.	206,876.	0
3 SVP EXT RELATIONS	(ii)	0	(	0				
CLAUDIA WILLIS	(i)	6,924.	(	165,900.	d	0	172,824.	51,660.
4 CFO	(ii)	0	(	0				
ROBERT SHUMAKER	(i)	154,585.	(	0	7,751.	18,377.	180,713.	0
5 VP LIFE SCIENCES	(ii)	O	(	0				
	(i)							
_ 6	(ii)							
	(i)		L					L
_7	(ii)							
	(i)		L					L
_ 8	(ii)							
	(i)		L					L
9	(ii)							
	(i)		L					L
10	(ii)							
	(i)		L					L
_11	(ii)							
	(i)		L					L
_12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
15	(ii)			T				
	(i)							
16	(ii)			T				

Schedule J (Form 990) 2013

#### 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.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENT:

INCLUDED IN CLAUDIA WILLIS'S COMPENSATION IS SEVERANCE PAYMENTS IN THE

AMOUNT OF \$114,240 AND PAYOUT OF DEFERRED COMPENSATION OF \$51,660. SHE

LEFT THE ORGANIZATION IN JANUARY 2013.

SCHEDULE J, PART II, COLUMN D

DEFERRED COMPENSATION:

INCLUDED IN DEFERRED COMPENSATION IS 403(B) PLAN CONTRIBUTIONS AND

NONQUALIFIED DEFERRED COMPENSATION. THE AMOUNT OF 403(B) COMPENSATION

INCLUDED IN SCHEDULE J, PART II, COLUMN D:

MICHAEL CROWTHER \$12,750

PAUL GRAYSON \$9,441

KAREN BURNS \$8,549

ROBERT SHUMAKER \$7,751

93272J D310

#### **SCHEDULE L**

### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 35-1074747

	Complete if the organization and	swered "Yes" on Form 990, Part IV, line 25	a or 25b, or Form 990-EZ, Part V, line 40b.		
1	(a) Name of disqualified person	(b) Relationship between disqualified person	(c) Description of transaction	(d) Cor	rrected?
	(a) Name of disqualified person	and organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified p	ersons during the year		
	under section 4958		▶ \$		
3	Enter the amount of tax if any on lin	ne 2 above reimbursed by the organization	<b>▶</b> \$		

#### Part II Loans to and/or From Interested Persons.

INDIANAPOLIS ZOOLOGICAL SOCIETY, INC.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In (	default?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$							

#### Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<u>(</u> 10)				

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

Schedule L (Form 990 or 990-EZ) 2013

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1) MATTHEW CLAYMON	TRUSTEE OF THE BOARD	105,877.	SALE OF OFFICE TRAILER TO ZOO	Х	
_(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

Employer identification number

35-1074747

INDIANAPOLIS ZOOLOGICAL SOCIETY, INC.

**Types of Property** (c) (b) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods...... Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Χ 34. 292,571. MARKET VALUE 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures ...... 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 155. 36,299. MARKET VALUE 25 Other ►( WINE 26 Other ►(\_\_\_\_\_) Other ►(\_\_\_\_\_ 27 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for 3. which the organization completed Form 8283, Part IV, Donee Acknowledgement ...... Yes No 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Χ 32a

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2013)

describe in Part II.

**b** If "Yes," describe in Part II.

Schedule M (Form 990) (2013) Page **2** 

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

PART I, LINE 32B

THIRD PARTIES TO SELL NONCASH CONTRIBUTIONS:

CITY SECURITIES IS USED TO SELL PUBLICLY TRADED STOCK.

JSA Schedule M (Form 990) (2013)

93272J D310 PAGE 45

### SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal 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

INDIANAPOLIS ZOOLOGICAL SOCIETY, INC.

Employer identification number
35-1074747

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS:

THE RETURN IS REVIEWED BY A SUBCOMMITTEE OF THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES AND IT IS MADE AVAILABLE TO THE BOARD OF TRUSTEES PRIOR TO FILING. THE FORM 990 IS ALSO REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING.

FORM 990, PART VI, LINE 12C

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS:

CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED ON AN ANNUAL BASIS BY
BOARD MEMBERS AND STAFF. ANNUALLY, ALL CONFLICTS OF INTEREST ARE
SUMMARIZED AND REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF
TRUSTEES. IF THERE WAS A CONFLICT OF INTEREST A BOARD MEMBER WOULD RECUSE
THEMSELVES FROM DISCUSSION AND VOTING.

FORM 990, PART VI, LINE 15 A AND 15B

COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES:

COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES MEETS ANNUALLY TO REVIEW

AND APPROVE THE COMPENSATION OF THE CEO, CFO, DEPUTY DIRECTOR, AND SVP

EXTERNAL RELATIONS. THE LAST ANNUAL REVIEW WAS PERFORMED IN NOVEMBER OF

2013.

FORM 990, PART VI, LINE 19

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE:

Name of the organization

INDIANAPOLIS ZOOLOGICAL SOCIETY, INC.

Employer identification number

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HIRONS & COMPANY COMMUNICATION 422 E NEW YORK STREET INDIANAPOLIS, IN 46202	ADVERTISING	724,768.
BROWNING DAY MULLIN DIERDORF 626 NORTH ILLINOIS STREET INDIANAPOLIS, IN 46204	ARCHITECTURAL	354,180.
TURNER CONSTRUCTION 9190 PRIORITY WAY INDIANAPOLIS, IN 46240	CONSTRUCTION	12,965,754.
CHANCE MORGAN PO BOX 12328 WICHITA, KS 67277	CONSTRUCTION	630,727.
IWERKS ENTERTAINMENT INC. 27509 AVENURE HOPKINS SANTA CLARITA, CA 91355	ENTERTAINMENT	330,000.

## Form **926**

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
INDIANAPOLIS ZOOLOGICAL SOCIETY, INC.	45-5297344
<ul> <li>1 If the transferor was a corporation, complete questions 1a throu</li> <li>a If the transfer was a section 361(a) or (b) transfer, was the transfer education or fewer domestic corporations?</li> <li>b Did the transferor remain in existence after the transfer?</li> <li>If not, list the controlling shareholder(s) and their identifying numbers.</li> </ul>	sferor controlled (under section 368(c)) by 5
Controlling shareholder	Identifying number
	Table 1 and
c If the transferor was a member of an affiliated group filing a concorporation? If not, list the name and employer identification number (EIN) of	
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
<ul> <li>If the transferor was a partner in a partnership that was the complete questions 2a through 2d.</li> <li>a List the name and EIN of the transferor's partnership:</li> </ul>	actual transferor (but is not treated as such under section 367)
Name of partnership	EIN of partnership
SAVILE ROW SP HEDGE EQUITY INST., LLC  b Did the partner pick up its pro rata share of gain on the transfer of the compact of the partner disposing of its entire interest in the partnership?  d Is the partner disposing of an interest in a limited partnership the securities market?	Yes X No at is regularly traded on an established
Part II Transferee Foreign Corporation Information (see ins	
3 Name of transferee (foreign corporation)	4a Identifying number, if any
SOUTHPOINT QUALIFIED OFFSHORE FUND, LT	
5 Address (including country)	4b Reference ID number (see instructions)
MORGAN STANLEY FUND SERVICES CRICKET SQ 2ND F GRAND CAYMAN CAYMAN ISLANDS CJ KY1-1111	SOUTHPOINT
6 Country code of country of incorporation or organization (see ins	
	5. 45.16.16 <i>)</i>
CJ 7 Foreign law characterization (see instructions)	
PRIVATE LIMITED	
8 Is the transferee foreign corporation a controlled foreign corpora	tion? Yes X No
For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-2013

Page 2

### Form 926 (Rev. 12-2013) Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on (d) Cost or other (e) Gain recognized on (a) Date of Type of property transfer property date of transfer basis transfer 1,858,000. 11/01/2013 Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property

Supplemental Information Required To Be Reported (see instructions):					

#### Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before <u>0.00</u> % (b) After <u>2.00</u> Type of nonrecognition transaction (see instructions) ► SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following: 11 a Gain recognition under section 904(f)(3) Yes No Χ Yes No Χ No c Recapture under section 1503(d) Yes d Exchange gain under section 987 Yes No X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations X Yes No X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ►\$ \_\_\_\_\_ Was cash the only property transferred? Yes 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

## Form **926**

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
INDIANAPOLIS ZOOLOGICAL SOCIETY, INC.	45-5297344
<ul> <li>1 If the transferor was a corporation, complete questions 1a through a lift the transfer was a section 361(a) or (b) transfer, was the transfer or fewer domestic corporations?</li> <li>b Did the transferor remain in existence after the transfer?</li> <li>If not, list the controlling shareholder(s) and their identifying numbers.</li> </ul>	sferor controlled (under section 368(c)) by 5       Yes       X       No         X       Yes       No
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a corcorporation?  If not, list the name and employer identification number (EIN) of	Yes No
Name of parent corporation	EIN of parent corporation
<ul> <li>d Have basis adjustments under section 367(a)(5) been made?</li> <li>2 If the transferor was a partner in a partnership that was the complete questions 2a through 2d.</li> <li>a List the name and EIN of the transferor's partnership:</li> </ul>	Yes No actual transferor (but is not treated as such under section 367)
Name of partnership	EIN of partnership
<ul> <li>b Did the partner pick up its pro rata share of gain on the transfer</li> <li>c Is the partner disposing of its entire interest in the partnership?</li> <li>d Is the partner disposing of an interest in a limited partnership th</li> </ul>	at is regularly traded on an established
securities market?	Yes No
Part II Transferee Foreign Corporation Information (see in 3 Name of transferee (foreign corporation)	4a Identifying number, if any
YORK CREDIT OPPORTUNITIES UNIT TRUST  5 Address (including country)  OVAL BANK HOUSE 4TH FLOOR, 24 SHEDDEN ROAD  HEORGE TOWN GRAND CAYMAN CJ KY1-1110	FOREIGNUS  4b Reference ID number (see instructions)
6 Country code of country of incorporation or organization (see in	structions)
7 Foreign law characterization (see instructions)	
UNIT TRUST  8 Is the transferee foreign corporation a controlled foreign corpora	ation? Yes X No
For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-201

93272J D310

Form 926 (R	ev. 12-201	13)				
Part III	Infor	mation Regarding Tr	ansfer of Property (s	ee instructions)		
	,	(a)	(b)	(c)	(d)	

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	11/01/2013		1,000,000.		
-					
tock and					
ecurities					
nstallment					
bligations,					
ccount eceivables or					
milar property					
initial property					
oreign currency					
r other property			+		
enominated in preign currency					
neigh cullency					
ŀ					
nventory			+		
Assets subject to					
lepreciation					
ecapture (see					
emp. Regs. sec.					
.367(a)-4T(b))					
angible property					
ised in trade or					
usiness not listed					
inder another					
ategory					
ntangible					
roperty					
roperty to be leased					
as described in final					
nd temp. Regs. sec.					
.367(a)-4(c))					
roperty to be old (as					
escribed in					
emp. Regs. sec.					
.367(a)-4T(d))					
ransfers of oil and					
as working interests			+		
as described in					
emp. Regs. sec.					
.367(a)-4T(e))		<u> </u>		<u> </u>	
. , , , , , , ,					
}			+		
ther property					
' ' '					

Supplemental Information Required To Be Reported (see instructions):						

#### Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before <u>0.00</u> % (b) After 0.04 Type of nonrecognition transaction (see instructions) ► SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following: 11 a Gain recognition under section 904(f)(3) Yes No Χ Yes No Χ No c Recapture under section 1503(d) Yes d Exchange gain under section 987 Yes No X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations X Yes No X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ►\$ \_\_\_\_\_ Was cash the only property transferred? Yes 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form	990-T	Ex	cempt Organization (and proxy tax					rn	ОМВ	No. 1545-0687
		For cale	ndar vear 2013 or other tax vear begin	nina	01/01 201		` ''	<b>20</b> 13.	G	<b>12</b>
Depart	ment of the Treasury		See ► See formation about Form 990-T and	separa	ate instructions.			99 <i>0t</i>	4	4W 13
	I Revenue Service		o not enter SSN numbers on this form						Open to 501(c)(3	Public Inspection for Organizations Only
A L	Check box if address changed		Name of organization ( Check bo	ox if nar	me changed and se	e instructio	ns.)			fication number see instructions.)
B Exe	mpt under section		INDIANAPOLIS ZOOLOG	тсат.	SOCIETY	TNC				
	501( C <u>)( 3</u> )	Print	Number, street, and room or suite no. I					35-1	074747	
21	408(e) 220(e)	_ or	Trained, check, and real content of sale nor .		. 50%, 50061. 401.0					ess activity codes
	408(e) 220(e) 530(a)	Туре	   1200 WEST WASHINGTO	N ST	REET				structions.)	•
	529(a)		City or town, state or province, country			code		1		
C Boo	ok value of all assets		INDIANAPOLIS, IN 462	-	<b>.</b>					
at e	end of year	F Gro	up exemption number (See instructi		<b>&gt;</b>					
14	12,626,913.		eck organization type   X 501			501(	c) trust	401(a)	trust	Other trust
H De	escribe the organiz	•	rimary unrelated business activity.	. ,	•	TACHM	, <u> </u>			
			corporation a subsidiary in an affili						▶	Yes X No
	,		identifying number of the parent co	·		,	0 1			
J Th	ne books are in care	e of <b>&gt;</b>	MADONNA WAGNER	•		Telepho	ne number 🕨 🗓	317-630	)-5165	
Par	t I Unrelated	Trade	or Business Income		(A) Inco	me	(B) Expe	nses		(C) Net
1a	Gross receipts or s									
b	Less returns and allowa		<b>c</b> Balance ▶	1c						
2	Cost of goods sol	d (Sched	ule A, line 7)	2						
3	Gross profit. Sub	tract line	2 from line 1c	3						
4a			attach Form 8949 and Schedule D)	4a						
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b						
С	Capital loss dedu	ction for t	rusts	4c						
5			ps and S corporations (attach statement)	5						
6				6						
7	Unrelated debt-fir	nanced in	come (Schedule E)	7						
8	Interest, annuities, royal	Ities, and re	nts from controlled organizations (Schedule F)	8						
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						
10	Exploited exempt	activity i	ncome (Schedule I)	10						
11	Advertising incom	ne (Sched	dule J)	11						
12	Other income (Se	ee instruc	tions; attach schedule.)	12						
13	Total. Combine li	nes 3 thr	ough 12	13		0				
Par			<b>Taken Elsewhere</b> (See instable directly connected with t					Except f	or conti	ributions,
14			directors, and trustees (Schedule K)					14		
15										
16										
17										
18										
19										
20			See instructions for limitation rules.)							
21			4562)							
22			on Schedule A and elsewhere on re					22b		
23	Depletion							23		
24			compensation plans							
25	Employee benefit	program	s					25		
26			Schedule I)							
27			chedule J)							
28	Other deductions	(attach s	schedule)					28		
29	Total deductions.	. Add line	s 14 through 28					29		

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

enter the smaller of zero or line 32

31

32

33

30

31

32

33

34

0

## Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 35-1074747 INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 1200 WEST WASHINGTON STREET filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions INDIANAPOLIS, IN 46222 Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (other than individual) Form 4720 (individual) 0.3 0.9 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 • The books are in the care of ▶ MADONNA WAGNER Telephone No. ▶ 317 630-5165 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 11/17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X | calendar year 20 13 or tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0 Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

	990-T (2									Pag	e <b>2</b>
Par		Tax Computation									
35	_	izations Taxable as C	-			outation. Co	ontrolled group	·			
		ers (sections 1561 and 1563	•								
		our share of the \$50,000		\$9,925,000 tax		ackets (in t	hat order):				
	(1) \$		(2) \$		(3)	- C					
b	Enter o	organization's share of: (1) Ad	ditional 5% tax (no	ot more than \$11	,750)	• • • • • • • • • • • • • • • • • • •					
	(2) Add	litional 3% tax (not more tha	in \$100,000)			Φ					
с 36	Trusts	e tax on the amount on line 3  Taxable at Trust	14 <b>Rates</b> . See ir	ectructions for	toy compl	tation In	como tov o	35c			
30		ount on line 34 from:									
27					edule D (Form 10						
37 38		tax. See instructions tive minimum tax									_
39	Total.	Add lines 37 and 38 to line 3	5c or 36, whichev	er applies				38			_
_		Tax and Payments		o. appoo				.   39			_
		n tax credit (corporations att	ach Form 1118 <sup>,</sup> tru	ısts attach Form	1116)	40a					_
	-	credits (see instructions)				40b					
		al business credit. Attach For				40c					
		for prior year minimum tax (									
		redits. Add lines 40a through						. 40e			
41		ct line 40e from line 39									
42			255 Form 861								
43	Total ta	ax. Add lines 41 and 42						. 43			(
44 a	Payme	nts: A 2012 overpayment cr	edited to 2013			44a					
b	2013 e	stimated tax payments				44b					
С	Tax de	posited with Form 8868				44c					
d	_	n organizations: Tax paid or									
е		withholding (see instruction									
f		for small employer health in		`	/	44f					
g	Other of	credits and payments:	Form 2	2439							
	F	Form 4136	L Other _								
45		ayments. Add lines 44a thro						<b>7</b>   1			_
46		ted tax penalty (see instruct						46			_
47		e. If line 45 is less than the									_
48 49		ayment. If line 45 is larger the amount of line 48 you want: Cr			ter amount overp	aid	Refunded	48			_
Par		Statements Regard			d Other Info	rmation		7.7			_
1		time during the 2013 calen							a financial	Yes N	lo
-		t (bank, securities, or other) i		-		_			1		
		nd Financial Accounts. If YES		_				, -,		Х	_
2	During	the tax year, did the organiz	zation receive a dis	tribution from, o	r was it the grai	ntor of, or tra	ansferor to, a fo	eign trus	 t?	Х	
		see instructions for other for						-			
3	Enter t	he amount of tax-exempt int	erest received or a	ccrued during the	e tax year 🕨 💲						
Sch	edule	A - Cost of Goods S	old. Enter meth	nod of inventor	y valuation 🕨						
1	Invento	ory at beginning of year . 1			6 Inventory at	end of year		. 6			
2	Purcha	ses	_		7 Cost of g	oods sold.	Subtract line				
3	Cost of	labor 3					here and ir				
4 a	Additio	nal section 263A costs			Part I, line 2			. 7			
	(attach	schedule) 4a			B Do the ru	les of se	ction 263A	with re	spect to	Yes N	lo
		costs (attach schedule) . 4t					acquired for		, l		
		Add lines 1 through 4b - 5								X	
C: -	corre	r penalties of perjury, I declare tha ct, and complete. Declaration of prepa						t of my kn	owledge and b	ellet, it is	ırue
Sigr		/1201711 111 G1177		1				•	IRS discuss		
Here		MADONNA WAGNER		Data		& CONTRO			preparer sh		
	Sigi	nature of officer Print/Type preparer's name		Date Preparer's signa	Title	Date	-	(see instruct	DTIN	s   N	lo
Paid			v	i reparer s signa	nui C	Date		eck Li		70175	
Prep	arer	NICOLE B FISHBACT Firm's name ▶ BKD, L		1				f-employed	44-016	79475 0260	
Use	Only	Firm's name ► BKD, L Firm's address ► 201 N.		трегт				n's EIN 📐	317.38		)
			INT PT.TOGA				Ph	one no.		30-T (20	

JSA 3E1620 1.000

93272J D310 PAGE 49 Form 990-T (2013) Page **3** 

Schedule C - Rent Income (see instructions)	e (From Real Prop	perty aı	nd Personal Prope	erty	Leased Wi	th Real Prope	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent received	or accrue	ed					
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percenta	rom real and personal pro age of rent for personal pro if the rent is based on pro	operty	exceeds			nected with the income (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	To	otal				(b) Total deducti	one	
(c) Total income. Add totals of cohere and on page 1, Part I, line 6	, column (A)	<b>&gt;</b>				Enter here and o Part I, line 6, colu	n page 1,	
Schedule E - Unrelated D	ebt-Financed Inco	ome (se	e instructions)		2 00	duationa directly of	nnooted wi	th or allocable to
1 Description of del	at financed property		2. Gross income from	-	<b>3.</b> De	ductions directly co debt-finan	ced property	
1. Description of del	ot-financed property		allocable to debt-financ	ea		line depreciation schedule)		Other deductions attach schedule)
(1)								
(2)								
(3)								
(4)	F. Assessed adjusted	the sector						
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	<ol> <li>Average adjusted of or allocable t debt-financed prop (attach schedule</li> </ol>	to perty	6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		locable deductions n 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals Total dividends-received deduct	ions included in column	 nn 8		<b>&gt;</b>	Part I, line	and on page 1, 7, column (A).		ere and on page 1, line 7, column (B).
Schedule F - Interest, Ann			ents From Contro	lled	Organizati	ons (see instru	ıctions)	
			cempt Controlled Or			(000		
Name of controlled organization	2. Employer identification numbe	er 3	S. Net unrelated income (loss) (see instructions)	<b>4</b> . T	otal of specified ayments made	5. Part of column included in the corganization's gro	controlling	6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organ	nizations							
7. Taxable Income	8. Net unrelated ind (loss) (see instructions)		9. Total of specific payments made		includ	rt of column 9 that is ed in the controlling ation's gross income	con	I. Deductions directly inected with income in column 10
(1)								
(2)								
(3)								
(4)								
Totals					Enter I	columns 5 and 10. here and on page 1, , line 8, column (A).	Ent	dd columns 6 and 11. er here and on page 1, rt I, line 8, column (B).

Form **990-T** (2013)

Schedule G - Investment In	ncome of a Sec	ction 501(c	)(7),	(9), or (17) Orga	nizat	ion (see inst	ructions)		
1. Description of income	2. Amount of income		Deductions     directly connected     (attach schedule)			4. Set-asides (attach schedule)			Total deductions I set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)									
(4)									
	Enter here and Part I, line 9, c								here and on page 1 I, line 9, column (B).
Totals ▶									
Schedule I - Exploited Exe	empt Activity In	come, Othe	r Th	an Advertising Ir	ncom	<b>e</b> (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 inco	vith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fror is	Gross income n activity that not unrelated siness 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)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col.	t I,		•				Enter here and on page 1, Part II, line 26.
Totals	)								
Schedule J - Advertising In				ideted Deele					
Part I Income From Per	lodicals Report	ted on a Co	nson	idated Basis	1		I		
1. Name of periodical	2. Gross advertising income	3. Direct advertising c		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		6. Readership costs		c. Excess readership costs (column 6 linus column 5, but not more than column 4).
(1)									
(2)				-					
(3)				-					
(4)				-					
( )									
Totals (carry to Part II, line (5))									
Part II Income From Per 2 through 7 on a I	riodicals Repor ine-by-line basis	rted on a S s.)	Sepa	rate Basis (For e	each	periodical I	isted in Par	t II, fi	II in columns
				A A de sentinione					. Excess readership
1. Name of periodical	2. Gross advertising income	3. Direct advertising c		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	Circulation income	6. Readership costs	,	costs (column 6 linus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals from Part I									
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Pa line 11, col.	rt I						Enter here and on page 1, Part II, line 27.
Schedule K - Compensatio	n of Officers. D	Directors, a	nd Tr	ustees (see instri	uction	s)			
1. Name	0. 000.0, 2			<b>2.</b> Title		3. Percent of time devoted to 4. Com			on attributable to I business
(1)							%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, P	Part II. line 14						/0 •		
- Cam Enter here and on page 1, F	GIV II, IIIIO 17			<u> </u>	<del></del>	· · · · · · ·			000 T

Form **990-T** (2013)

ATTACHMENT	1

## ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

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## Form **926**

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)					
Name of transferor	Identifying number (see instructions)				
INDIANAPOLIS ZOOLOGICAL SOCIETY, INC.	45-5297344				
<ul> <li>1 If the transferor was a corporation, complete questions 1a throu</li> <li>a If the transfer was a section 361(a) or (b) transfer, was the transfer education or fewer domestic corporations?</li> <li>b Did the transferor remain in existence after the transfer?</li> <li>If not, list the controlling shareholder(s) and their identifying numbers.</li> </ul>	sferor controlled (under section 368(c)) by 5				
Controlling shareholder	Identifying number				
	Table 1 and				
c If the transferor was a member of an affiliated group filing a concorporation? If not, list the name and employer identification number (EIN) of					
Name of parent corporation	EIN of parent corporation				
d Have basis adjustments under section 367(a)(5) been made?	Yes No				
<ul> <li>If the transferor was a partner in a partnership that was the complete questions 2a through 2d.</li> <li>a List the name and EIN of the transferor's partnership:</li> </ul>	actual transferor (but is not treated as such under section 367)				
Name of partnership	EIN of partnership				
SAVILE ROW SP HEDGE EQUITY INST., LLC  b Did the partner pick up its pro rata share of gain on the transfer of the compact of the partner disposing of its entire interest in the partnership?  d Is the partner disposing of an interest in a limited partnership the securities market?	Yes X No at is regularly traded on an established				
Part II Transferee Foreign Corporation Information (see ins					
3 Name of transferee (foreign corporation)	4a Identifying number, if any				
SOUTHPOINT QUALIFIED OFFSHORE FUND, LT					
5 Address (including country)	4b Reference ID number (see instructions)				
MORGAN STANLEY FUND SERVICES CRICKET SQ 2ND F GRAND CAYMAN CAYMAN ISLANDS CJ KY1-1111	SOUTHPOINT				
6 Country code of country of incorporation or organization (see ins					
	5. 45.16.16 <i>)</i>				
CJ 7 Foreign law characterization (see instructions)					
PRIVATE LIMITED					
8 Is the transferee foreign corporation a controlled foreign corpora	tion? Yes X No				
For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-2013				

Page 2

### Form 926 (Rev. 12-2013) Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on (d) Cost or other (e) Gain recognized on (a) Date of Type of property transfer property date of transfer basis transfer 1,858,000. 11/01/2013 Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property

Supplemental Information Required To Be Reported (see instructions):					

#### Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before <u>0.00</u> % (b) After <u>2.00</u> Type of nonrecognition transaction (see instructions) ► SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following: 11 a Gain recognition under section 904(f)(3) Yes No Χ Yes No Χ No c Recapture under section 1503(d) Yes d Exchange gain under section 987 Yes No X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations X Yes No X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ►\$ \_\_\_\_\_ Was cash the only property transferred? Yes 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

## Form **926**

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
INDIANAPOLIS ZOOLOGICAL SOCIETY, INC.	45-5297344
<ul> <li>1 If the transferor was a corporation, complete questions 1a through a lift the transfer was a section 361(a) or (b) transfer, was the transfer or fewer domestic corporations?</li> <li>b Did the transferor remain in existence after the transfer?</li> <li>If not, list the controlling shareholder(s) and their identifying numbers.</li> </ul>	sferor controlled (under section 368(c)) by 5       Yes       X       No         X       Yes       No
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a corcorporation?  If not, list the name and employer identification number (EIN) of	Yes No
Name of parent corporation	EIN of parent corporation
<ul> <li>d Have basis adjustments under section 367(a)(5) been made?</li> <li>2 If the transferor was a partner in a partnership that was the complete questions 2a through 2d.</li> <li>a List the name and EIN of the transferor's partnership:</li> </ul>	Yes No actual transferor (but is not treated as such under section 367)
Name of partnership	EIN of partnership
<ul> <li>b Did the partner pick up its pro rata share of gain on the transfer</li> <li>c Is the partner disposing of its entire interest in the partnership?</li> <li>d Is the partner disposing of an interest in a limited partnership th</li> </ul>	at is regularly traded on an established
securities market?	Yes No
Part II Transferee Foreign Corporation Information (see in 3 Name of transferee (foreign corporation)	4a Identifying number, if any
YORK CREDIT OPPORTUNITIES UNIT TRUST  5 Address (including country)  OVAL BANK HOUSE 4TH FLOOR, 24 SHEDDEN ROAD  HEORGE TOWN GRAND CAYMAN CJ KY1-1110	FOREIGNUS  4b Reference ID number (see instructions)
6 Country code of country of incorporation or organization (see in	structions)
7 Foreign law characterization (see instructions)	
UNIT TRUST  8 Is the transferee foreign corporation a controlled foreign corpora	ation? Yes X No
For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-201

93272J D310

Form 926 (Rev. 12-2013)												
Part III Information Regarding Transfer of Property (see instructions)												
	_	(a)	(b)	(c)	(d)							

Type of property	(a) Date of transfer	<b>(b)</b> Description of property	(c) Fair market value on date of transfer	<b>(d)</b> Cost or other basis	(e) Gain recognized on transfer
Cash	11/01/2013		1,000,000.		
<u> </u>					
Stock and					
ecurities					
nstallment					
bligations, ccount					
eceivables or					
imilar property					
, , ,					
oreign currency					
r other property					
enominated in					
oreign currency			+		
L					
nyontony					
nventory					
) t					
Assets subject to lepreciation			+		
ecapture (see					
ecapture (see					
.367(a)-4T(b))					
Tangible property					
used in trade or					
usiness not listed					
ınder another					
ategory					
ntangible					
property					
·			+		
Property to be leased					
as described in final					
and temp. Regs. sec.					
.367(a)-4(c))					
Name and the bar					
Property to be old (as					
escribed in					
emp. Regs. sec.					
.367(a)-4T(d))		<u> </u>		<u> </u>	
ransfers of oil and					
as working interests					
as described in					
emp. Regs. sec.					
.367(a)-4T(e))					
Other property					
<u> </u>					

Supplemental Information Required To Be Reported (see instructions):									

#### Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before <u>0.00</u> % (b) After 0.04 Type of nonrecognition transaction (see instructions) ► SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following: 11 a Gain recognition under section 904(f)(3) Yes No Χ Yes No Χ No c Recapture under section 1503(d) Yes d Exchange gain under section 987 Yes No X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations X Yes No X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ►\$ \_\_\_\_\_ Was cash the only property transferred? Yes 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction: