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Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	r the 2010 calendar year, or tax	year beginning OCT 1, 2	2 <u>010</u> and	ending S	SEP 30, 2011	
B Cl	ck if licable C Name of organization				D Employer identific	cation number
		CAL SOCIETY OF MIL	LWAUKEE C	TY.		
	Name change Doing Business As				39-6	077242
	,	2.0. box if mail is not delivered to street	address)	Room/suite	- •	
\sqsubseteq		BLUEMOUND ROAD			4142	<u>582333</u>
느	eturn City or town, state or co	•			G Gross receipts \$	8,270,138
<u></u>	Applica- ion MILWAUKEE, V				H(a) Is this a group re	
	F Name and address of p	orincipal officer.ROBERT M.			for affiliates?	Yes X No
		LUEMOUND ROAD, MII			H(b) Are all affiliates inc	
	x-exempt status: X 501(c)(3)	501(c) () ◀ (insert no.)) 4947(a)(1)	or 527	7	list (see instructions)
	ebsite: WWW ZOOSOCIE		7 au 1	<u> </u>	H(c) Group exemption	
	m of organization: X Corporation	Trust Association	Other >	L Year	of formation: 1910 N	State of legal domicile; W
Pa	!			WEGGE	N OF BUE 70	OT OGTGAT
8		ion's mission or most significant ac				
Activities & Governance		TAKE PART IN CONSE				
Veri		ne organization discontinued its op	=	osea or more	1 1	
Go	_	f the governing body (Part VI, line			3	3; 3'
න්	· •	g members of the governing body mployed in calendar year 2010 (Pa			4 5	10
iţi	Total number of individuals enTotal number of volunteers (e		iit v, iiie zaj		6	60-
Ě		enue from Part VIII, column (C), line	. 10		7a	0
۲		ble income from Form 990-T, line 34			7a 7b	0
\dashv	D Net differenced business taxab	le income nom rom 930-1, line 54	T		Prior Year	Current Year
_	8 Contributions and grants (Pa	rt VIII line 1h)			8,074,643.	6,927,493
Revenue	9 Program service revenue (Par				511,906.	494,789
ě	· · · · · · · · · · · · · · · · · · ·	column (A), lines 3, 4, and 7d)		109,384.	132,906	
œ	·	mn (A), lines 5, 6d, 8c, 9c, 10c, and	-	302,871.	313,669	
	·	rough 11 (must equal Part VIII, colu		_	8,998,804.	7,868,857
		oaid (Part IX, column (A) (mes) 1-3)	<u> </u>		1,190,927.	1,376,285
	14 Benefits paid to or for member		ပ္က		0.	0
က္		, employee benefits (Part IX) colum	(A), lines 5-10)		1,781,736.	1,876,428
Expenses	16a Professional fundraising fees		/&/		0.	0
De		Part X column (D), line 25)	69,5	559.		
ώ	17 Other expenses (Part IX, colu				5,540,765.	5,203,536
	18 Total expenses Add lines 13	-17 (must equal Part IX, column (A)), line 25)		8,513,428.	8,456,249
	19 Revenue less expenses Sub				485,376.	<587,392
ces				Ве	eginning of Current Year	End of Year
Assets or Balances	20 Total assets (Part X, line 16)				2,424,128.	1,990,806
Net As Fund B	21 Total liabilities (Part X, line 26)		_	1,389,916.	1,543,986
	22 Net assets or fund balances	Subtract line 21 from line 20			1,034,212.	446,820
	t II Signature Block				<u>-</u> .	
		ve examined this return, including acco				y knowledge and belief, it is
true,	orrect, and complete. Declaration of p	reparer (other than officer) is based on	all information of w	vhich prepare	r has any knowledge.	1.5-
Sigr		Van J			3/13	/12
C:	Signature of officer	,			Date /	
		AVIS, PRESIDENT/CE	EO/DIRECT	OR		
		ie			Date Check	DTIN
	Type or print name and tit				Daye / Circle	PTIN
Here	Print/Type preparer's name	Preparer's sig	gnature and		7/////	
Hero Paid	Print/Type preparer's name CARRIE GINDT	Carry	Sinols		Date Check of self-employs	ed
Here Paid Prep	Print/Type preparer's name CARRIE GINDT rer Firm's name REILL'	Y, PENNER & BENTON	Sinola N LLP		3/4/12 self-employ	ed
Here ——Paid	Print/Type preparer's name CARRIE GINDT rer Firm's name REILL' Firm's address 1233 1	Y, PENNER & BENTON NORTH MAYFAIR RD,	N LLP SUITE 30		Firm's EIN	
Paid Prep Use	Print/Type preparer's name CARRIE GINDT rer Firm's name REILL' Firm's address 1233 I MILWAI	Y, PENNER & BENTON NORTH MAYFAIR RD,	MillP SUITE 30 55		Firm's EIN	414) 271-780 X Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	t III Statement of Program Service Accomplishments
rai	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
•	THE MISSION OF THE ZOOLOGICAL SOCIETY IS TO TAKE PART IN CONSERVING
	WILDLIFE AND ENDANGERED SPECIES, TO EDUCATE PEOPLE ABOUT THE
	IMPORTANCE OF WILDLIFE AND THE ENVIRONMENT, AND TO SUPPORT THE
	MILWAUKEE COUNTY ZOO.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ _7,495,424. including grants of \$ _1,051,756.)(Revenue \$494,404.) DIRECT SUPPORT OF MILWAUKEE COUNTY ZOO THROUGH PURCHASE OF NEW ANIMALS,
	CONSTRUCTION OF EXHIBITS, ANIMAL CONSERVATION AND EDUCATIONAL EXPENSES
	CONSTRUCTION OF EXHIBITS, ANIMAL CONSERVATION AND EDUCATIONAL EXPENSES
	540,400
4b	(Code) (Expenses \$ 540,439. including grants of \$ 417,124.) (Revenue \$)
	RESEARCH GRANTS FOR ADVANCED STUDIES IN CONSERVATION AND ENDANGERED SPECIES.
	DFECTED:
4-	(Code) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code) (Expenses 5 including grants of 5) (neverties 5)
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 8,035,863.

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	l	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			**
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		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	-10		-11
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
Ī	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- I I G		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	-		
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	ĺ		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19_	X	
20a		20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	ĺ		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		<u> </u>
		Corre	agn.	(0010)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		<u>X</u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X_
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)			,,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		.,	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u>X</u>	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			~,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			· ·
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		.	
٥.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	v
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		.	
	Note. All Form 990 filers are required to complete Schedule O	38	000 A	<u> </u>

Form **990** (2010)

Page 4

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·OHII	990	(2010)	

Form 990 (2010)

THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY.

Part V Statements Regarding Other IRS Filings and Tax Compliance

39-6077242

Page 5

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Check if Schedule O contains a response to any question in this Part V				
1s Enter the number or forms WS Can Enderd in line in a Enter 2-ft not applicable □ Inter the number of Forms WS Can Cardader in line in a Enter 2-ft not applicable □ Inter the number of Forms WS Candader in line in a Enter 2-ft not applicable □ Inter the number of Porms WS Candader in line in a Enter 2-ft not applicable □ Inter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, line in the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, line in the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, line in the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, line in the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, line in the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, line in the Number of Endergon Power of the Number of Endergon Power of the Number of Endergon Power of Endergon Pow					Yes	No
be Enter the number of Forms W28 included in line 1s. Enter 0-if not applicable Did the organization comply with backup withfolding fules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winnings. In the complex of the property of the complex of the c	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	29			
Gambingly wnnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, ided for the calendar year ending with or within the year covered by this return 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of line 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3b If If vaes, "has it filed a Form 930-Tof for the year If 1%0, *provide an explanation in Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other fundous query, a financial accountly? 4c At any time during the calendar year, did the organization have an interest in, or a signature or other fundous query, a financial accountly? 4c Alary time during the calendar year, did the organization have an interest in, or a signature or other fundous query, a financial accountly? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d If "Yes," ofted the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," ofted the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 6c If "Yes," ofted the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 6c If "Yes," of the organization shell may receive deductible contributions under section 170(c). 6c If "Yes," indicate the number of Forms 2882 filed during the year to the Form 2882 filed during the year to the Form 2882 filed during the year to the Form 2889 as required? 7d If the organization received a contribution of acts, boats, anypames, or other vehicles, did the organization file a Form 1986 C? 7d Section 501(c) Typical statement and state dur	ь	· · · · · · · · · · · · · · · · · · ·				
Gambingly wnnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, ided for the calendar year ending with or within the year covered by this return 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of line 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3b If If vaes, "has it filed a Form 930-Tof for the year If 1%0, *provide an explanation in Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other fundous query, a financial accountly? 4c At any time during the calendar year, did the organization have an interest in, or a signature or other fundous query, a financial accountly? 4c Alary time during the calendar year, did the organization have an interest in, or a signature or other fundous query, a financial accountly? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d If "Yes," ofted the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," ofted the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 6c If "Yes," ofted the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 6c If "Yes," of the organization shell may receive deductible contributions under section 170(c). 6c If "Yes," indicate the number of Forms 2882 filed during the year to the Form 2882 filed during the year to the Form 2882 filed during the year to the Form 2889 as required? 7d If the organization received a contribution of acts, boats, anypames, or other vehicles, did the organization file a Form 1986 C? 7d Section 501(c) Typical statement and state dur	С	· · · · · · · · · · · · · · · · · · ·	,			
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field for the calendary year ending with or within the year covered by this return 1	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of fines 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 3b If "Yes," has if filed a Form 990-Tri or this year? If "No," provide an explanation in Schedule O 3b If "Yes," has if filed a Form 990-Tri or this year? If "No," provide an explanation in Schedule O 3b If "Yes," and the didn't present the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account) 5b If "Yes," and the organization that or was or is a party to a prohibited tax sheller transaction? 5c Was the organization at party to a prohibited tax sheller transaction? 5c If "Yes," to line 5a or 5b, did the organization that if was or is a party to a prohibited tax sheller transaction? 5c If "Yes," to line 5a or 5b, did the organization that if was or is a party to a prohibited tax sheller transaction? 5c If "Yes," to line 5a or 5b, did the organization that if was or is a party to a prohibited tax sheller transaction? 5c If Yes, "If the organization nenduce with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," to did the organization nenduce section 170(c). 5d If If "Yes," did the organization nenduce applient in excess of 375 made party as a collibilities and party for goods and services provided to the payor? 7c Organization secrete a payment in excess of 375 made party as a collibilities and party for goods and services provided? 7c If If "Yes," indicate the number of Forms 8282 filed during the year? 7d If "Yes," indicate the number of Forms 8282 filed during the year? 7d If "Yes," indicate the number of Forms 8282 filed during the year? 7d If If the organization received a contribution of			105			
3a	b			2b	Х	
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b	_		_			
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Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			LX.
Sec	tion A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a 38			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			,,
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	X
6	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the	6	Α.	
1 a	governing body?	7a		х
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	7.5		
•	by the following			
а	The governing body?	8a	x	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.	
	The organization's CEO, Executive Director, or top management official	15a	X	X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	 	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	16a		x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		1
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1,00		
17	List the states with which a copy of this Form 990 is required to be filed ▶WI, IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ancial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion 🕽	-	
	MR. JOHN HEINDEL - 414-258-2333			
	10005 WEST BLUEMOUND ROAD. MILWAUKEE. WI 53226			

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule	ustee or director	nestitutional trustee	Officer	that was employee	Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	O)	٥	=	ľ	×	Ξ ο	Œ			
ROBERT M. DAVIS	40.00			3.7		7.		207 021	•	17 500
PRESIDENT/CEO/DIRECTOR	40.00	X	├	X		X		207,021.	0.	17,560
RICH TENNESSEN	F 00	٠,		. ,					_	_
CHAIRMAN	5.00	X	-	Х		┢		0.	0.	0
KAREN PECK KATZ	E 00	7		.					_	•
PAST CHAIRMAN	5.00	^	\vdash	Х		\vdash		0.	0.	0
MARIA GONZALEZ KNAVEL	5.00	.		x				0.	0.	_
SECRETARY	3.00	^		^		╁		U •	U •	0
MICHAEL CARTER	5.00	v		X				0.	0.	0
TREASURER		^		^				0.	<u></u>	<u> </u>
ROBERT ANGER	1.00	v						0.	0.	0
DIRECTOR THOM BROWN	1.00	A	 	 	-			0.	0.	•
DIRECTOR	1.00	x						0.	0.	0
PAUL CADORIN		1							· ·	
DIRECTOR	1.00	x	ŀ					0.	0.	0
DAVID EAGER			İ							
DIRECTOR	1.00	x						0.	0.	0
MICHAEL M. GREBE									-	
DIRECTOR	1.00	X					İ	0.	٥.	0
KAREN HUNG										
DIRECTOR	1.00	x						0.	0.	0
KATHERINE HUST										
DIRECTOR	1.00	X						0.	0.	0
MICHAEL T. JONES										
DIRECTOR	1.00	X						0.	0.	0
JOE KRESL		1								
DIRECTOR	1.00	X			$oxed{oxed}$			0.	0.	0
CAROLINE KRIDER			1				1			_
DIRECTOR	1.00	X			$oxed{oxed}$	<u> </u>	<u> </u>	0.	0.	0
JAMES KUEHN										
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
THOMAS A. MARINI JR.										
DIRECTOR	1.00	X						0.	0.	Form 990 (201)

Part VII Section A. Officers, Directors, Tr						nun	ESI	COMPENSALED ENTRING	CES (CUITITICEU)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	١.,			tion			Reportable	Reportable	Estimated
	hours per week	(cl	neck	all t	hat	app	ly)	compensation	compensation	amount of
	(describe	į						from the	from related	other
	hours for	trustee or director				Ed		organization	organizations (W-2/1099-MISC)	compensation from the
	related	stee o	institutional trustee			Highest compensated employee		(W-2/1099-MISC)	(11 27 1000 111100)	organization
	organizations	al trus	lan t		Key employee	СОШР				and related
	ın Schedule	Individu	ttati	Officer	em ,	hest ploye	Former			organizations
	O)	르	E .	ă	Xey	E E	훈			
ALLEN MARTIN JR.										
DIRECTOR	1.00	X						0.	0.	
QUINN MARTIN		ļ								
DIRECTOR	1.00	X						0.	0.	0.
D.F. MCKEITHAN									_	_
DIRECTOR	1.00	X						0.	0.	0.
JAY MCKENNA									_	_
DIRECTOR	1.00	X						0.	0.	0.
KAT MORROW									_	_
DIRECTOR	1.00	X						0.	0.	0.
MARGIE PAUR									_	_
DIRECTOR	1.00	X						0.	0.	0.
JILL PELISEK									_	
DIRECTOR	1.00	X						0.	0.	0.
GINA PETER	1]								
DIRECTOR	1.00	X						0.	0.	0.
JOAN PRINCE	1 00									
DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								207,021.	0.	17,560.
c Total from continuation sheets to Part \	/II, Section A							103,055.	0.	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but						<u> </u>		310,076.	0.	34,069.

_	Total name of a maria and a more a more and a more and a more and a more and a more and a more and			
	compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X_	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

(A) Name and business address	(B) Description of services	(C) Compensation
MK DIRECTIVE		
1 CREATIVE WAY, PEWAUKEE, WI 53072	MARKETING_	490,000.
NML GRAPHICS		
	PRINTING SERVICES	222,937.
JOHNSON CONTROLS		
5757 N. GREEN BAY AVE., MILWAUKEE, WI 53201	CONTRACT SERVICES	133,768.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2010)

Part VII Section A. Officers, Director	OLOGICAL S	300	:11	STY	_ () <u>F</u>	<u>M</u> .	Componented CTY	. 39-607	7242
(A)	s, Trustees, Key Er (B)	npic	yee	s, aı (C		ııgn	est	(D)	(E)	(F)
Name and title	Average			Posi				Reportable	(⊏) Reportable	(r) Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SCOTT REDLINGER	1 00									•
DIRECTOR	1.00	X		\vdash	_	<u> </u>	<u> </u>	0.	0.	0.
JAMES C. ROWE	1.00	v				ļ		0.	0.	_ 0.
DIRECTOR	1.00	Δ	-	H	<u> </u>			0.	0.	
KIM SCHAFFER	1.00	x						0.	0.	0 .
DIRECTOR	1.00	^			-				<u></u>	
RICK SCHMIDT	1.00	v						0.	0.	0
DIRECTOR RANDY SCOVILLE	1.00	^						0.		
DIRECTOR	1.00	x						0.	0.	0.
BILLIE JEAN SMITH	1100									
DIRECTOR	1.00	X						0.	0.	0.
JUDY STATHAS HOLZ										
DIRECTOR	1.00	X						0.	0.	0.
DAVE STRELITZ										
DIRECTOR	1.00	X						0.	0.	0.
GREG WESLEY										
DIRECTOR	1.00	X						0.	0.	0
JANE BUSH WIERZBA	1 1 1	l								
DIRECTOR	1.00	X		-			-	0.	0.	0
RAYMOND WILSON	1 00	3,5								_
DIRECTOR	1.00	X						0.	0.	0
ANNE ZIZZO	1.00	x						0.	0.	0
DIRECTOR	1.00	^			-	\vdash		0.	0.	0
BARRY SATTELL DIRECTOR	1.00	x				ļ		0.	0.	0
JOHN HEINDEL	1.00	1								
VP - FINANCE/ADMINISTRATIO	40.00			x				103,055.	0.	16,509
		-								
Total to Part VII, Section A, line 1c								103,055.		16,509

Pa	<u>rt VII</u>	I Statement of Rever	nue				-	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
<u>Ira</u>	b	Membership dues	1b	5169306.				
s, g	С	Fundraising events	1c	-				
ar a	d	Related organizations	1d					
S, S	e	Government grants (contribut	— — — — — — — — — — — — — — — — — — —					
ion	f	All other contributions, gifts, gran						
ber 1	•	similar amounts not included abo		1758187.				
	_			<u> </u>				
Contributions, gifts, grants and other similar amounts	_	Noncash contributions included in lines Total. Add lines 1a-1f	s 1a-11 \$		6927493.			
-		Total, Add lines 1a-11		Business Code	0,52,14,55.			
	0 -	EDUCATION PROGE		713990	494,789.	494,789.		
Š		<u> </u>		713330	434,103.	474,707.		
ile j	b						_	
we S	C							
gra Re	d							
Program Service Revenue	e	An						
_		All other program service reve	enue		404 700			
\rightarrow		Total. Add lines 2a-2f		<u> </u>	494,789.			-
	3	Investment income (including	i aiviaenas, intere	_	122 201			122 201
		other similar amounts)			133,291.			133,291.
	4	Income from investment of ta	ix-exempt bond p	roceeds				
	5	Royalties	()= .					
	_		(i) Real	(II) Personal				
	6 a	Gross Rents						
		Less: rental expenses	··· .					
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses		385.				1
	С	Gain or (loss)		<385.				
	d	Net gain or (loss)			<385.	> <385.	>	
Other Revenue	8 a	Gross income from fundraisin including \$						
ě		contributions reported on line	1c) See					
눖		Part IV, line 18	а	697755.				
	b	Less direct expenses	b	396871.				
	С	Net income or (loss) from fun-	draising events	•	300,884.			300,884.
	9 a	Gross income from gaming a	ctivities See		-			•
- 1		Part IV, line 19	а	16,810.				
	b	Less direct expenses	b	4,025.				
	С	Net income or (loss) from gan	ning activities	>	12,785.			12,785.
		Gross sales of inventory, less	=		•			
		and allowances	а					
	b	Less cost of goods sold	ь					
	С	Net income or (loss) from sale	es of inventory					Ì
[Miscellaneous Revenu		Business Code				
	11 a							
l	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
00000	12	Total revenue See instructions.			7868857.	494,404.	0.	446,960.
03200 12-21	.⊎ -10							Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must com				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,358,662.	1,358,662.	*-	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	17,623.	<u> 17,623.</u>		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	310,076.	310,076.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,566,352.	1,392,113.	174,239.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	13,555.		13,555.	
С	Accounting	24,466.		24,466.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	100 165	100 465		
g	Other	188,467.	188,467.		
12	Advertising and promotion	819,776.	819,776.	24 052	
13	Office expenses	47,059.	12,106.	34,953.	
14	Information technology	11,402.		11,402.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19					
20	Interest Poyments to offiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	56,996.		56,996.	
23	Insurance	18,913.		18,913.	
23 24	Other expenses. Itemize expenses not covered	10,713.		10,913.	
24	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
я	ZOO SUPPORT	2,463,301.	2,463,301.		
b	MEMBERSHIP	803,030.	803,030.		
c	ZOO SPONSORSHIP	416,902.	416,902.		
d	RESEARCH & CONSERVATION	123,315.	123,315.	-	
e	ANNUAL APPEAL EXPENSE	69,559.			69,559.
f	All other expenses	146,795.	130,492.	16,303.	
25	Total functional expenses. Add lines 1 through 24f	8,456,249.	8,035,863.	350,827.	69,559.
26	Joint costs. Check here ▶ ☐ If following SOP		, -,		
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					5 000 (2242)

Par	tΧ	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			27,187.	1	4,179.
	2	Savings and temporary cash investments			2,007,738.	2	1,481,064.
	3	Pledges and grants receivable, net		Į	76,625.	3	41,101.
	4	Accounts receivable, net			124,891.	4_	229,424.
	5	Receivables from current and former officers, di	rectors	, trustees, key			
		employees, and highest compensated employe	es Cor	mplete Part II			
		of Schedule L			<u> </u>	5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
,,		employees' beneficiary organizations (see instru	ictions))		6	
Assets	7	Notes and loans receivable, net		ļ		7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			17,802.	9	35,6 <u>61.</u>
	10a	Land, buildings, and equipment cost or other					
		basis. Complete Part VI of Schedule D	10a	862,013. 662,636.			
	b	Less accumulated depreciation	169,885.		<u>199,377.</u>		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line		12			
	13	Investments · program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			0 404 100	15	1 000 006
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	2,424,128.	16	1,990,806.
	17	Accounts payable and accrued expenses	939,338.		1,184,873.		
	18	Grants payable		450,578.	18	359,113.	
	19	Deferred revenue			450,576.	19	339,113.
	20	Tax-exempt bond liabilities	Doet IV	of Cobodulo D		20	
Liabilities	21 22	Escrow or custodial account liability Complete Payables to current and former officers, directo				21	
iig	22	highest compensated employees, and disqualif					
Lia		of Schedule L	ica pei	sons complete rare ii		22	
	23	Secured mortgages and notes payable to unrel	ated th	ird narties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities Complete Part X of Schedule D			<u> </u>	25	
	26	Total liabilities. Add lines 17 through 25			1,389,916.	+	1,543,986.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
S		lines 27 through 29, and lines 33 and 34.		·			
Š	27	Unrestricted net assets			<103,799.	>27_	<43,936.>
ala	28	Temporarily restricted net assets			1,138,011.	28	490,756.
<u> </u>	29	Permanently restricted net assets				29	
Ξ		Organizations that do not follow SFAS 117, o	heck l	nere 🕨 🔲 and			
ō		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	i			30	
4ss	31	Paid-in or capital surplus, or land, building, or e	quipme	ent fund		31	
et /	32	Retained earnings, endowment, accumulated in	ncome,	or other funds		32	
Z	33	Total net assets or fund balances			1,034,212.	1	446,820.
	34	Total liabilities and net assets/fund balances			2,424,128.	34	1,990,806.

Form **990** (2010)

Form	990 (2010) THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY.	39-	607724	2 Pa	ıge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,8	68,8	<u>57.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,4	56,2	49.
3	Revenue less expenses Subtract line 2 from line 1	3	<5	<u>87,3</u>	<u> 92.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,0	34,2	12.
5	Other changes in net assets or fund balances (explain in Schedule O)			0.	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4	46,8	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	<u> </u>	X
b	Were the organization's financial statements audited by an independent accountant?		21	X	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		_20	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit		
	Act and OMB Circular A-133?		38	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	ıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		31		<u> </u>

Form **990** (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010Open to Public

Inspection
Employer identification number

Schedule A (Form 990 or 990-EZ) 2010

THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY. 39-6077242 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h ا Type ا b ___ Type II c ____ Type III · Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (i) Name of supported (iv) Is the organization (v) Did you notify the (vi) Is the (ii) EIN (vii) Amount of organization organizátion in col in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes Yes Yes

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

Schedule A (Form 990 or 990-EZ) 2010 THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY.39-6077242 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	6,602,188,	7,642,273.	9,943,836.	8,074,643,	6,927,493.	39,190,4 <u>33.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities					1	
	furnished by a governmental unit to the organization without charge						
	ŭ	5 500 400					
	Total. Add lines 1 through 3 The portion of total contributions	6,602,188.	7,642,273.	9,943,836.	8,074,643.	6,927,493.	39,190,433.
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	1					
	column (f)						
_6	Public support. Subtract line 5 from line 4						39,190,433,
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	6,602,188.	7,642,273.	9,943,836.	8,074,643,	6,927,493.	39,190,433.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	186,458.	74,468.	7,935.	109,384.	133,291.	511,536.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)	368 911	401 727	310 201	302,871.	313 670	1 607 300
11	Total support. Add lines 7 through 10	300,311.	401,727.	310,201.	302,071.	313,070.	1,697,380.
	Gross receipts from related activities,	etc. (see instruction	nns)		l	12 2	41,399,349. ,524,557.
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth ta	ax vear as a sectio		<u>, 32 1 , 33 ; ;</u>
	organization, check this box and stor	=	, ,	.,	,		ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) d	ivided by line 11, o	column (f))		14	94.66 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	94.41 %
16a	33 1/3% support test - 2010. If the o	organization did not	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	1			►X
t	33 1/3% support test - 2009.If the o	-			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	· ·	· ·		•	70 and bes 45	100/ 07
Ľ	10% -facts-and-circumstances tes	•				•	
	more, and if the organization meets the organization meets the "facts-and-circ				•		, ~ □
12	Private foundation. If the organization						
<u></u>	Trace louridation, it the organization	an did flot check a	SON OFFICE 15, 10	a, 100, 17a, 01 17		edule A (Form 990	
					56116		<u></u>

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")			ļ			
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			-			
Ĭ	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	_					
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	zation,
_	check this box and stop here		<u> </u>				▶□
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage		<u></u>		
	Public support percentage for 2010 (column (f))		15	%
	Public support percentage from 2009					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage	· _			
17	Investment income percentage for 20)10 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	%
19:	a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
ı	more than 33 1/3%, check this box a 33 1/3% support tests - 2009. If the			-			▶ □
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization		· ·	· ·		. •	▶ □

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010 Open to Public Inspection

Name of the organization

Employer identification number

THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY. 39-6077242 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, 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 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a 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 XIV, the text of the footnote to its financial statements that describes these items b 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 (i) Revenues included in Form 990, Part VIII. line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		<u>LOGICAL SO</u>						<u> 39-60</u>			
Par	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	at are a si	gnificant	use of its	collectio	n item	s
	(check all that apply)										
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	ams					
b	Scholarly research	•	, 🔲	Other							
С	Preservation for future generations						_				
4	Provide a description of the organization's co	ollections and explain	in how th	nev further t	he organizati	on's exer	not purpo	ose in Par	t XIV		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be mi								Yes		No
Par	t IV Escrow and Custodial Arran					"Yes" to	Form 990	. Part IV.			<u>,</u>
	reported an amount on Form 990, Pa	rt X, line 21						,			
	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not	ıncluded	_			
	on Form 990, Part X?	ian or other intermet	alary 101	oonanbaalon	10 01 011101 40	00101101	moladed		Yes		No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing:	table					_ 162	_	1 140
	Tos, explain the arrangement in rail XIV	and complete the it	Jilowing	labie				-	Amoun		
_	Beginning balance						4-		Amoun		
	Additions during the year						1c				<u>-</u>
							1d				
e	Distributions during the year						1e				
ν-	Ending balance	000 Deat V Isa	010				1f		٦.,		٦
	Did the organization include an amount on F		217						」Yes		J No
Par	If "Yes," explain the arrangement in Part XIV			"\\ " + - 	000 D- 1	041			_		
ı aı	t V Endowment Funds. Complete										
_		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses		ļ								
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs						-				
f	Administrative expenses	,			-						
g	End of year balance	<u>"</u>	<u> </u>								
2	Provide the estimated percentage of the year	r end balance held a	as								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	ered for th	ne organiz	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X	, line 10							
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed T	(d) Boo	k valu	e
		basis (investi	ment)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			86	2,013.	ϵ	62,6	36.	19	9,3	77.
е	Other										
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10(c))				19	9,3	77.

Schedule D (Form 990) 2010

Part XI Reconcilitation of Change in Net Assets from Form 990 to Audited Financial Statements		dule D (Form 990) 2010 THE ZOOLOGICAL SOCIETY OF M	<u> ILWAUKEE</u>	CTY.	39-6	077242	Page 4
2 State sepenses (Form 990, Part IX, column (A), line 2b) Excess or (deficitor) for they are Subtract line 2 from line 1 3			Audited Fina	ncial State	ment		
3	1	• • • • • • • • • • • • • • • • • • • •		1			
4 Net unrealized game (lossee) on investments 5 Donated strengths and use of reliabilities 6 Proposed adjustments 7 Proposed adjustments 8 Other (Describe in Part XIV) 9 Q. Q. 10 Escess or (deficill for the year part audited framore) statements. Combine loses 3 and 9 10 \$587,392. Pert XIII (Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gams, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 as 1 to turnet statements 4 Donated services and use of facilities 6 Donated services and use of facilities 7 Donated services and use of facilities 8 Donated services and use of the statements 9 Donated services and use of facilities 9 Donated services and use of facilities 1 Donated services and use of facilities 1 and 1 a investment expenses not included on Form 990, Part VIII, line 7b 1 Dottler (Describe in Part XIV) 2 Dottler (Describe in Part XIV) 2 Dottler (Describe in Part XIV) 2 Dottler (Describe in Part XIV) 3 Amounts included on Form 990, Part VIII, line 7b 4 Dottler (Describe in Part XIV) 5 Total inversione and of season per Audited financial Statements 9 Donated services and use of facilities 9 Part XIII (Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and closes per audited financial statements 9 Donated services and use of facilities 1 Part XIII (Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and closes per audited financial statements 9 Donated services and use of facilities 9 Part XIII (Reconciliation of Expenses per Audited Financial Statements 9 Donated services and use of facilities 9 Part XIII (Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and closes per audited financial statements 1 Donated services and use of facilities 1 Part XIV (Supplemental Information Per Audited Financial Statements 9 Donated services and use o	2	• • • • • • • • • • • • • • • • • • • •		2			
5 Donated services and use of facilities 5 6 7 7 8 8 7 7 8 9 7 7 8 9 7 7 9 7 9 7 9 9 9	3			3		<587,	<u> 392.</u> >
6 Investment expenses 7 Peor period adjustments (and) Add lines 4 through 8 10 Excess of defend for the year per audited financial statements Combine lines 3 and 9 10 Costs of defend for the year per audited financial statements Combine lines 3 and 9 10 Costs of defend for the year per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 3 Nuturealized gains on investments b Donated services and use of facilities c Recoveres of prox year grants d Other (Describe in Part XIV) 2 Add lines 2 a through 2d 3 Subtract line 2 e from line 1 4 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4 Add lines 2 at through 2d 5 Total expenses and loses per audited financial statements 1 Total expenses and loses per audited financial statements 2 Amounts included on line 1 but not on form 990, Part IX, line 25 a Donated services and use of facilities c Other losses d Other (Describe in Part XIV) c Add lines 2 at through 2d 2 Total expenses and loses per audited financial statements 2 Amounts included on line 1 but not on form 990, Part IX, line 25 a Donated services and use of facilities 2 Defenses and loses per audited financial statements 2 Amounts included on line 1 but not on form 990, Part IX, line 25 a Donated services and use of facilities 2 Defenses and loses per audited financial statements 3 Subtract line 2 from line 1 4 Amounts included on line 1 but not on form 990, Part IX, line 25 b Defenses and loses per audited financial statements 2 Defenses and loses per audited financial statements 3 Subtract line 2 from line 1 4 Amounts included on line 1 but not on form 990, Part IX, line 25 b Defenses and lines 2 and 40, line 25 b Defenses and lines 2 and 40, line 25 b Defenses and lines 2 and 40, and Part IX, line 25 b Defenses and lines 2 and 40, and Part IX, lines 2d and 4b, and P	4						
7 PPTO period adjustments (net) Add lines 4 through 8 0 ther (Poscribe in Part XIV) 8 0 Total adjustments (net) Add lines 4 through 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5	Donated services and use of facilities		5			
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9 Total adjustments (neit) Acid lines 4 through 8 10 Secess of (defect) for the yeap paraudited financial statements Combine lines 3 and 9 10 < 587,392. Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains on investments 2 b Donated services and uses of facilities 3 b Donated services and uses of facilities 4 c Recoveres of prior year grants 4 c Amounts included on Form 990, Part VIII, line 12 2 d Subtract line 2 at through 2 d 3 Subtract line 2 at hough 2 d 4 d Dother (Describe in Part XIV) 6 Add lines 2 at hough 2 d 5 Total revenue Add lines 3 and 4e, (This must equal Form 990, Part II, line 12) 6 Total revenue Add lines 3 and 4e, (This must equal Form 990, Part III, line 12) 7 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 7 Total expenses and losses per audited financial statements 9 Prior year adjustments 1 Donated services and use of facilities 1 Prior year adjustments 2 C Other losses 1 Donated services and use of facilities 2 Prior Yill Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Donated services and use of facilities 2 Donated services and use of facilities 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Driver losses 2 Donated services and use of facilities 5 Driver (Describe in Part XIV) 6 Add lines 2 at through 2 d 7 Driver (Describe in Part XIV) 7 Driver (Describe in Part XIV) 8 Add lines 4 and 4b 8 Driver (Describe in Part XIV) 9 Add lines 4 and 4b 9 Driver (Describe in Part XIV) 1 Driver (Describe in Part XIV) 1 Driver (Describe in Part XIV) 1 Driver (Describe in Part XIV) 1 Driver (Describe in Part XIV) 1 Driver (Describe in Part XIV) 1 Driver (Describe in Part XIV) 1 Driver (Describe in Part XIV)	7	·		7	_		
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b Donated services and use of facilities c Recovenes of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 1 Total expenses and loses of part add lines 3 and 4c, (This must equal Form 990, Part I, line 12.) 5 Total revenue Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.) 1 Total expenses and loses of radicities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIV) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IX, line 24, and 4b C Other Coccentre in Part XIV) c Add lines 4a and 4b 5 S A 456 C 249. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XIV, line 2, Part XIV, line 2, Part XIV, line 2, Part XIV, line 2, Part XIV, line 2, Part XIV, line 2, Part XIV, line 2, Part XIV, lines 2d and 4b, and Part XIII, lines 2d and 4b, lines 2d and 4b, lines 2d and 4b, lines 2d and 4b,		·	22				
c. Recoveries of prior year grants of Other (Describe in Part XIV) e. Add lines 2a through 2d 3. Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses in included on Form 990, Part VIII, line 7b b. Other (Describe in Part XIV) c. Add lines 4a and 4b 5. Total expenses and lioses per audited financial statements With Expenses per Return 1. Total expenses and lioses per audited financial statements With Expenses per Return 1. Total expenses and lioses per audited financial statements With Expenses per Return 1. Total expenses and lioses of facilities 2. Amounts included on line 1 but not on Form 990, Part IX, line 25 a. Donated services and use of facilities 3. Donated services and use of facilities 4. Amounts included on line 1 but not on Form 990, Part IX, line 25 d. Other (Describe in Part XIV) e. Add lines 2a through 2d 3. Subtract line 2e from line 1 4. Amounts included on Form 990, Part IX, line 25, but not on line 1 4. Amounts included on Form 990, Part IX, line 25, but not on line 1 4. Amounts included on Form 990, Part IX, line 25, but not on line 1 4. Amounts included on Form 990, Part IX, line 25, but not on line 1 4. Amounts included on Form 990, Part IX, line 25, but not on line 1 4. Amounts included on Form 990, Part IX, line 25, but not on line 1 4. Amounts included on Form 990, Part IX, line 25, but not on line 1 4. Amounts included on Form 990, Part IX, line 28, Part IXII, line 8, Part IXIII, line 8, Part IXIII,	_	· ·		34 404	1		
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	TO	BE TAKEN IN A TAX RETURN. THE ADOPTION DII	NOT HAV	E AN EF	FEC'	ON THE	<u> </u>
	^- -						_
Conedule D (FOIII 550) 20 IC	ORG	ANIZATION. THE ORGANIZATION IS NO LONGER	SUBJECT				90) 2010

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY. 39 - 6077242 Page 5 Part XIV Supplemental Information (continued)
INCOME TAX EXAMINATIONS FOR YEARS ENDING BEFORE SEPTEMBER 30, 2008.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
DIRECT SPECIAL EVENT EXPENSE -400,895.
LOSS ON DISPOSAL OF ASSETS -385.
ROUNDING -1.
TOTAL TO SCHEDULE D, PART XII, LINE 4B -401,281.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT SPECIAL EVENT EXPENSE 400,895.
LOSS ON DISPOSAL OF ASSETS 385.
ROUNDING 1.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D 401,281.
THE FINANCIAL STATEMENTS INCLUDE \$400,895 OF DIRECT EXPENSES FOR
FUNDRAISING EVENTS AS EXPENSES. PER FORM 990 INSTRUCTIONS, THE DIRECT
EXPENSES ARE REPORTED WITH REVENUE ON LINE 8B OF PART VIII. THE FINANCIAL
STATEMENTS REPORT A \$385 LOSS ON SALE OF ASSETS WITH EXPENSES, WHILE THE
FORM 990 INSTRUCTIONS REQUIRE THE LOSS TO BE REPORTED WITH REVENUE ON LINE
7D OF PART VIII.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

 Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions. 2010
Open to Public Inspection

Schedule F (Form 990) 2010

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ΓH:	E ZOOLOGICAL	SOCIETY	OF MILWA	UKEE CTY.	39-60772	42
Pa		to Form 990, Part IV, line 14b or grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the rantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No or grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States ctivities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (b) Number of offices in the region (b) type) (e.g., fundraising, program service, describe specific type of services, investments, grants to recipients located in the region) offices in region (b) Region (c) Region (d) Activities conducted in region (d) Is a program service, describe specific type of services, investments, grants to recipients located in the region) Offices in the region (d) Activities conducted in region (b) type) (e.g., fundraising, program service, describe specific type of services) in region Offices in the region (d) Activities conducted in the region (d) Activities conducted in region (d) Is a program service, describe specific type of services (s) in region Offices in the region (d) Activities conducted in the region (d) Activities conducted in the region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities conducted in region (d) Activities (d) Activities (d) Activities (d) Activities (d) Activities (d) Activities (d) Activities (d) Activities (d) Activities (d) Activities (d) Activities (d				
	to Form 990, Part	IV, line 14b				
1	-	_				, <u> </u>
	grantees' eligibility for th	e grants or assis	stance, and the	selection criteria used to award the gra	ants or assistance?	Yes L No
2	For grantmakers. Descri	ribe in Part V the	organization's	procedures for monitoring the use of g	rant funds outside the United St	ates
3	Activities per Region (Tr	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed)	
	(a) Region	offices	employees, agents, and independent contractors	(by type) (e g., fundraising, program services, investments, grants to	is a program service, describe specific type	expenditures for and investments
3EL	GIUM	0	1	PROGRAM SERVICES	WILDLIFE CONSERVATION	44,500.
DEM	REPUBLIC OF THE					
CON	30	2	7	PROGRAM SERVICES	WILDLIFE CONSERVATION	118,270,
						
3 a	Sub-total	2	8			162,770.
-	Total from continuation sheets to Part I		0			0
C	Totals (add lines 3a and 3b)		2 8			162,770

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

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance 39-6077242 cash disbursement (f) Manner of THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY. of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. (d) Purpose of grant (c) Region Part II can be duplicated if additional space is needed (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2010 (a) Name of organization Part II

Page 2

Schedule F (Form 990) 2010

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles

က

N

Page 3

THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY.

39-6077242

Schedule F (Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2010
(g) Description of non-cash assistance					Schedul
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of cash grant cecipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

		(Form 990) 2010	THE	ZOOLOGICAL	SOCIETY	OF	MILWAUKEE	CTY.	39-6077242	Page 4
Parţ	IV	Foreign Form	s							
1	orga	•	quired to	nsferor of property to a file Form 926, Return r Form 926)	• .		•	-	Yes	X No
2	may Rec	be required to file in the fil	Form 352 ign Gifts,	erest in a foreign trust 20, Annual Retum to F , and/or Form 3520-A, for Forms 3520 and 35	Report Transaction Annual Informa	ons wi	th Foreign Trusts and	d	Yes	X No
3	the	organization may be	e require	rnership interest in a f d to file Form 5471, In ee Instructions for Foi	formation Return		,	•	Yes	X No
4	qual Retu	lified electing fund	during th er of a Pa	r indirect shareholder i e tax year? If "Yes," th issive Foreign Investm	ne organization n	nay be	e required to file Form	n 8621,	Yes	X No
5	the	organization may be	e require	vnership interest in a f d to file Form 8865, Ri uctions for Form 8865,	eturn of U.S Per	•	•	•	Yes	X No
6	"Yes	ŭ	•	perations in or related required to file Form 5		•	•	•	Yes	X No

Schedule F (Form 990) 2010 THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY. 39-6077242 Page 5 Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information

SUMMARY OF THE ZOOLOGICAL SOCIETY OF MILWAUKEE'S BONOBO AND CONGO
BIODIVERSITY INITIATIVE AND BONOBO SPECIES SURVIVAL PLAN (SSP): THE
BONOBO IS A GREAT APE SPECIES ENDEMIC TO THE DEMOCRATIC REPUBLIC OF CONGO

(DRC). DUE TO HABITAT LOSS, POACHING, AND A RECENT CIVAL WAR, THE

SPECIES HAS DISAPPEARED FROM MUCH OF ITS HISTORIC RANGE. THE SALONGA

NATIONAL PARK - A WORLD HERITAGE SITE - IS THE ONLY NATIONAL PARK IN DRC

DESIGNATED FOR BONOBO PROTECTION.

THE ZOOLOGICAL SOCIETY OF MILWAUKEE (ZSM) HAS A PROGRAM, THE BONOBO AND CONGO BIODIVERSITY INITIATIVE (BCBI), TO STUDY AND ENSURE THE SURVIVAL OF BONOBOS IN THE SALONGA. THE PROGRAM INCLUDES:

- PROTECTION AND PARK SUPPORT BULIDING THE CAPACITY OF THE PARK THROUGH ANTI-POACHING TRAINING AND SUPPORT.
- RESEARCH AND MONITORING STUDYING AND SURVEYING BONOBO (AND OTHER WILDLIFE) POPULATIONS; AND
- LIVELIHOODS ASSISTANCE SUPPORTING COMMUNITIES THROUGH AGRICULTURAL
 TRAINING, PRIMARY SCHOOL EDUCATION, AND ADULT LITERACY CLASSES.

THE ZSM/BCBI PROGRAM IS BASED AT ETATE, A FORMER POACHING CAMP THAT

SERVES AS BOTH A RESEARCH STATION AND GUARD PATROL POST IN THE SALONGA

NATIONAL PARK. THE BCBI WORKS IN TANDEM WITH THE BONOBO SPECIES SURVIVAL

PLAN (SSP). ALSO HEADQUARTERED AT THE ZSM, THE BONOBO SSP IS A

MANAGEMENT PROGRAM FOR CAPTIVE BONOBOS WITHIN ZOOLOGICAL INSTITUTIONS IN

NORTH AMERICA, INCLUDING THE BONOBOS AT THE MILWAUKEE COUNTY ZOO.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

2010 2010

2010

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2010

Name of the organization THE ZOO	LOGICAL SOCIETY OF	MI	LWA	UKEE CTY.		mployer ide 9-6077	ntification number 242
	Complete if the organization answer						
Indicate whether the organization rais	sed funds through any of the following and solicitates and solicitates and solicitates are considered and solicitates are co	ion of ion of fundra (includ	non-ga govern using of ding of conal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) fundr have ci or con contribi	trol of	(iv) Gross receipts from activity	to (or r fur	nount paid retained by) ndraiser d in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			-				
Total			•		<u> </u>		
3 List all states in which the organization or licensing	in is registered or licensed to solicit	contrib	utions	or has been notified	otisex	empt from re	egistration
			_			.	
							
					-		

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

Schedule G (Form 990 or 990-EZ) 2010 THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY39-6077242 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GOLF OUTING 8 ZOO BALL col. (c)) (event type) (event type) (total number) 386,714. 102,719. 208,322. 697,755. Gross receipts 2 Less: Charitable contributions 386,714. 102,719. 208,322. 697,755. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 8 Entertainment 142,261. 37,949, 396,871. 216,661 Other direct expenses 396,871; 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 300,884. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col (c)) 16,810. 16,810. Gross revenue 2 Cash prizes 3,025. 3,025. Direct Expenses 3 Noncash prizes 720. 720. Rent/facility costs 280. 280. 5 Other direct expenses Yes Yes % Yes X No 6 Volunteer labor 4,025 7 Direct expense summary Add lines 2 through 5 in column (d) 12,785. 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities. WI X Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: X No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2010

Sch	edule G (Form 990 or 990-EZ) 2010 THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY39 - 6	<u>5077242</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes Yes	X No
13	Indicate the percentage of gaming activity operated in.		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see instruc	ctions)

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

Open to Public

Inspection

° ⊠ **Employer identification number** ENDOWMENT FUNDS PER DONOR 39-6077242 SUPPORTING THEIR MISSION TRANSFER OF PERMANENT (h) Purpose of grant OF CONSERVATION AND PATHOLOGY RESIDENCY or assistance VET RESIDENCY AND ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any RESTRICTIONS DUCATION recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY 959,161, 306,906, 87,684 (d) Amount of cash grant (c) IRC section if applicable 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations 39-6005720 39-6795665 39-6006492 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization 1860 VAN HISE HALL 1220 LINDEN DR ZOOLOGICAL SOCIETY OF MILWAUKEE BLUEMOUND ROAD - MILWAUKEE, WI ENDOWMENT TRUST - 10005 WEST 10005 WEST BLUEMOUND ROAD or government MILWAUKEE COUNTY ZOO MILWAUKEE, WI 53226 Name of the organization UW BOARD OF REGENTS MADISON WI 53706 Part I Part II 53226

Schedule I (Form 990) (2010)

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance 5 348. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance GRENADA FROG PROJECT

Schedule I (Form 990) (2010)

032102 01-13-11

Page 2

39-6077242

THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY

Schedule | (Form 990) (2010)

Part III

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Open to Public Inspection

Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number

OMB No. 1545-0047

THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY. 39-6077242 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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? X 5a X Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Х 6a Any related organization? X 6b If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes." describe in Part III 7 X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

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

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

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

(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & (iii) Other ncentive reportable compensation compensation 207,021. 0. 0. 0. 0	MISC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior
(ii) Bonus & incentive compensatio	(iii) Other reportable compensatio	other deferred	benefits	(B)(i)-(D)	reported in prior
					Form 990 or Form 990-EZ
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Schedule J (Form 990) 2010

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

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

lame of th	e organization					-			Employer	identif	cation n	umber
	TH	E ZOOLO	GICAL	SOCII	ETY OF	MILWAUKEE C	TY.		39-60	7724	2	
Part I	Excess Benefit	Transaction	ons (sect	ion 501(c)(3) and section	n 501(c)(4) organizatio	ns only)					
	Complete if the orga	anization answ	vered "Yes	" on Form	990, Part IV,	line 25a or 25b, o <u>r Fo</u> i	m 990-E	Z, Par	t V, line 40	b		
1	(a) Name of dis	squalified ners	on			(b) Description	of transa	ction			(c) Corr	ected?
	- (u) Hamo of an					(b) Description					Yes	No
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											-	
O Enter	the emount of toy imp	and an the o				ad paragra dumps the		al a z				
	the amount of tax imp in 4958	oosed on the o	rganizatio	n manager	s or disqualili	ea persons aunng the	year un	uer	▶ ¢			
	the amount of tax, if a	ny on line 2 s	ahove rein	nhursad by	v the organiza	ation			•			
• Linci	the amount of tax, if a	11y, 011 m 6 2, 4	20040, 1011	iibaisea b	y trio organiza	anon			•			
Part II	Loans to and/o	or From Int	erested	Persons	S.					_		
	Complete if the org	anızatıon ansv	vered "Yes	s" on Form	990, Part IV,	line 26, or Form 990-E	Z, Part V	, line :	38a			
	ame of interested	(b) Loan t	o or from		nal principal	(d) Balance due	(e)	-In	(f) App	proved	(g) W	ritten
pers	on and purpose	the organ	nization?	_ i ai	mount	` ,	defa	ult?	comm	uttee?	agreei	nent?
		То	From				Yes	No	Yes	No	Yes	No
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otal Part III	Grants or Assi	stance Ber	efitina	Interest		 S.	<u> </u>				l	
	Complete if the org		_									
	a) Name of interested		10,00 ,00			een interested person	and		(c) Am	ount an	d type o	f
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										<u>.</u>		
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Schedule L (Form 990 or 990-EZ) 2010

THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY. 39-6077242

(a) Name o	of interested person	(b) Relationship between intereste		(d) Description of	(e) Sha	zation
		person and the organization	transaction	transaction	rever Yes	nues?
OUNDATION	FOR WILDLIFE	COINDIVIDUALS WHO A	RE 2,001	GRANTS FOR	163	X
	emental Information					
		tional information for responses to ques TRANSACTIONS INVOLV				
	-	NDATION FOR WILDLIFE				
	-	N INTERESTED PERSON A				
NDIVIDUAL	S WHO ARE ON T	THE BOARD OF BOTH EN	TITIES			
D) DESCRI	PTION OF TRANS	SACTION: GRANTS FOR A	ADVANCED STU	DIES IN		
ONSERVATI	ON AND ENDANGE	ERED SPECIES.				
				- · · · · ·		
					_	

SCHEDULE M (Form 990)

Noncash Contributions

2010

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

Open to Public

Schedule M (Form 990) (2010)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY. Employer identification number 39-6077242

Types of Property Part I (d) (a) (b) (c) Noncash contribution Check if Number of Method of determining contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property 8 9 Securities - Publicly traded Securities - Closely held stock 10 Securities · Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution · Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 105 534,404. MARKET VALUE OF DONA (IN-KIND DONAT) X 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes Νo 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

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.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY.

Employer identification number 39-6077242

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SPECIES, TO EDUCATE PEOPLE ABOUT THE IMPORTANCE OF WILDLIFE AND THE
ENVIRONMENT, AND TO SUPPORT THE MILWAUKEE COUNTY ZOO.
FORM 990, PART VI, SECTION A, LINE 6: THE SOCIETY HAS MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS POSTED ON THE
ORGANIZATION'S INTRANET FOR BOARD MEMBERS TO REVIEW PRIOR TO SUBMISSION
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO
DISCLOSE ANY CONFLICTS OF INTEREST AND TO REFRAIN FROM VOTING ON ANY
MATTERS INVOLVING PERSONS OR ENTITIES WITH WHICH THEY HAVE CONFLICTS OF
INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE
BOARD DETERMINES COMPENSATION, BASED UPON RECOMMENDATIONS FROM THE CHAIR OF
THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S PUBLIC DOCUMENTS
ARE AVAILABLE UPON REQUEST.
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Part

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number

39-6077242

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY. Name of the organization

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets Total income Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of disregarded entity Part II

(a)	(b)	(c)	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)	(b)(13)
naille, acciess, and Env of related organization	initially activity	foreign country)	section	status (if section		entrty?	, ed
)				501(c)(3))		Yes	Š
THE FOUNDATION FOR WILDLIFE CONSERVATION,				509(A)(3)			
DOAN MILWAIKER WI 53226	WILDLIFE CONSERVATION	WISCONSIN	501(C)(3)	TYPE II	NONE		×
	:						
						-	

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

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Schedule R (Form 990) 2010

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39-6077242

Page 2

Schedule R (Form 990) 2010 THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

2	General or Percentage managing ownership partner? Yes No			re related	(h) Percentage ownership		
9	General or managing e partner? 5) Yes No			one or ma	(g) Share of end-of-year assets		
© :	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	;	!	ecause it had			
£	Disproportion- ate allocations? Yes No I			rt IV, line 34 b	(f) Share of total income		
(b)	Share of end-of-year assets			to Form 990, Pa	(e) Type of entity (C corp, S corp, or trust)		
£	Share of total income			on answered "Yes	(d) Direct controlling entity		
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)			te if the organizati	(C) Legal domicile (state or foreign country)		
	Direct controlling Pra entity (r excli			ration or Trust (Comple	(b) Primary activity		
©	Legal domicile (state or foreign country)			is a Corpo g the tax y			
(q)	Primary activity			janizations Taxable a poration or trust dunn	Z c		
(a)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EiN of related organization		

Page 3

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Yes

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Schedule R (Form 990) 2010 THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- 1 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?
- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
 - e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
 - h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- Other transfer of cash or property from other organization(s)

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(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) FOUNDATION FOR WILDLIFE CONSERVATION, INC.	В	2,001.	
(2) MILWAUKEE COUNTY ZOO	В	959,161.	
ZOOLOGICAL SOCIETY OF MILWAUKEE ENDOWMENT (3) TRUST	Ф	306,906.	
(4) FOUNDATION FOR WILDLIFE CONSERVATION, INC.	Ω	5,000.	
(5) FOUNDATION FOR WILDLIFE CONSERVATION, INC.	Д	1,334.	
(9)			

Schedule R (Form 990) 2010

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39-6077242

Schedule R (Form 990) 2010 THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY

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

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

Yes No General or managing partner? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) <u>6</u> (f)
Disproportionate
allocations? Yes No Share of end-ofyear assets (d)
Are all partners
section 501(c)(3)
organizations? Yes (state or foreign Legal domicile country) <u>ပ</u> Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010	THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY.39-6077242	Page 5
Part VII	(Form 990) 2010 Supplemental I	nformation	
·	Complete this part to	o provide additional information for responses to questions on Schedule R (see instructions)	
		o provide additional information for responded to questions on contestion (1980 instruction)	
		•	
			
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Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 1-2011)

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box										
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) 										
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fil	ed For	m 8868					
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time to	o file (6	months for a corpo	oration				
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension										
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain										
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,										
visit www irs gov/efile and click on e-file for Chanties & Nonprofits.										
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)										
A corpo	ration required to file Form 990-T and requesting an autoi	matic 6-mo	onth extension - check this box and com	plete						
Part I or	ıly				>					
	corporations (including 1120-C filers), partnerships, REN	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time					
to file in	come tax returns			,						
Type or	Name of exempt organization	Employer identification number								
print										
Eda by the	THE ZOOLOGICAL SOCIETY OF MILWAUKEE CTY. 39-6077242									
File by the due date for Number, street, and room or suite no. If a P O. box, see instructions										
filing your return See	10005 WEST BLUEMOUND ROAD					<u> </u>				
instruction		oreign add	Iress, see instructions							
	MILWAUKEE, WI 53226									
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1				
Applica	tion	Return	Application			Return				
Is For		Code	Is For			Code				
Form 99	90	01	Form 990-T (corporation)			07				
Form 99	90-BL	02	Form 1041-A			08				
Form 99	90-EZ	03	Form 4720	0						
Form 99	90-PF	04	Form 5227			10				
Form 99	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11				
	90-T (trust other than above)	06	Form 8870			12				
	MR. JOHN HEIND	EL								
• The i	books are in the care of > 10005 WEST BLU		D ROAD - MILWAUKEE.	WI	53226					
	phone No ► 414-258-2333		FAX No ▶							
•	organization does not have an office or place of busines	s in the Ur								
	s is for a Group Return, enter the organization's four digit			is is fo	r the whole group, o	:heck this				
box >	If it is for part of the group, check this box	ר	ach a list with the names and EINs of all							
					ord trio exteriolori to					
MAY 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for										
➤ calendar year or X tax year beginning OCT 1, 2010 , and ending SEP 30, 2011										
	tax year beginning OCT I, 2010	, a	or ending DHI 50, ZOII		_					
o If	the tay year entered in line 1 is for less than 12 months.	shock rose	on Initial return Fina	al cotur	_					
2 "	2 If the tax year entered in line 1 is for less than 12 months, check reason									
L	Change in accounting period									
0- 15 the englishment of the Form COO DL COO DE COO										
	If this application is for Form 990-BL, 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any									
_	onrefundable credits. See instructions. 3a \$					0.				
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					^				
_	stimated tax payments made Include any prior year over	_		3b	\$	0.				
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,						_				
	by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c \$ 0.									
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions										

LHA For Paperwork Reduction Act Notice, see Instructions.