Form **990** 

# Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A I</u>	or th	e 2018	calendar year, or tax year beginn	ing	, 2018,	and ending		, 20
ъ.			C Name of organization				D Employer ider	ntification number
- C	heck if a	pplicable	OMAHA ZOO FOUNDATIO	N			36-3297	7716
	Addre		Doing business as					
	7 1	change	Number and street (or P O box if m	ail is not delivered to street	address)	Room/suite	E Telephone nur	mber
	Initial	l return	3701 SOUTH 10TH STR	EET			(402) 733	3-8401
		return/	City or town, state or province, cour	itry, and ZIP or foreign post	tal code		1	
$\vdash$	Amer		OMAHA, NE 68107-220	0			G Gross receipts	\$ 18,017,894.
$\vdash$		cation	F Name and address of principal office		DIE		H(a) is this a grou	
	pend	ing	3701 SOUTH 10TH STR			0 00	subordinates* H(b) Are all aubordi	' H. H.
_	Tay as	empt sta	<del></del>			<del> </del>	d ''	ach a list (see instructions)
÷		<u> </u>	atus X 501(c)(3) 501(c) WWW.OMAHAZOOFOUNDATIO		4947(a)(1)	or       32// _/		•
<u></u>							H(c) Group exemp	
			ization X Corporation Trust	Association Ot	her ►	L Year of form	ation 1904 M	State of legal domicile NE
Ľ	art I		mmary		GUDDO	DELL'ARTICLE OF CARAL	TRAMION OF	mun.
	1		describe the organization's mission	on or most significant ac	ctivities SUPPOI	RTING ORGAN	IZATION OF	Ine
Governance		OMAI	HA ZOOLOGICAL SOCIETY					
ā								
Š	2		this box 🕨 if the organization	•	•			1 1
	3		er of voting members of the gover					3 6.
ος (γ	4	Numb	er of independent voting members	of the governing body	(Part VI, line 1b)			4 5.
iţi	5	Total r	number of individuals employed in	calendar year 2018 (Pa	rt V, line 2a)			<b>5</b> 65.
Activities &	6	Total r	number of volunteers (estimate if ne	cessary)				6 36.
ĕ	7a	Total (	unrelated business revenue from Pa	art VIII, column (C), line	12			7a 0.
	b	Net ur	unrelated business revenue from Pa prelated business taxable income fr	om Form 990-1, line 38	RECEIVE	m	<u></u>	<b>7b</b> -3,297.
Revenue				U .,  L	Prior Year	Current Year		
	8	Contri	butions and grants (Part VIII, line 1	n)	0V2 512	ا اها .	6,712,69	4. 6,699,880.
	9		am service revenue (Part VIII, line 2g	11 '1	201	9 . lől 🗀	1,144,12	3. 1,355,699.
	10			1 1		٠. المّار . 🗀	4,900,93	0. 2,058,187.
œ	11	Other	ment income (Part VIII, column (A) revenue (Part VIII, column (A), line revenue - add lines 8 through 11 (r	s 5, 6d, 8c, 9c, 10c	CI/TO)		150,01	0. 146,595.
	12	Total r	evenue - add lines 8 through 11 (r	nust equal Part VIII, coli	mn A Ne (d)		12,907,75	7. 10,260,361.
	13		s and similar amounts paid (Part IX,				23,858,53	5. 20,900,632.
	14		its paid to or for members (Part IX,	• • • • • •				0. 0.
un.	15		es, other compensation, employee			[-	1,612,98	3. 1,807,688.
Expenses	16 a		sional fundraising fees (Part IX, col	•		· · · · · · · · · · · · · · · · · · ·		0. 0.
ē	b		undraising expenses (Part IX, colum					
ũ	17		expenses (Part IX, column (A), line				3,012,57	6. 2,078,633.
	18		expenses Add lines 13-17 (must e				28,484,09	
	19		ue less expenses. Subtract line 18		. ,		-15,576,33	
-Se		1.0VE()	ac ioss expenses oubtract line to	nom mo 12. , , , ,	· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *	inning of Current Y	
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)				162,969,16	
Ass	21		iabilities (Part X, line 26)				5,774,39	<del></del>
E E	22		sets or fund balances Subtract lin				157,194,76	<del></del>
	rt II		nature Block	ezi nom mezo	· · · · · · · · · · · ·	••••		
				nd this return/uncluding ar	companying schedu	iles and statements	and to the hest of	my knowledge and helief it is
true	corre	ct_end	f perjury, I declare that I have examine complete Declaration of preparer (other	than officer is based on a	ill information of whi	ch preparer has any	knowledge	
		Ş	$Ima_{I}$	1 1/1011	(a		10	121/19
Sig	n		Signature of officer	- // WOC			Date	<del>/ 31 // /</del>
He		Á	17 lina ()	acica				Į.
		•	pe or print name and title	erica	···	<del></del>	<del></del>	
		1	Type preparer's name	Preparer's signature	<del></del>	Date	<u> </u>	, PTIN
Paid	l			, ,		10/24/19	Check	· • •
	oarer	DONA	TOWG TIP	Dave the	/1 <u></u>	10,21,19	self-employe	
	Only	EFarm's					Firm's EIN ▶ 1	
	. 41:	/=	address >1212 NORTH 96TH STREE				Phone no 4	02-348-1450
		━—	scuss this return with the prepare	<del></del>	see instructions)	<u> </u>	<u> </u>	X Yes No
For	Paper	rwork I	Reduction Act Notice, see the sep	arate instructions.				Form <b>990</b> (2018)

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### OMAHA ZOO FOUNDATION

For		Page 2
Pa	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission.	
	SUPPORTING ORGANIZATION OF THE OMAHA ZOOLOGICAL SOCIETY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O	
3		] No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	
	(Code) (Expenses \$21,191,898   including grants of \$20,900,632   ) (Revenue \$)	
	THE OMAHA ZOO FOUNDATION WAS INCORPORATED AS A NON-PROFIT	
	CORPORATION TO SOLICIT AND RECEIVE CONTRIBUTIONS, GIFTS, GRANTS,	
	DEVISES, AND BEQUESTS, AND TO DISTRIBUTE AND APPLY SUCH ASSETS	
	AND/OR THE INCOME THEREFROM TO AND FOR THE BENEFIT OF THE OMAHA	
	ZOOLOGICAL SOCIETY.	
	<u></u>	
<u> </u>	(Code. ) (Expenses \$ 1,443,349 including grants of \$ 0 ) (Revenue \$ 1,355,699 )	
	THE FOUNDATION OPERATES THE LEE G. SIMMONS CONSERVATION PARK AND	
	WILDLIFE SAFARI, A DRIVE-THRU PARK THAT EXHIBITS NORTH AMERICAN	
	WILDLIFE AND MAINTAINS OFF-EXHIBIT EXOTIC ANIMAL BREEDING	
	PROGRAMS. IN 2018, 9,279 MEMBERSHIPS TO THE SAFARI PARK WERE SOLD	
	AND A TOTAL OF 143,032 GUESTS VISTED THE PARK.	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
1d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
	Total program service expenses ▶ 22,635,247.	

Form 990 (2018)

_	990 (2018)		Р	age 3
Par	IV Checklist of Required Schedules	-	Van	
			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
•	complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	-	-	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		_ <u>x</u>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		ŀ	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			.,
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	ľ	v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
•	complete Schedule D, Part III	8		
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	_		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		_	_
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
þ	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			1.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ادمما		х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	- <u></u>		
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	_		v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.		х
43	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u></u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			
. 0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. •	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
ICA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Pari	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		17	
	employees? If "Yes," complete Schedule J	23	X	
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	ا . ا		v
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>                                     </del>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	23a		<del></del> -
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		<del></del>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<del></del> -		
_,	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		х	
25.	or IV, and Part V, line 1	34 35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		<del></del>
b	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	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	
Part				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u>	$\Box$
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	$ldsymbol{ld}}}}}}}}}$
		Form	aan	(2018)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 65		- 1	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u> _
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			-
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ļ	v
	required to file Form 8282?	7с		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		<u>x</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h	-	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.		i	
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	i	
	Section 501(c)(7) organizations. Enter		Î	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ļ	
11	Section 501(c)(12) organizations. Enter		ı	
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources		ļ	
	against amounts due or received from them )		ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2018)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

Sect	ion A. Governing Body and Wariagement	<u> </u>		Yes	No				
		ما.		163	140				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a <sup>6</sup>	1		!				
	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	١			',				
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business re-				- 1				
	any other officer, director, trustee, or key employee?		2	Х					
3	Did the organization delegate control over management duties customarily performed by or ur	nder the direct	3	х					
		ion of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led <sup>9</sup>	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		X				
6	Did the organization have members or stockholders?		6						
7a	Did the organization have members, stockholders, or other persons who had the power to el		_	v					
	one or more members of the governing body?		7 <u>a</u>	X					
b	Are any governance decisions of the organization reserved to (or subject to approval				l u				
	stockholders, or persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			١,				
	the year by the following .			<del>-</del> -					
а	The governing body?		8a	X	├				
b	Each committee with authority to act on behalf of the governing body?		8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached at	9		x				
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rriai Revenue	Code	Yes	No				
			10a		X				
	Did the organization have local chapters, branches, or affiliates?		IVa	_					
b	If "Yes," did the organization have written policies and procedures governing the activities of		10b						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
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 to		12b	х					
	rise to conflicts?								
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done		12c	х					
42	Did the organization have a written whistleblower policy?		13	Х	-				
13	Did the organization have a written document retention and destruction policy?		14	Х					
14	Did the process for determining compensation of the following persons include a review an				,				
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation				'				
•	The organization's CEO, Executive Director, or top management official	and decision.	15a	X	1				
a h	Other officers or key employees of the organization		15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement							
	with a taxable entity during the year?		16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization								
_	participation in joint venture arrangements under applicable federal tax law, and take steps to			i	ر ا				
	organization's exempt status with respect to such arrangements?		16b						
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable),	990, and 990-T	(Sec	tion 5	01(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	ply			, ,				
	Own website Another's website X Upon request Other (explain in Sch	edule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of inte	erest	policy	, and				
	financial statements available to the public during the tax year			,					
20	State the name, address, and telephone number of the person who possesses the organization's to JEREMY EDDIE 3701 SOUTH 10TH STREET OMAHA, NE 68107	ooks and record	s 🕨						
	JEREMY EDDIE 3701 SOUTH 10TH STREET OMAHA, NE 68107 402-733-8401								

Form **990** (2018)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- 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

		<del></del>		_		•			· · · · · · · · · · · · · · · · · · ·	
(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more box, unless person officer and a direct or d			e than one is both an tor/trustee)		(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	1 14 1	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organization and related organizations
(1)DR. LEE G. SIMMONS	40.00									
CHAIRMAN/DIRECTOR	0.	Х		Х				208,325.	0.	24,460.
(2)WALTER SCOTT, JR.	1.00									
VICE CHARIMAN	1.00	Х						0.	0.	0
(3)HOWARD L. HAWKS	1.00									
DIRECTOR	0.	Х						0.	0.	0
(4)CALVIN SISSON	1.00									-
DIRECTOR	0.	х						0.	0.	0
(5) MOGENS C. BAY	1.00									
SECRETARY	1.00	Х						0.	0.	0
(6)DENNIS E. PATE	1.00								·	
EX-OFFICIO	0.	Х						0.	0.	0
(7)MICHAEL R. MCCARTHY	1.00								,	
DIRECTOR	0.	Х						0.	0.	0
(8)TINA CHERICA	40.00									
EXECUTIVE DIRECTOR	0.				Х		l	190,763.	0.	20,945
(9)KILEY THIELE	40.00								-	
DIRECTOR OF DEVELOPMENT	0.				Х		<u>.                                    </u>	111,993.	0.	3,890
(10)										
(11)										
1										
(12)										
(13)										_
(14)							$\vdash$			<u> </u>
							L			

Form 990 (2018)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and I	ligl	hest Compensat	ed Employ	yees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	s pe lad	more rson irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d tions	(F) Estimated amount of other compensation
	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)	from the organization and related organizations
					_						
										_	
									<u>-</u>		_
											<del></del> _
								_			
				_							
to Total from continuation sheets to Part VII, Sold Total (add lines 1b and 1c)	ection A .						<b>* * *</b>	511,081. 0. 511,081.	<u>.</u>	0. 0.	49,295. 0. 49,295.
Total number of individuals (including but not reportable compensation from the organization)	limited to the		ıste				re	ceived more than	\$100,000	of	
3 Did the organization list any former offic	er directo	r or	tru	cto	۵	kev e	mn	lovee or highest	compens	ated	Yes No
employee on line 1a? If "Yes," complete Schedu	le J for suc	ch ind	ıvıdı	ıal							3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	lf	"Yes	," (	complete Schedu			4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest com compensation from the organization Report c year.</li> </ol>											
(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compensation
AGENT 440 N 8TH STREET, STE 110 LI							+	DVERTISING			205,556.
HURST WELDING, LLC 11803 S 234TH S PALACE CONSTRUCTION 7 GALAPAGO ST					_		+	ELDING ONSTRUCTION			141,853.
							Ĺ				
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				itec		thos	e li	sted above) who	received		

## Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse <u>or note</u> to ar	y line in this Part VI	<u> </u>		X
i t				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	259,508 6,440,372		,		
	<u>ň</u>	Total. Add lines 1a-1f	_	6,699,880			
nue			Business Code			····	
eve	2a	ADMISSIONS	900099	951,091	951,091		
e R	b	MANAGEMENT FEE	900099	219,600	219,600		
Program Service Revenue	С	MISCELLANEOUS	541610	141,989	141,989		
Se	d	EDUCATION PROGRAMS	611000	43,019	43,019		
Гаш	е						
rog	f	All other program service revenue Total Add lines 2a-2f		1,355,699			
	3	Investment income (including divident and other similar amounts)	nds, interest,	1,639,969			1,639,969
	5	Royalties	(II) Personal	- 0	-		
	6a b c d	Gross rents		0			
	7a	Gross amount from sales of assets other than inventory 8,117,371	(II) Other				
	b c d	Less cost or other basis and sales expenses		418,218			418,218
	8a	Gross income from fundraising					
Other Revenue	b	events (not including \$ of contributions reported on line 1c)  See Part IV, line 18 a  Less direct expenses b  Net income or (loss) from fundraising events	0	0			
	9a	Gross income from gaming activities See Part IV, line 19					,
	b c	Less direct expenses b  Net income or (loss) from gaming activities.	0	0	- +		
		Gross sales of inventory, less returns and allowances a	204,975				
		Less cost of goods sold b  Net income or (loss) from sales of inventory		146,595			,
		Miscellaneous Revenue	Business Code				
	11a						
	b			_			_
	c						
	d	All other revenue					<del>                                     </del>
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		10,260,361	1,355,699	<del>.</del>	2,058,187

## Part IX Statement of Functional Expenses

Check if Schedule O contains a response	onse or note to any line	e in this Part IX	<u></u>	<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations     and domestic governments. See Part IV, line 21	20,900,632.	20,900,632.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			<del> </del>
5 Compensation of current officers, directors, trustees, and key employees	560,376.		112,075.	448,301.
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	964,287.	702,131.	96,699.	165,457
8 Pension plan accruals and contributions (include		1		
section 401(k) and 403(b) employer contributions)	34,109.	22,675.	2,269.	9,165
9 Other employee benefits	147,913.	100,008.	6,868.	41,037
10 Payroll taxes	101,003.	51,661.	13,907.	35,435
11 Fees for services (non-employees)				
a Management	97,992.	72,992.	25,000.	
b Legal	10,287.		5,144.	5,143
c Accounting	36,312.		36,312.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	239,206.		239,206.	
9 Other (If line 11g amount exceeds 10% of line 25, column		$\top$		
(A) amount, list line 11g expenses on Schedule O)	0.			
12 Advertising and promotion	235,057.	44,285.		190,772
13 Office expenses	36,734.	846.	35,888.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	122,806.	117,875.	4,931.	
17 Travel	0.			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			_
19 Conferences, conventions, and meetings	0.			_
20 Interest	0.			_
21 Payments to affiliates	0.			_
22 Depreciation, depletion, and amortization	286,177.	286,177.		
23 Insurance	28,113.	26,113.	2,000.	
24 Other expenses Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, column				•
(A) amount, list line 24e expenses on Schedule O)				
aOTHER SERVICES	370,720.	9,433.	361,287.	
banimal supplies & forage	178,874.	178,874.		
cSTEWARDSHIP	160,426.			160,426.
dREPAIRS AND MAINTENANCE	155,976.	80,915.	75,061.	_
e All other expenses	119,953.	40,630.	79,323.	
25 Total functional expenses Add lines 1 through 24e	24,786,953.	22,635,247.	1,095,970.	1,055,736
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundamental collections.				
fundraising solicitation Check here  following SOP 98-2 (ASC 958-720)	0.			
10110Willig 001 30-2 (A00 300-120)	٠.١			Form <b>990</b> (2018

	n 990 (	Balance Sheet				_	Page 1
۲a	rt X	Check if Schedule O contains a response of	rnot	n to any line in this D	ort Y		<del></del>
		Crieck ii Scriedule O contains a response c	n nou	e to any line in this P		· · · ·	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,043,757.	1	1,473,786
	2	Savings and temporary cash investments		0.	2	0	
	3	Pledges and grants receivable, net			62,704,732.	3	43,204,943
	4	Accounts receivable, net	0.	4	(		
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co					
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	. 0.	5	(		
	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) voluorganizations (see instructions) Complete Part II of Sche	, and o	contributing employers employees' beneficiary	- - 0.	6	-
Assets	7	Notes and loans receivable, net			0.	7	
SS	8	Inventories for sale or use			11,998.	8	10,423
⋖	9	Prepaid expenses and deferred charges			6,439.	9	13,321
	-	Land, buildings, and equipment cost or	i		,		<u> </u>
		other basis Complete Part VI of Schedule D	10a	23,900,594.			
	ь	Less accumulated depreciation	10b	4,919,859.	18,326,402.	10c	18,980,735
	11	Investments - publicly traded securities			77,875,833.	11	74,144,294
	12	Investments - other securities See Part IV, line 11	0.	12	(		
	13	Investments - program-related See Part IV, line 11	0.	13			
	14	Intangible assets			0.	14	
	15	Other assets See Part IV, line 11			0.	15	
	16	Total assets. Add lines 1 through 15 (must equal			162,969,161.	16	137,827,502
	17	Accounts payable and accrued expenses			175,375.	17	144,360
	18	Grants payable		0.	18		
	19	Deferred revenue		598,206.	19	592,006	
	20	Tax-exempt bond liabilities			0.	20	
	21	Escrow or custodial account liability Complete Pa			0.	21	
les	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen		-			•
.lar		disqualified persons Complete Part II of Schedule			5,000,000.	22	527.76
_	23	Secured mortgages and notes payable to unrelate			5,000,000.	23	537,76
	24	Unsecured notes and loans payable to unrelated			<u></u>	24	<del></del>
٠	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines			816.	25	27,978
i	26	of Schedule D			5,774,397.	25 26	1,302,110
-		Organizations that follow SFAS 117 (ASC 958),			3,771,337.	20	1,302,111
Se		complete lines 27 through 29, and lines 33 and	34.	There > and			`
Č	27	Unrestricted net assets			86,456,866.	27	85,806,979
Sala	28	Temporarily restricted net assets			69,407,019.	28 1	49,387,534
0	29	Permanently restricted net assets		1,330,879.	29	1,330,879	
net Assets of Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.				_	
S	30	Capital stock or trust principal, or current funds .		зó			
SSe	31	Paid-in or capital surplus, or land, building, or equ	nt fund		31		
ا ک	32	Retained earnings, endowment, accumulated inco			32		
Š	33	Total net assets or fund balances			157,194,764.	33	136,525,392
	34	Total liabilities and net assets/fund balances			162,969,161.	34	137,827,502

	90 (2018)	_			Pa	ge 12
Part						_
	Check if Schedule O contains a response or note to any line in this Part XI	1		10,2		161
1	Total revenue (must equal Part VIII, column (A), line 12)	2		24,7		
2	Total expenses (must equal Part IX, column (A), line 25)	3		14,5		
3	Revenue less expenses Subtract line 2 from line 1	4		57,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		-6,1		
5	Net unrealized gains (losses) on investments	6				0
6	Donated services and use of facilities	7				0
7	Investment expenses	8				0
8	Prior period adjustments	9				0
9 10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	-				
10	33, column (B))	10	1	36,5	25,3	92
Part						
<b>.</b>	Check if Schedule O contains a response or note to any line in this Part XII					
					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," e	xplain	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	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	Х	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	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	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		_	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ח וח			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		
				Form	990	(201

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

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

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

▶ Attach to Form 990 or Form 990-EZ ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OMAHA ZOO FOUNDATION

Employer identification number 36-3297716

	_								
Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions	<u> </u>	
The	orga	anization is not a private fou	ndation because it	is (For lines 1 through	jh 12, ch	eck only	one box.)	_	
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	П	A school described in secti	ped in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))						
3	П	A hospital or a cooperative	perative hospital service organization described in section 170(b)(1)(A)(iii).						
4	П	A medical research organiz						(iii). Enter the	
		hospital's name, city, and st		•					
5		An organization operated to		a college or universit	v owned	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C			•	•	, ,		
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(	b)(1)(A)(v).		
7	Н	An organization that norma	_					om the general public	
•	ب	described in section 170(b)	-		pport iii	om a go	rommonial and or me	on the general param	
		A community trust describe		•	Part II \				
9	$\vdash \vdash$	An agricultural research org	•				Lin conjunction with a	land-grant college	
9	ш	or university or a non-land-							
		•	grant conege or ag	griculture (see instruct	ions) Ei	iller lile	name, city, and state of	the conege of	
	$\overline{}$	university				f		food and make	
10		An organization that norma receipts from activities rela	ily receives (1) mi	ore than 331/3 % of its functions - subject to (	support ertain e	xception	ntributions, membersi s. and (2) no more tha	n 331/3 %of its	
		support from gross investm	ent income and u	nrelated business tax	able inco	ome (les:	s section 511 tax) from	businesses	
		acquired by the organizatio							
11		An organization organized	•		•		, , , ,		
12	Х	An organization organized	•					-	
		of one or more publicly su	_						
	_	Check the box in lines 12a t	•	• • • • • • • • • • • • • • • • • • • •	• • •		•		
а	Ŀ	🛂 <b>Type I</b> . A supporting orga	anızatıon operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	n(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the	
	_	_ supporting organization \	ou must complet	e Part IV, Sections A	and B.				
b	L	$oldsymbol{ol}}}}}}}}}$	anızatıon supervis	ed or controlled in co	nnection	with its	supported organization	on(s), by having	
		control or management of	of the supporting o	rganization vested in	the sam	e persor	s that control or man	age the supported	
		organization(s) You must	complete Part IV	, Sections A and C.					
С		☐ Type III functionally integ	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functional	ly integrated with,	
		its supported organization							
d		Type III non-functionally						ted organization(s)	
		that is not functionally inte							
		requirement (see instructi	-						
е		Check this box if the orga	•	•				I. Type III	
·	_	functionally integrated, or					•••	., . <b>, , , .</b>	
f	En	ter the number of supported	• •						
ď		ovide the following information	=						
		ame of supported organization	(ii) EIN		(IV) Is the	organization	(v) Amount of monetary	(vi) Amount of	
	(,,		(··/ =···	(described on lines 1-10	listed in you	ur governing	support (see	other support (see	
7	מדד	CHMENT 1		above (see instructions))	Yes	ment?	instructions)	instructions)	
<u> </u>			<u> </u>		169	NO			
(A)				1					
				<u> </u>					
(B)									
(C)									
		<u></u>				ļ			
(D)									
						<u> </u>		<del> </del>	

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

Schedule A (Form 990 or 990-EZ) 2018

(E)

Total

20,510,959.

Schedule A (Form 990 or 990-EZ) 2018         Page 2								
Pa	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)							
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under							
	Part III If the organization fai	ls to qualify u	nder the tests	listed below, p	olease comple	te Part III.)		
	tion A. Public Support		1		- <sub>T</sub>	T		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
'	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				1			
	organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by							
3	each person (other than a							
	governmental unit or publicly							
	supported organization) included on					t		
	line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4		<del>                                     </del>		/			
	tion B. Total Support	<u> </u>			<del>/</del>	4	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	(-,	(-,		(-,	3.2	, , , , , , , , , , , , , , , , , , ,	
8	Gross income from interest, dividends,							
·	payments received on securities loans,							
	rents, royalties, and income from							
	similar sources		<del></del>					
9	Net income from unrelated business			1			]	
	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 VI)				-	<del> </del>		
11	Total support. Add lines 7 through 10					42	<u> </u>	
12	Gross receipts from related activities, etc. (s	•				12		
13	First five years. If the Form 990 is for							
500	organization, check this box and stop here tion C. Computation of Public Sup			<u> </u>	· · · · · · · · · · · ·	<u> </u>		
14	Public support percentage for 2018 (III	-·· ·· ·/·	*	11 column (f)		14	%	
	Public support percentage for 2017  Public support percentage from 2017							
15	331/3% support test - 2018. If the oge							
10a							i i	
	box and stop here. The organization qu	•		-				
D	331/3% support test - 2017. If the org							
	this box and stop here. The organization	•		-				
1/a	10%-facts-and-circumstances test - 2		-					
	10% or more, and if the organization							
	Part VI how the organization meets t			_			supported	
٠.	•							
b	10%-facts-and-circumstances test - 2		•					
	15 is 10% or more, and if the orga							
	Explain in Part VI how the organization						a publicly	
	supported organization						▶ □	
18	Private foundation. If the organization							
	instructions		<u>.</u>				▶ □	
	/				•	Schedule A (Form	990 or 990-EZ) 2018	
/								
•								

Schedule A (Form 990 or 990-EZ) 2018

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tot
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise		,				
	sold or services performed, or facilities		'				•
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					1	
	unrelated trade or business under section 513.					1	
4	Tax revenues levied for the						
	organization's benefit and either paid to	1		İ			
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			1	A .		
6	Total. Add lines 1 through 5						<u> </u>
	Amounts included on lines 1, 2, and 3		1				<u> </u>
	received from disqualified persons						
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified	İ					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b			1			
8	Public support (Subtract line 7c from						<del>                                     </del>
Ū	line 6)						
500	tion B. Total Support			1	1		
		(=) 204.4	(6) 2015	(-) 2046	(4) 2047	(-) 2010	(f) Tota
	ndar year (or fiscal year beginning in)	(a) 2014	(0) 2013	(c) 2016	(d) 2017	(e) 2018	- (1) 100
9	Amounts from line 6		/				
10 a	Gross income from interest, dividends, payments received on securities loans,	٫ ا	<b>A</b>				
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	·				1		1
	acquired after June 30, 1975		1		1		
С	acquired after June 30, 1975 Add lines 10a and 10b		<u> </u>				-
	Add lines 10a and 10b						
c 11	·	<i>f</i> .			_		
	Add lines 10a and 10b						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on						_
11	Add lines 10a and 10b						
11	Add lines 10a and 10b						
11	Add lines 10a and 10b						
11 12 13	Add lines 10a and 10b						504(-)(0)
11	Add lines 10a and 10b	_			·		
11 12 13 14	Add lines 10a and 10b	<u> </u>	<u> </u>		·		
11 12 13 14 Sec	Add lines 10a and 10b	port Percent	age				
11 12 13 14 Sec 15	Add lines 10a and 10b	port Percental, column (f), divi	age ded by line 13, colu	ımn (f))		15	
11 12 13 14 Sec 15 16	Add lines 10a and 10b	port Percental, column (f), divi	age ded by line 13, colu	ımn (f))			
11 12 13 14 Sec 15 16	Add lines 10a and 10b	port Percental, column (f), divi	age ded by line 13, colu	ımn (f))		15	
11 12 13 14 Sec 15 16	Add lines 10a and 10b	port Percenta , column (f), divi edule A, Part III, la t Income Per	age ded by line 13, coluine 15	mn (f))		15	
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b	port Percenta d, column (f), diviedule A, Part III, lint Income Per ine 10c, column Schedule A, Par	age ded by line 13, coluine 15 centage (f), divided by line till, line 17	mn (f))		15 16 17 18	•
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Schrittion D. Computation of Investment Investment income percentage for 2018 (line 8 Investment income percentage for 2018 (line 8 Investment income percentage for 2018 (line 8 Investment income percentage for 2018 (line 8 Investment income percentage for 2018 (line 8 Investment income percentage for 2018 (line 8 Investment income percentage for 2018 (line 8 Investment income percentage for 2018 (line 8 Investment income percentage for 2018 (line 8 Investment Investment Investment Income percentage for 2018 (line 8 Investment Investment Income percentage for 2018 (line 8 Investment Investment Income percentage for 2018 (line 8 Investment Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line 8 Investment Income percentage for 2018 (line	port Percenta d, column (f), diviedule A, Part III, lint Income Per ine 10c, column Schedule A, Par	age ded by line 13, coluine 15 centage (f), divided by line till, line 17	mn (f))		15 16 17 18	•
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b	port Percenta b, column (f), divi edule A, Part III, la t Income Per ine 10c, column Schedule A, Par ganization did r	age  ded by line 13, columne 15  centage  (f), divided by line till, line 17 not check the box	13, column (f))x on line 14, an	d line 15 is mor	15 16 17 18 re than 331/3%	, and line
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b	port Percenta column (f), divi- edule A, Part III, la t Income Per ine 10c, column Schedule A, Par- ganization did r ins box and sto	age  ded by line 13, coluine 15  centage  (f), divided by line t III, line 17 not check the boop here. The org	13, column (f))x on line 14, an	d line 15 is mores as a publicly	15 16 17 18 re than 331/3% supported orga	, and line
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b	port Percenta column (f), dividedule A, Part III, lint Income Per ne 10c, column Schedule A, Par ganization did ra is box and stoanization did not	age  ded by line 13, columne 15  centage  (f), divided by line till, line 17 not check the box p here. The org	13, column (f))  c on line 14, an anization qualifie line 14 or line 1	d line 15 is moi is as a publicly 9a, and line 16 is	15 16 17 18 e than 331/3% supported orga s more than 331	, and line nization . ▶

class or purpose, describe the designation. If historic and continuing relationship, explain

Page 4

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#### **Supporting Organizations** Part IV

Section A. All Supporting Organizations

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

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No." describe in Part VI how the supported organizations are designated. If designated by

- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

	res	NO
1	Х	
		- 1
2		_X
3a_		Х
3b		
3c		
4a		х
4b		
	-	
4c		
5a_		х ·
5b 5c		
		Х
6		
7		х
8	-	Х
9a		Х
9b		х
9c		x
10a		х
10b		
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Schedu	ule A (Form 990 or 990-EZ) 2018			Page :
Part				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a	~	ı X
h	A family member of a person described in (a) above?	11b		x
		11c	1	X
C	ion B. Type I Supporting Organizations	1110	l	
Secu	ion B. Type I Supporting Organizations		Yes	No
	·		1 65	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	x	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		x
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	-	
Secti	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity Describe in Part VI how you supported a government entity (see			
			Yes	No
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	- 2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		_
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		_	-

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard Schedule A (Form 990 or 990-EZ) 2018

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations  1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E  Section A - Adjusted Net Income  1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  Section B - Minimum Asset Amount  (A) Prior Year (B) Current Year (optional)
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E  Section A - Adjusted Net Income  1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E  Section A - Adjusted Net Income  1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
Section A - Adjusted Net Income  (A) Prior Year  (B) Current Year (optional)  1 Net short-term capital gain  2 Recoveries of prior-year distributions  3 Other gross income (see instructions)  4 Add lines 1 through 3  5 Depreciation and depletion  6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
2 Recoveries of prior-year distributions  3 Other gross income (see instructions)  4 Add lines 1 through 3  5 Depreciation and depletion  6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
3 Other gross income (see instructions)  4 Add lines 1 through 3  5 Depreciation and depletion  6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
4 Add lines 1 through 3 5 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
5 Depreciation and depletion  6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  (B) Current Year (optional)
maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  (B) Current Year (optional)
7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  (B) Current Year (optional)
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  (B) Current Year (optional)
Section B - Minimum Asset Amount  (A) Prior Year (optional)  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) (Optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
instructions for short tax year or assets held for part of year)
A common and the combined of a particular
a Average monthly value of securities 1a
b Average monthly cash balances 1b
c Fair market value of other non-exempt-use assets
d Total (add lines 1a, 1b, and 1c)
e Discount claimed for blockage or other
factors (explain in detail in Part VI).
2 Acquisition indebtedness applicable to non-exempt-use assets
3 Subtract line 2 from line 1d
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,
see instructions) 4
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5
6 Multiply line 5 by 035 6 .
7 Recoveries of prior-year distributions 7
8 Minimum Asset Amount (add line 7 to line 6)
Section C - Distributable Amount  Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)
2 Enter 85% of line 1 2
3 Minimum asset amount for prior year (from Section B, line 8, Column A)  3
4 Enter greater of line 2 or line 3
5 Income tax imposed in prior year 5
6 Distributable Amount. Subtract line 5 from line 4, unless subject to
emergency temporary reduction (see instructions) 6
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity	<del></del>		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u></u>		
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	instructions			•
3	Excess distributions carryover, if any, to 2018			,
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4		· · · · · · · · · · · · · · · · · · ·	
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions		<del></del> .	
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
	Breakdown of line 7			
a	Excess from 2014			
<u>b</u>	Excess from 2015			
<u></u>	Excess from 2016		<del></del>	
d	Excess from 2017		<u> </u>	
<u>е</u>	Excess from 2018	<u> </u>	Cabadula	A (Form 990 or 990-FZ) 2018

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

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
	•	(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
OMAHA ZOOLOGICAL SOCIETY	47-0469782	7	x	20,510,959	0
TOTAL AMOUNT OF SUPPORT				20,510,959	0

### **SCHEDULE D** (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization OMAHA ZOO FOUNDATION 36-3297716 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2b b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.............. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) 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" on 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 1a 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 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018							Page <b>2</b>
Рa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	easures	, or Other	Similar Assets (d	continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its						nificant use of its	
	collection items (check all that appl	y)		_				
а	Public exhibition		d	Loan	or excha	nge progra	ms	
b	Scholarly research		e	Other				
С	Preservation for future gener	rations						
4	Provide a description of the organ	nization's collections	and expla	in how	they furt	her the or	ganızatıon's exemp	t purpose in Part
	XIII							
5	During the year, did the organization						_	
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No							
Pa	Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form							
		tion answered "Ye	es" on For	n 990, F	art IV, I	ine 9, or r	eported an amour	nt on Form
	990, Part X, line 21.				<del></del>		<del></del> .	
1 a	Is the organization an agent, truste							
	included on Form 990, Part X?							] Yes No
b	If "Yes," explain the arrangement in	n Part XIII and comp	piete the foi	lowing tai	DIE F			
	Danis and Adams				-	_	Amount	
C	Beginning balance							
ď	Additions during the year							
e	Distributions during the year				_	1e	-	
f 20	Ending balance					1f   r custodial	account liability?	Yes No
2a	If "Yes," explain the arrangement in						_	_ =
	rt V Endowment Funds.	Trait Aill Check lie	ere ii tile ez	piariation	i iias bee	ii piovided	OII Fait Aiii	• • • • • • • • • • • • • • • • • • • •
Га	Complete if the organiza	tion answered "Ye	es" on For	n 990 F	Part IV I	ine 10		
		(a) Current year	(b) Prior			years back	(d) Three years back	(e) Four years back
4.	Bassana of waar balance	54,759,721.	49,173	-		71,714.	47,495,471.	49,428,105.
1a	.,	72,997.		5,840.		80,883.	85,140.	89,621.
þ	Contributions		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
C	Net investment earnings, gains,	-2,778,165.	7.632	2,109.	5.4	86,125.	-178,973.	4,238,443.
	and losses	1,740,560.		2,289.		65,661.	2,029,924.	6,260,698.
u	Grants or scholarships							<u> </u>
Е	and programs							
•	Administrative expenses					_		
	End of year balance	50,313,993.	54,759	9,721.	49,1	73,061.	45,371,714.	47,495,471.
9 2	Provide the estimated percentage		and halance	(line 1a	column	(a)) held as		
a	Board designated or quasi-endowm			, (iiile ig,	Column	(a)) Held as		
ь		500 %	_					
С	Temporarily restricted endowment	1.9100 %						
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	100%					
3a	Are there endowment funds not in	the possession of th	ne organiza	tion that	are held	and admir	istered for the	
	organization by.							Yes No
	(i) unrelated organizations		. <b></b> .					3a(i) X
	(ii) related organizations							3a(ii) X
ь	If "Yes" on line 3a(ii), are the relate	d organizations lister	d as require	d on Sch	edule R?	'		3b
4	Describe in Part XIII the intended u		tion's endov	vment fur	nds			
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ipment.	e" on For	m 000 I	Dart I\/	line 11a 9	See Form 990 Pa	rt Y line 10
	Description of property	(a) Cost or			or other bas			) Book value
	· · · · · · · · · · · · · · · · · · ·	(invest		`´ (o	ther)	depr	eciation	·
1 a	Land				92,736			15,392,736.
b	Buildings			6,1	.94,179	9. 2,7	08,188.	3,485,991.
С	Leasehold improvements	·				, , ,	11 (71	100 000
d	Equipment			2,3	313,679	9. 2,2	11,671.	102,008.
	Other		- 000 =	· · ·	- (5)	10.1		10 000 535
ı ota	I. Add lines 1a through 1e. (Column	(a) must equal Forn	n 990, Part .	x, columi	n (B), line	7UC)	▶	18,980,735.

Schedule D (Form 990) 2018

P	an	6	:

Part VII	Investments - Other Securities.  Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	(b) must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments - Program Related.		
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)	·	-	
(3)			
(4)			
(5)	·		
(6)			
(7)			
(8)			
(9)	(b) must equal Form 990, Part X, col (B) line 13)		
Part IX		d "Yes" on Form 990	, Part IV, line 11d See Form 990, Part X, line 15.
(1)			
(2)			
(3)			
(4)		<u> </u>	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mm (b) must equal Form 990, Part X, col (B)	line 15)	
	Other Liabilities.  Complete if the organization answere line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
Part X	Complete if the organization answere	d "Yes" on Form 990	
Part X  1 (1) Federa	Complete if the organization answere line 25.  (a) Description of liability al income taxes		
Part X  1 (1) Federa	Complete if the organization answere line 25.  (a) Description of liability		<u>e</u> ;
Part X  1 (1) Federa	Complete if the organization answere line 25.  (a) Description of liability al income taxes	(b) Book valu	<u>e</u> ;
Part X  (1) Federa (2) DUE 3	Complete if the organization answere line 25.  (a) Description of liability al income taxes	(b) Book valu	<u>e</u> ;
1 (1) Feder: (2) DUE 1 (3)	Complete if the organization answere line 25.  (a) Description of liability al income taxes	(b) Book valu	<u>e</u> ;
1 (1) Federa (2) DUE 1 (3) (4)	Complete if the organization answere line 25.  (a) Description of liability al income taxes	(b) Book valu	<u>e</u> ;
(1) Federa (2) DUE (3) (3) (4) (5)	Complete if the organization answere line 25.  (a) Description of liability al income taxes	(b) Book valu	<u>e</u> ;
(1) Federa (2) DUE 7 (3) (4) (5) (6)	Complete if the organization answere line 25.  (a) Description of liability al income taxes	(b) Book valu	<u>e</u> ;
(1) Federa (2) DUE (3) (3) (4) (5) (6) (7)	Complete if the organization answere line 25.  (a) Description of liability al income taxes	(b) Book valu	<u>e</u> ;
(1) Feder: (2) DUE 1 (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answere line 25.  (a) Description of liability al income taxes	(b) Book valu	e

Schedule D (Form 990) 2018

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Part X	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ղ.	
1 7	Total revenue, gains, and other support per audited financial statements	1	3,916,453.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
d (	Other (Describe in Part XIII )		
e /	Add lines 2a through 2d	2e	-6,084,400.
	Subtract line 2e from line 1	3	10,000,853.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	nvestment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
c A	Add lines 4a and 4b	4c	259,508.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,260,361.
Part X	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1 1	Total expenses and losses per audited financial statements	1	4,334,374.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII )		
	Add lines 2a through 2d	2e	58,380.
	Subtract line <b>2e</b> from line <b>1</b>	3	4,275,994.
4 4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a l	nvestment expenses not included on Form 990, Part VIII, line 7b 4a		
<b>b</b> (	Other (Describe in Part XIII)		
	Add lines 4a and 4b	4c_	20,510,959.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	24,786,953.
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation	
	<del></del>		

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### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 1

THE OMAHA ZOO FOUNDATION HOLDS ENDOWMENT FUNDS FOR THE SUPPORT OF OMAHA ZOOLOGICAL SOCIETY'S MISSION AND PROGRAMS. THE ENDOWMENTS PROVIDE ANNUAL OPERATING SUPPORT TO THE SOCIETY FOR THE BUILDING AND MAINTENANCE OF ZOOLOGICAL AND BOTANICAL EXHIBITS AS WELL AS THE ASSOCIATED RESEARCH, CONSERVATION, AND EDUCATIONAL PROGRAMS.

SCHEDULE D, PART X, LINE 2

THE FOUNDATION HAS BEEN RECOGNIZED AS A NOT-FOR-PROFIT CORPORATION BY THE INTERNAL REVENUE SERVICE AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. FICUS LLC IS A SINGLE MEMBER LLC OWNED 100% BY THE FOUNDATION, AND THEREFORE IS DISREGARDED FOR INCOME TAX PURPOSES AND ITS ACTIVITY IS REPORTED ON THE FOUNDATION. THE FOUNDATION APPLIES THE PROVISIONS OF FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, INCLUDED IN ASC SUBTOPIC 740-10, INCOME TAXES -- OVERALL. FIN 48 PROVIDES SPECIFIC GUIDANCE ON HOW TO ADDRESS UNCERTAINTY IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES, PRESCRIBING RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES. AT DECEMBER 31, 2018, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI & XII, LINE 2D COST OF GOODS SOLD \$58,380

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

GRANT RECEIVED FROM OMAHA ZOOLOGICAL SOCIETY \$259,508

SCHEDULE D, PART XII, LINE 4B

GRANTS PAID TO OMAHA ZOOLOGICAL SOCIETY \$20,510,959

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

OMAHA ZOO FOUNDATION

Part I

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Open to Public Inspection

he organization	Employer identification number
ZOO FOUNDATION	36-3297716
General Information on Grants and Assistance	

Ŷ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, X 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? ..... Part II

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OWAHA ZOOLOGICAL SOCIETY							
3701 S 10TH STREET OMAHA, NE 68107	47-0469782	501(C)(3)	20,510,959		N/A	N/A	GENERAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)	_						
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and governmen	government	organizations lis	t organizations listed in the line 1 table.	ole		<b>A</b>	1.
3 Enter total number of other organizations listed in the line 1 table	ed in the line	1 table	•	•	•		

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

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Schedule I (Form 990) (2018)

36-3297716

OMAHA ZOO FOUNDATION

Part III

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018)

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_						
2						
, m						
4						
S.						
9						
7						
art IV	Part IV Supplemental Information. Provide the Information	nformation re	quired in Part I, I	ine 2, Part III, o	rmation required in Part I, line 2, Part III, column (b); and any other additional	ther additional

SCHEDULE I, PART I, LINE 2

SOCIETY, THE SUPPORTED ORGANIZATION, NO MONITORING REQUIRED.

AS A SUPPORTING ORGANIZATION, ALL GRANTS GO TO THE OMAHA ZOOLOGICAL

Schedule I (Form 990) (2018)

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

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

OMB № 1545-0047

Open to Public Inspection

Name of the organization

OMAHA ZOO FOUNDATION

Department of the Treasury

Internal Revenue Service

Employer identification number

36-3297716

Part I 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 on 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 Personal services (such as maid, chauffeur, chef) Discretionary spending account 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 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 Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Х Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Х 4a Х 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan?........ Х 4c c Participate in, or receive payment from, an equity-based compensation arrangement?......... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of Х 5a Х 5b If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of Х 6a X 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject

Schedule J (Form 990) 2018

8

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Х

36-3297716

Schedule J (Form 990) 2018

Page 2

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

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

Note: The sum of columns (B)(1)-(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	f W-2 and/or 1099-MISC compensation	3C 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)(ı)-(D)	ın column (B) reported as deferred on pnor Form 990
DR. LEE G. SIMMONS	Ξ	203,897.	0	4,428.	10,565.	13,895.	232,785.	0.
1CHAIRMAN/DIRECTOR	Ξ	.0	.0	0.	0	0.	0	0.
TINA CHERICA	Ξ	141,322.	48,475.	. 996	9,700.	11,245.	211,708.	0.
2EXECUTIVE DIRECTOR	€	.0	.0	0.	0	0	0	0.
KILEY THIELE	ε	111,308.	0	685.	3,372.	518.	115,883.	0.
3DIRECTOR OF DEVELOPMENT		0.	.0	0	0	0.	0.	0
	Ξ							
. 4	(ii)							
	Ξ							•
ĸ	Ξ							
	ε							
9	Ξ	•						
	(1)							
7	3							
	Ξ							
8	Ξ							
	(1)							
6	Œ							
	(1)							
10	(E)							
	Ξ							
11	Ξ							
	Θ							
12	<u>(E</u> )							
	Ξ							
13	(ii)							
	Ξ							
14	(E)							
	Ξ							
15	(ii)							
	ε							
16	(ii)							
							Sch	Schedule J (Form 990) 2018

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 (Form 990) 2018

Part III Supplemental Information

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Schedule J (Form 990) 2018

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

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

2018

Open to Public Inspection

OMAHA ZOO FOUNDATION

Employer identification number 36-3297716

FORM 990, PART VI, LINE 2

THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS:

MOGENS BAY AND WALTER SCOTT, JR.

MIKE MCCARTHY AND WALTER SCOTT, JR.

MIKE MCCARTHY AND MOGENS BAY

MIKE MCCARTHY AND HOWARD HAWKS

FORM 990, PART VI, LINE 3

THE OMAHA ZOOLOGICAL SOCIETY, THE SUPPORTED ORGANIZATION, PROVIDES

MANAGEMENT SERVICES TO THE FOUNDATION.

FORM 990, PART VI, LINE 7A

DIRECTORS OF OMAHA ZOO FOUNDATION ARE APPOINTED BY OMAHA ZOOLOGICAL

SOCIETY.

FORM 990, PART VI, LINE 11B

A COMPLETE COPY OF THE RETURN IS EMAILED TO ALL BOARD MEMBERS FOR REVIEW

AND COMMENT PRIOR TO THE RETURN BEING FILED.

FORM 990, PART VI, LINE 12C

ANNUALLY, THE POLICY IS REVIEWED AND ALL OFFICERS, DIRECTORS, TRUSTEES

AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A DISCLOSURE FORM.

FORM 990, PART VI, LINE 15A

ANNUALLY, THE EXECUTIVE DIRECTOR (ED) MEETS WITH BOARD CHAIRMAN TO REVIEW

Name of the organization
OMAHA ZOO FOUNDATION

Employer identification number 36-3297716

THE ED'S COMPENSATION. ITEMS REVIEWED IN THE MEETING ARE THE ACHIEVEMENT OF INDIVIDUAL AND ORGANIZATIONAL GOALS, AS WELL AS COMPARABILITY DATA SOURCED FROM THIRD PARTIES, SUCH AS GUIDESTAR'S NONPROFIT COMPENSATION REPORT. THE REVIEW AND COMPENSATION ADJUSTMENTS ARE DOCUMENTED IN A LETTER SIGNED BY THE BOARD CHAIRMAN.

FORM 990, PART VI, LINE 19
NO DOCUMENTS AVAILABLE TO THE PUBLIC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

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

36-3297716

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

OMAHA ZOO FOUNDATION

Part I

Open to Public Inspection

OMB No 1545-0047

36-3297716

Employer identification number

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Name, address, and EIN	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FICUS, LLC	20-8043536					
3701 SOUTH 10TH STREET	OMAHA, NE 68107	LAND HOLDER	NE		50,125.	50,125. OM ZOO FDN
(2)						
	,					
(3)						
(4)						
(5)						
(9)						
		<del>-</del>				

Dart II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had	Complete if the org	anization answer	ed "Yes" on Fo	rm 990, Part IV,	line 34, because	it had	
ן מונוו	one or more related tax-exempt organizations during the tax year.	he tax year.						
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13)
							Yes	8
(1) OMAHA	(1) OMAHA ZOOLOICAL SOCIETY 47-0469782							
3701 8	3701 SOUTH 10TH STREET OMAHA, NE 68107	200	NE	501(C)(3)	7	N/A		×
(2)								
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<u>\$</u>		_						
(2)								
(9)								
(7)								
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R (Form 990) 2018	R (Form 99	90) 2018

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Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, hocause it had one or more related organization.

	(k) Percentage ownership									
	<del></del>	Š								
	(J) General or managing partner?	Yes								<u></u>
	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)									
	(h) sproportorate allocations?	No		 						
	(h) Disproporterate allocations?	Yes								_]:
	(g) Share of end-of- year assets									
e tax year.	(f) Share of total income									
artnership during the	(e) Predominant income (related, unrelated, excluded from itax under sections 512 - 514)									
s treated as a pa	(d) Direct controlling entity									
anızation	(c) Legal domicile (state or foreign	,,								
more related org	(b) Primary activity			1						
because it had one or more related organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization		(1)	(2)	(3)	(4)	(5)	(9)	(7)	

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	(9) (h) Share of Share of Abercentage Section end-of-year assets ownership (5)(13)	(h) Percentage ownership	(i) Section 12(b)(13) controlled
		country)						entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								_
(1)								
								_
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Method of determining Yes × × × × × × amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 19 1q ļ 9 4 1 4 **1**e 4 Ε + Ξ Exchange of assets with related organization(s), ............................... Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-s) Sharing of paid employees with related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Other transfer of cash or property from related organization(s). (a)
Name of related organization Dividends from related organization(s) Ε ۵ 5 ¥ **c** 0 € 3 3 7  $\widehat{\Xi}$ 

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

		- 1								
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.