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Form 990

Department of the Treasury
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 benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Chicago Zoological Society

Doing Business As

Brookfield Zoo

Number and street (or P O box if mail is not delivered to street address)

3300 Golf Road

Room/suite

City or town, state or country, and ZIP + 4

Brookfield, IL 60513

F Name and address of principal officer

Stuart D Strahl PhD

3300 Golf Road

Brookfield,IL 60513

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.czs.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1921

M State of legal domicile

IL

Part I

Summary

| | | | |
|-----------------------------|---|---------------------------|-------------|
| Activities & Governance | <div>1 Briefly describe the organization's mission or most significant activities</div> <div>To inspire conservation leadership by connecting people with wildlife and nature</div> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 50 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 46 |
| | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 1,564 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 709 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 1,449,324 |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 34,956 |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | |
| | 9 Program service revenue (Part VIII, line 2g) | 48,362,455 | 32,649,811 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 15,991,395 | 14,658,686 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,618,179 | 1,801,761 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,124,060 | 10,389,421 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 78,096,089 | 59,499,679 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 167,073 | 192,514 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) 2,604,088 | 37,124,959 | 37,138,464 |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 75,000 | 115,702 |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | | |
| Net Assets or Fund Balances | 19 Revenue less expenses Subtract line 18 from line 12 | 26,110,344 | 25,599,879 |
| | | 63,477,376 | 63,046,559 |
| | | 14,618,713 | -3,546,880 |
| | | | |
| | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 224,208,432 | 210,369,000 |
| | 21 Total liabilities (Part X, line 26) | 68,476,877 | 60,942,000 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 155,731,555 | 149,427,000 |

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Stuart D Strahl PhD President and CEO

2012-08-28

Date

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Date

2012-08-28

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

EIN

Phone no

Plante & Moran PLLC

10 S Riverside Plaza 9th Floor

Chicago, IL 60606

(312) 207-1040

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

To inspire conservation leadership by connecting people with wildlife and nature

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 14,860,076 including grants of \$) (Revenue \$ 2,362,094)

Center for Science and Animal Well-Being CSAW More than 2500 ambassadors of the animal kingdom provide our visitors with a rare opportunity to see species from around the globe Expert care of these ambassadors is a time-honored tradition at CZS, where innovations in husbandry techniques and pioneering breeding programs are part of the cutting edge culture of excellence Staff in the CSAW integrate disciplines such as endocrinology, population biology, behavioral science, nutrition and veterinary science to determine the best ways to provide and continuously care for the animals They also incorporate models and practices from around the world, and from an array of animal care professionals, to develop the best possible zoo-based animal care and management practices

4b

(Code) (Expenses \$ 9,876,000 including grants of \$) (Revenue \$)

Care of Buildings and Grounds The CZS maintains over 214 acres of land and 72 buildings to exhibit over 2,500 animals Guests see examples of our environmentally sound policies throughout the Zoo grounds including energy efficient cooling systems, plentiful recycling containers and clean burning natural gas vehicles

4c

(Code) (Expenses \$ 8,232,000 including grants of \$) (Revenue \$ 6,353,282)

Visitor Services Brookfield Zoo served over 2 1 million visitors in 2011, providing them with transportation, shops and restaurants In addition to motorized, narrated educational tours throughout the park, the Zoo offers strollers, wheelchairs, wagons, etc to help visitors have a more enjoyable visit The shops make available goods which promote an interest in and understanding of the natural world and an awareness of how people around the world co-exist with the animals and the ecosystems where they live, and how choices made by humans impact the animals and the environment The restaurants allow our visitors to stay in the park for lunch and expand the time they can enjoy the park Visitor Services works closely with educators and designers to develop food packaging programs and select products which convey education and conservation related messages Visitor Services also provides opportunities for families, businesses, senior groups, social clubs, etc to hold special outings at the park where they receive admission, special tours and interaction with zoo staff

4d


















Other program services (Describe in Schedule O)

(Expenses \$ 21,637,000 including grants of \$ 192,514) (Revenue \$ 8,956,543)

4e

Total program service expenses \$ 54,605,076

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 | Yes |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2 | Yes |
| 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 | No |
| 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 | Yes |
| 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 | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | Yes |
| 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 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | Yes |
| 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 | Yes |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 | Yes |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a | Yes |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | No |
| 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 | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  | 11e | Yes |
| 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 | Yes |
| 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 | Yes |
| 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 | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I  | 14b | Yes |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV  | 15 | Yes |
| 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 U S? If "Yes," complete Schedule F, Part III and IV  | 16 | Yes |
| 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 | Yes |
| 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 | Yes |
| 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 | Yes |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 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 | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | Yes | |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | Yes | |
| 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 owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | | No |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 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 | Yes | |

| | | | | | | |
|--|--|------------|-----------|--|--|----|
| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | | | | |
| Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/> | | | | | | |
| | | Yes | No | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . | 1a | 163 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | | | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. | 2a | 1,564 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2b | Yes | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b | Yes | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? | 4a | | | | No |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | No |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | | |
| a | Gross income from members or shareholders. | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | | | |
| 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | 13a | | | | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | | | | |
| c | Enter the aggregate amount of reserves on hand. | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | | | |

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 ☒

Section A. Governing Body and Management

| | | | |
|----|---|-----|-----|
| | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| 1a | 50 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 46 |
| 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 | Yes |
| 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 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | 8a | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 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 | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | | |
|-----|--|-----|-----|
| | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 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? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b | Other officers or key employees of the organization | 15b | Yes |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

| | |
|----|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> WI , IL , FL |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <input checked="" type="checkbox"/> Kenneth S Kaduk 3300 Golf Road Brookfield, IL 60513 (708) 688-8315 |

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

| | | | | |
|-----------|--|-----------|--|---------|
| 1b | Sub-Total | | | |
| c | Total from continuation sheets to Part VII, Section A | | | |
| d | Total (add lines 1b and 1c) | 1,996,768 | | 153,313 |

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 23

| | | Yes | No |
|---|---|-----|-----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | 4 | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---|---------------------|
| Murphy and Miller 600 W Taylor St Chicago, IL 60607 | Construction, HVAC repairs and maint | 1,074,576 |
| Freeborn and Peters LLP 311 S Wacker Dr Suite 3000 Chicago, IL 60606 | Legal Services | 703,361 |
| University of Illinois 2001 S Lincoln Ave Urbana, IL 61802 | Veterinary, Pathology and Research Svcs | 507,077 |
| Cemrock Landscapes 4790 So Julian Ave Tucson, AZ 85714 | Exhibit Renovation | 439,954 |
| PBA Inc PO Box 2023 Carol Stream, IL 60132 | benefits administration | 420,721 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶40

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|---|----------------|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | | |
| | b | Membership dues | 1b | 8,401,320 | | | | |
| | c | Fundraising events | 1c | 1,628,786 | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 16,256,095 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 6,363,610 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 981,516 | | | | | | |
| | h | Total. Add lines 1a-1f | | 32,649,811 | | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | General Admissions | 900099 | 5,114,939 | 5,114,939 | | | |
| | b | Memberships | 900099 | 2,233,505 | 2,233,505 | | | |
| | c | Visitor Services | 900099 | 3,303,676 | 1,854,352 | 1,449,324 | | |
| | d | Admissions-Internal Attractions | 900099 | 2,217,724 | 2,217,724 | | | |
| | e | Sponsorship Agreements | 900099 | 954,895 | 954,895 | | | |
| | f | All other program service revenue | | 833,947 | 833,947 | | | |
| | g | Total. Add lines 2a-2f | | 14,658,686 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 1,089,178 | | | 1,089,178 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | 796 | | | 796 | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross rents | (i) Real | (ii) Personal | | | | |
| | | | 16,350 | | | | | |
| | | | | | | | | |
| | | | 16,350 | | | | | |
| | d | Net rental income or (loss) | | 16,350 | | | 16,350 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | 11,984,069 | | | | | |
| | | | 11,272,282 | | | | | |
| | | | 711,787 | | | | | |
| | d | Net gain or (loss) | | 711,787 | | | 711,787 | |
| | 8a | Gross income from fundraising events (not including \$ 1,628,786 of contributions reported on line 1c) See Part IV, line 18 | a | 340,533 | | | | |
| | b | Less direct expenses | b | 753,365 | | | | |
| | c | Net income or (loss) from fundraising events . . | | -412,832 | | | -412,832 | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | 51,800 | | | | |
| | b | Less direct expenses | b | 7,920 | | | | |
| | c | Net income or (loss) from gaming activities . . | | 43,880 | | | 43,880 | |
| | 10a | Gross sales of inventory, less returns and allowances | a | 11,880,982 | | | | |
| b | Less cost of goods sold | b | 3,416,847 | | | | | |
| c | Net income or (loss) from sales of inventory . . | | 8,464,135 | 3,013,233 | | 5,450,902 | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | Visitor Parking | 900099 | 2,028,080 | | | 2,028,080 | | |
| b | In park Transportation Rentals | 900099 | 249,808 | | | 249,808 | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | 2,277,888 | | | | | |
| 12 | Total revenue. See Instructions | | 59,499,679 | 16,222,595 | 1,449,324 | 9,177,949 | | |

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)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 72,179 | 72,179 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 9,500 | 9,500 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 110,835 | 110,835 | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,592,212 | 628,729 | 414,413 | 549,070 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 27,674,291 | 24,330,147 | 2,109,809 | 1,234,335 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 594,900 | 523,512 | 45,212 | 26,176 |
| 9 | Other employee benefits | 4,940,197 | 4,099,173 | 579,929 | 261,095 |
| 10 | Payroll taxes | 2,336,864 | 2,056,440 | 177,602 | 102,822 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 0 | | | |
| b | Legal | 632,465 | | 632,465 | |
| c | Accounting | 64,446 | | 64,446 | |
| d | Lobbying | 56,262 | 11,262 | 45,000 | |
| e | Professional fundraising See Part IV, line 17 | 115,702 | | | 115,702 |
| f | Investment management fees | 99,375 | | 99,375 | |
| g | Other | 3,701,814 | 3,468,739 | 215,450 | 17,625 |
| 12 | Advertising and promotion | 1,498,659 | 1,498,659 | | |
| 13 | Office expenses | 5,284,732 | 4,959,870 | 208,347 | 116,515 |
| 14 | Information technology | 708,029 | 180,308 | 508,855 | 18,866 |
| 15 | Royalties | 27,965 | 27,965 | | |
| 16 | Occupancy | 2,656,043 | 2,345,573 | 286,536 | 23,934 |
| 17 | Travel | 270,572 | 233,598 | 12,503 | 24,471 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 285,346 | 148,299 | 35,873 | 101,174 |
| 20 | Interest | 1,090,851 | 1,090,851 | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 7,517,254 | 7,517,254 | | |
| 23 | Insurance | 404,122 | 62,218 | 341,904 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | Change in Market Valuation of Swap Agreements | 663,206 | 663,206 | | |
| b | Revenue Bond Maintenance Fees | 377,009 | 377,009 | | |
| c | Loss on Retirement of Fixed Assets | 73,507 | 73,507 | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | 188,222 | 116,243 | 59,676 | 12,303 |
| 25 | Total functional expenses. Add lines 1 through 24f | 63,046,559 | 54,605,076 | 5,837,395 | 2,604,088 |
| 26 | Joint costs. Check here <input type="checkbox"/> 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 | | | | |

Part X

Balance Sheet

| | | | | | (A) | | (B) |
|--|---|---|-----|-------------|-------------------|-------------|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 570,210 | 1 | 929,687 |
| | 2 | Savings and temporary cash investments | | | 34,885,623 | 2 | 24,592,503 |
| | 3 | Pledges and grants receivable, net | | | 19,787,618 | 3 | 13,663,416 |
| | 4 | Accounts receivable, net | | | 2,290,110 | 4 | 396,903 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | 912,812 | 8 | 1,001,631 |
| | 9 | Prepaid expenses and deferred charges | | | 352,791 | 9 | 530,273 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 228,011,329 | | | |
| | b | Less: accumulated depreciation | 10b | 97,220,119 | 131,835,727 | 10c | 130,791,210 |
| | 11 | Investments—publicly traded securities | | | 33,133,000 | 11 | 37,965,000 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | | 12 | 130,000 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 440,541 | 15 | 368,377 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 224,208,432 | 16 | 210,369,000 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 5,768,366 | 17 | 5,834,091 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 5,682,229 | 19 | 5,887,402 |
| | 20 | Tax-exempt bond liabilities | | | 47,245,000 | 20 | 37,465,000 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 60,831 | 21 | 63,020 |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | | 9,720,451 | 25 | 11,692,487 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 68,476,877 | 26 | 60,942,000 |
| | Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| 27 | | Unrestricted net assets | | | 119,179,603 | 27 | 121,729,000 |
| 28 | | Temporarily restricted net assets | | | 29,248,467 | 28 | 20,395,000 |
| 29 | | Permanently restricted net assets | | | 7,303,485 | 29 | 7,303,000 |
| Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | | |
| 30 | | Capital stock or trust principal, or current funds | | | | 30 | |
| 31 | | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| 32 | | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| 33 | | Total net assets or fund balances | | | 155,731,555 | 33 | 149,427,000 |
| 34 | Total liabilities and net assets/fund balances | | | 224,208,432 | 34 | 210,369,000 | |

Part 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 | 59,499,679 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 63,046,559 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -3,546,880 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 155,731,555 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -2,757,675 |
| 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 | 149,427,000 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | Yes | |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

| | |
|--|--|
| Name of the organization Chicago Zoological Society | Employer identification number 36-2167016 |
|--|--|

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)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, 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)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the 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)
- 9

☐

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)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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)

f

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 25,842,204 | 19,205,470 | 13,524,906 | 13,884,261 | 16,910,890 | 89,367,731 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 27,351,867 | 17,071,581 | 17,661,814 | 15,624,369 | 15,738,921 | 93,448,552 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 53,194,071 | 36,277,051 | 31,186,720 | 29,508,630 | 32,649,811 | 182,816,283 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 5,893,437 |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 176,922,846 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 53,194,071 | 36,277,051 | 31,186,720 | 29,508,630 | 32,649,811 | 182,816,283 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 633,182 | 1,148,318 | 498,907 | 602,399 | 1,089,974 | 3,972,780 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | 39,294 | 20,727 | 24,317 | 74,240 | 158,578 |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | 186,947,641 |

12 Gross receipts from related activities, etc (See instructions)

12159,835,852

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|---|----|----------|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 94.640 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | 94.520 % |

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 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.)

| Section A. Public Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

| Section B. Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c 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.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12.) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|----|-----|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | 0 % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | |

| Section D. Computation of Investment Income Percentage | | |
|--|----|-----|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | 0 % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | | |
| b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | | |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | | |

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

| |
|------------------------------|
| Facts And Circumstances Test |
| |

| |
|-------------|
| Explanation |
| |
| |
| |
| |

Additional Data

Software ID: 11000218

Software Version: 2011.0.0

EIN: 36-2167016

Name: Chicago Zoological Society

Form 990, Special Condition Description:

| |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| William C Kunkler III Chairman of the Board | 2 00 | X | | X | | | | 0 | 0 | 0 |
| Corwith Hamill Honorary Chairman of the Board | 2 00 | X | | X | | | | 0 | 0 | 0 |
| John P Grube Deputy Chairman of the Board | 2 00 | X | | X | | | | 0 | 0 | 0 |
| Stephen P Bent Vice-Chairman of the Board | 2 00 | X | | X | | | | 0 | 0 | 0 |
| Elizabeth Hamill Bramsen Vice-Chairman of the Board | 2 00 | X | | X | | | | 0 | 0 | 0 |
| Merrick M Elfman Vice-Chairman of the Board | 2 00 | X | | X | | | | 0 | 0 | 0 |
| Dennis J Keller Vice-Chairman of the Board | 2 00 | X | | X | | | | 0 | 0 | 0 |
| John W Taylor III Vice-Chairman of the Board | 2 00 | X | | X | | | | 0 | 0 | 0 |
| Cherryl T Thomas Vice-Chairman of the Board | 2 00 | X | | X | | | | 0 | 0 | 0 |
| Michael P Emmert Treasurer | 2 00 | X | | X | | | | 0 | 0 | 0 |
| Randall G Vickery Secretary | 2 00 | X | | X | | | | 0 | 0 | 0 |
| Stuart D Strahl PhD President and CEO | 40 00 | X | | X | | | | 409,821 | 0 | 26,782 |
| Stuart B Abelson Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Nathalie Alberts Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Cushman L Andrews Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| John C Barron Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Robert M Beavers Jr Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Edward McCormick Blair Jr Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| John A Carpenter Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Shirley J Daly Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Lawrence E DeMar Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Vicki L DeMar Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Michael F DeSantiago Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Joan M Etten-Krall Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Thomas L Fisher Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--|---|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Arthur J Fogel Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Bert A Getz Jr Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Graham C Grady Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Philip Lee Harris Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Christine E Holden Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| William L Hood Jr Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Heidi A Huizenga Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Jill V Javors Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Barbara Levy Kipper Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Angelo C Kleronomos Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Fred A Krehbiel Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| William O Lipinski Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Mary Ann S MacLean Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Jerry Manne Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Grant G McCullagh Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Brett N McGinnis Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Christian B McGrath Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Andrew J McKenna Jr Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Susan A Pipal Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Toni Reed Preckwinkle Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Philip J Rock Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Mark G Sander Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Nan Schaffer DVM Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Kathryn Babcock Shaffer Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Kenneth N Thompson Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| William E Thonn Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Christopher D Traut Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Susan E Ahern Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Cindy Zeigler Sr VP Institutional Advancement | 40 00 | | | | X | | | 252,970 | 0 | 4,296 |
| Dr Alejandro Grajal Sr VP Conservation, Educ and Training | 40 00 | | | | X | | | 185,599 | 0 | 21,238 |
| Kenneth S Kaduk Sr VP Finance Admin | 40 00 | | | | X | | | 183,892 | 0 | 18,346 |
| Frank W Zeigler Sr VP Collections and Animal Care | 40 00 | | | | X | | | 167,630 | 0 | 19,809 |
| Sarah Breen-Bartecki VP Conservation Funding Initiatives | 40 00 | | | | | X | | 167,884 | 0 | 10,621 |
| Matthew Mayer VP Govt Affairs | 40 00 | | | | | X | | 164,872 | 0 | 8,165 |
| Terrence Sykes VP Development | 40 00 | | | | | X | | 163,245 | 0 | 20,255 |
| Brian Krockey Sr Director Food Svc Operations | 40 00 | | | | | X | | 155,550 | 0 | 16,895 |
| Anna Clarke VP Marketing Communications | 40 00 | | | | | X | | 145,305 | 0 | 6,906 |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|--|--|
| Name of the organization Chicago Zoological Society | Employer identification number 36-2167016 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1

Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2

Political expenditures ▶ \$

3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a

Was a correction made? ☐ Yes ☐ No

b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$

4

Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | | (a) | | (b) |
|----|--|-----|----|---------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | Yes | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 115,778 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? If "Yes," describe in Part IV | | No | |
| j | Total lines 1c through 1i | | | 115,778 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | Yes | No |
|---|--|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| | | | |
|---|--|----|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | 2a | |
| a | Current year | | |
| b | Carryover from last year | | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| II-B | Line 1A-J | This Chicago Zoological Society is a private nonprofit organization that operates Brookfield Zoo on land owned by the Forest Preserve District of Cook County. Brookfield Zoo was created through an act of the Illinois Legislature and the Society annually receives partial funding from Cook County to maintain and operate the Zoo. Occasionally, the laws and regulations under which the Society was organized and is funded and operated require updating. The Society may |
| II-B | Line 1A-J contd | advise and assist appropriate legislative bodies in this activity. It may also advocate the adoption or rejection of legislation. By virtue of a management agreement with the District, the Society is periodically called upon to advise on matters of public policy. The Society also employs certain staff and consultants to communicate with the State of Illinois, federal officials, county commissioners and other government officials, to inform those parties of the activities of the Society. |
| II-B | Line 1A-J contd | Additionally, as required during the year, the Societys president and designated staff attend national and international professional group meetings and otherwise communicate with those groups on various matters, including the expression of opinions to appropriate congressional representatives, congressional committees or other deliberative bodies that influence public policy concerning species in danger of extinction, environmental management, |
| II-B | Line 1A-J contd | the biological sciences and kindred subject, and federal regulatory agency activities affecting wildlife and its management. Also, as needed from time to time, the Society contacts its members, staff and volunteers to encourage them to express their views on pending legislation that may have a direct impact on the Society and its conservation programs. |

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
Chicago Zoological Society

Employer identification number

36-2167016

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|---|------------------------------|
| 1 Total number at end of year | | 2 |
| 2 Aggregate contributions to (during year) | | 259,197 |
| 3 Aggregate grants from (during year) | | 202,655 |
| 4 Aggregate value at end of year | | 1,809,650 |
| 5 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

| | |
|---|---|
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space |
| 2 | Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____ |
| 4 | Number of states where property subject to conservation easement is located ▶ _____ |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____ |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____ |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | 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, 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, 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 ▶ \$ _____ |
| 2 | 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 relating to these items |
| a | Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____ |
| b | Assets included in Form 990, Part X ▶ \$ _____ |

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

b

☒ Scholarly research

c

☒ Preservation for future generations

d

☒ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | | | | | |
|----|--|---------------|-------------------|---------------------|--------------------|
| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
| 1a | Beginning of year balance | 15,750,000 | 14,012,000 | 11,708,000 | 16,350,000 |
| b | Contributions | 325,000 | 412,000 | 344,000 | 672,000 |
| c | Investment earnings or losses | -390,000 | 2,092,000 | 2,586,000 | -4,748,000 |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | 454,000 | 689,000 | 521,000 | 469,000 |
| f | Administrative expenses | 32,000 | 77,000 | 105,000 | 97,000 |
| g | End of year balance | 15,199,000 | 15,750,000 | 14,012,000 | 11,708,000 |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 26 000 %

b

Permanent endowment ▶ 48 000 %

c

Term endowment ▶ 26 000 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 221,372,284 | 92,939,529 | 128,432,755 |
| d Equipment | | 5,683,192 | 4,280,590 | 1,402,602 |
| e Other | | 955,853 | | 955,853 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 130,791,210 |

| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | | | |
|---|--|----|------------|--|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 59,499,679 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 63,046,559 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -3,546,880 | |
| 4 | Net unrealized gains (losses) on investments | 4 | -1,788,675 | |
| 5 | Donated services and use of facilities | 5 | | |
| 6 | Investment expenses | 6 | | |
| 7 | Prior period adjustments | 7 | | |
| 8 | Other (Describe in Part XIV) | 8 | -968,445 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -2,757,120 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -6,304,000 | |
| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 61,942,000 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains on investments | 2a | -1,788,675 | |
| b | Donated services and use of facilities | 2b | 67,353 | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIV) | 2d | | |
| e | Add lines 2a through 2d | 2e | -1,721,322 | |
| 3 | Subtract line 2e from line 1 | 3 | 63,663,322 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 14,489 | |
| b | Other (Describe in Part XIV) | 4b | -4,178,132 | |
| c | Add lines 4a and 4b | 4c | -4,163,643 | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 59,499,679 | |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | | |
|--|---|----|------------|--|
| 1 | Total expenses and losses per audited financial statements | 1 | 67,277,000 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | 67,353 | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIV) | 2d | 4,177,577 | |
| e | Add lines 2a through 2d | 2e | 4,244,930 | |
| 3 | Subtract line 2e from line 1 | 3 | 63,032,070 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 14,489 | |
| b | Other (Describe in Part XIV) | 4b | | |
| c | Add lines 4a and 4b | 4c | 14,489 | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 63,046,559 | |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| I | 5 and 6 | The Society does not maintain any donor advised funds Other Funds consist of the Chicago Board of Trade Endangered Species Fund and the CZS Womens Board Fund Contributions to these funds come from donors as well as proceeds from fundraising events and investment income Grants are decided by committees as described in Schedule I At times, donors who have given money to the fund may also sit on the granting committee but no one donor may decide on the grant awards All grants awarded |
| I | 5 and 6 contd | must follow the guidelines and processes established by CZS CZS Board of Trustees has final approval of all Chicago Board of Trade Endangered Species Fund Committee recommended grant awards CZS Management has final approval of all CZS Womens Board recommended grant awards |
| III | 1A | Animal Collections, which were acquired through breeding loans, purchases and contributions, are not recognized as assets on the Statement of Financial Position Costs to acquire collection items are recorded as decreases in unrestricted net assets in the year in which the animals are acquired Proceeds from deaccessions are reflected as increases in the appropriate net asset class The Societys animal collection consists of specimens with numerous attributes including, taxonomic group, |
| III | 1A contd | age, sex, relationship and value to other animals, endangered status and breeding potential The Society retains a record of every animal in a permanent file An inventory of the collection is prepared annually Professionally trained keeper staff and population managers provide daily care for the collection and determine population needs |
| III | 4 | The more than 2500 ambassadors of the animal kingdom which make up the CZS collection provide our visitors a rare opportunity to see species from around the globe The collection, in connection with our education programs, provides CZS the opportunity to teach guests about animals and nature, conservation and other related topics |
| IV | 2B | CZS acts as fiscal agent for certain subgroups of the AZA Species Survival Plan Grps, Taxon Advisory Grps, Strat Action Grps or other similar groups where the current chair of the group is a CZS employee The funds are tracked separately on CZS books as an offsetting asset and liability Funds expended from these accounts are subject to the same policies as other CZS expenses If the Chair of the group changes or moves to another institution, the funds are transferred to that institution |
| V | 4 | The Societys endowment consists of 11 different funds established to support a variety of CZS programs including conservation and research, education and outreach, care of the animal collection and grounds, and general operations Additionally, the Society is the designated beneficiary of the interest income on a 1 million endowment established and maintained by the Chicago Community Trust The CCT maintains variance power over this endowment and, accordingly, the Society has not included it |
| V | 4 Contd | in its financial statements |
| VI | 1A -E | The Society operates a zoological park on land owned by the Forest Preserve District of Cook County, IL which is provided to the Society at no charge The land site of the Zoo, accordingly, is not recorded on the Societys financial statements All park improvements acquired by the Society are legally owned by the District All Park improvements acquired by the Society, including those acquired with District funds, are recorded as park improvements on the Societys financial statements |
| VI | 1A -E Contd | The amount in Other represents construction in progress on capital assets Once a capital assets is complete and in use, the total amount for that project is closed out of construction in progress and transferred to park improvements |
| X | 2 | The Societys application of GAAPUSA regarding uncertain tax positions had no effect on its financial position as management believes the Society has no material unrecognized income tax benefits, including any potential risk of loss of its not-for-profit status The Society would account for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as income tax expense The Society is no longer subject to |
| X | 2 Contd | examination by federal, state or local tax authorities for periods before 2008 |
| XI | 8 | Other Adjustments - Change in post retirement benefits not yet recognized in operations -969,000, rounding and misc adjustment 555 |
| XII | 4B | Other Adjustments - Cost of Sales Inventory -3,416,847, fundraising event expense -753,365, raffle expense -7920 |
| XIII | 2D | Other Adjustments - Cost of Sales Inventory 3,416,847, fundraising event expense 753,365, raffle expense 7,920, rounding and misc adjustment -555 |

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
Chicago Zoological Society

Employer identification number
36-2167016

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3

Activites per Region (Use Part V if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region or independent contractors | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region/investments in region |
|--|-------------------------------------|--|---|--|---|
| Central America and the Caribbean | | | grants to recipients in region | | 3,000 |
| Central America and the Caribbean | | | program services | attend conservation related conference | 1,888 |
| East Asia and the Pacific | | | grants to recipients in region | | 12,260 |
| East Asia and the Pacific | | | program services | attend conservation related conference | 2,730 |
| Europe | | | grants to recipients in region | | 25,000 |
| Europe | | | program services | attend conservation related conference | 3,073 |
| Europe | | | program services | membership in conservation organization | 12,052 |
| North America | | | program services | attend conservation related conference | 4,424 |
| South America | | | grants to recipients in region | | 38,745 |
| South America | | | program services | conservation related fieldwork | 18,979 |
| South Asia | | | grants to recipients in region | | 4,700 |
| South Asia | | | program services | attend conservation related conference | 52 |
| Sub-Saharan Africa | | | grants to recipients in region | | 27,130 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | | | | | 154,033 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 154,033 |

Part II

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 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Part V if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|--------------------|---------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | | Europe | Conservation research fieldwork | 25,000 | wire transfer | | | |
| | | | South America | Conservation research fieldwork | 10,000 | check | | | |
| | | | Sub-Saharan Africa | Conservation research fieldwork | 10,000 | wire transfer | | | |
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2

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

3

3

Enter total number of other organizations or entities

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.
Use Part V if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|---------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| Conservation research fieldwork | South America | 5 | 16,245 | wire transfer | | | |
| Conservation research fieldwork | East Asia and the Pacific | 2 | 8,260 | wire transfer | | | |
| Conservation research fieldwork | Sub-Saharan Africa | 3 | 8,130 | wire transfer | | | |
| Conservation research fieldwork | South Asia | 1 | 4,700 | wire transfer | | | |
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Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2011

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public
Inspection

| | |
|--|--|
| Name of the organization Chicago Zoological Society | Employer identification number 36-2167016 |
|--|--|

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☒ Mail solicitations
- b

☒ Internet and e-mail solicitations
- c

☒ Phone solicitations
- d

☒ In-person solicitations
- e

☒ Solicitation of non-government grants
- f

☒ Solicitation of government grants
- g

☒ Special fundraising events
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|--------------------------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| Hurley and Associates 2130 Lincoln Park West 15 South Chicago, IL 60614 | Consulting-Leadership Campaign | | No | 1,876,996 | 8,800 | 1,868,196 |
| Patricia J Hurley and Associates 205 W Wacker Drive Suite 1400 Chicago, IL 60606 | Consutling-Fundraising dinners | | No | 1,850,678 | 106,902 | 1,743,776 |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total ▶ | | | | 3,727,674 | 115,702 | 3,611,972 |

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
- FL, IL, IN, WI

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|----|--|---|---------------------|-------------------------------|
| | | Whirl Gala (event type) | Conservation Award Dinner (event type) | 1 (total number) | (Add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 1,369,908 | 480,770 | 118,641 |
| | 2 | Less Charitable contributions | 1,158,098 | 439,134 | 31,554 |
| | 3 | Gross income (line 1 minus line 2) | 211,810 | 41,636 | 87,087 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Non-cash prizes | | 6,050 | 6,050 |
| | 6 | Rent/facility costs | 165,627 | 11,561 | |
| | 7 | Food and beverages | 89,044 | 36,367 | |
| | 8 | Entertainment | 10,000 | 15,000 | |
| | 9 | Other direct expenses | 312,880 | 59,858 | 46,978 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| | 11 | Net income summary Combine lines 3 and 10 in column (d) ▶ | | | |

Part III 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.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|-----------------|-------------------------|---|--|--|--|
| Revenue | | | | | (Add col (a) through col (c)) |
| 1 | Gross revenue | | | 51,800 | 51,800 |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Non-cash prizes | | 7,870 | 7,870 |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | 50 | 50 |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 74.000 % <input type="checkbox"/> No |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | |
| | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | |

9 Enter the state(s) in which the organization operates gaming activities IL

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," Explain

- 11

Does the organization operate gaming activities with nonmembers?

☒

Yes

☐

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☒

No

| | | |
|----|--|-------------|
| 13 | Indicate the percentage of gaming activity operated in | |
| a | The organization's facility | 13a100.000% |
| b | An outside facility | 13b |

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name Heather Bilcer CZS Controller

Address 3300 Golf Road
Brookfield, IL 60513

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name T Sykes

Gaming manager compensation \$ 326

Description of services provided As VP Dev , Mr Sykes spends a small of amt of his time supervising the raffle

☐ Director/officer☒ Employee☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| | | |
|------------|-----------------|-------------|
| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|

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

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

2011

Open to Public Inspection

Name of the organization
Chicago Zoological Society

36-2167016

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| | | | |
|----------|---|---|---|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | ▶ | 2 |
| 3 | Enter total number of other organizations listed in the line 1 table | ▶ | |

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (1) Educ Scholarship for Conservation Science Studies | 5 | 9,500 | | | |
| | | | | | |
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| | | | | | |

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| I | Line 2 | CZS awards grants and assistance through a variety of programs For awards under the CBT ESF program as well as general contributions to major conservation organizations, see details in Schedule F, part IV CZS also provides grants and assistance through its educational scholarship programs and bus stipends programs CZS maintains records to substantiate amounts, eligibility and selection criteria Procedures are in place to monitor grants to ensure they are used for proper purposes including, |
| I | Line 2 Contd | where applicable, periodic reporting by the grantee |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

| | |
|--|--|
| Name of the organization Chicago Zoological Society | Employer identification number 36-2167016 |
|--|--|

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 | | |
| <input type="checkbox"/> First-class or charter travel | | |
| <input checked="" type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Travel for companions | | |
| <input type="checkbox"/> Payments for business use of personal residence | | |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | | |
| <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | 1b Yes | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 Yes | |
| 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | |
| <input checked="" type="checkbox"/> Compensation committee | | |
| <input type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | | |
| <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | | |
| <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | |
| a Receive a severance payment or change-of-control payment? | 4a Yes | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | |
| 5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a The organization? | 5a | No |
| b Any related organization? | 5b | No |
| If "Yes," to line 5a or 5b, describe in Part III | | |
| 6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | |
| a The organization? | 6a | No |
| b Any related organization? | 6b | No |
| 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 | No |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | No |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | |

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

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------------|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) Stuart D Strahl PhD | (i) (ii) | 365,346 | | 44,475 | 6,738 | 20,044 | 436,603 | |
| (2) Cindy Zeigler | (i) (ii) | 250,000 | | 2,970 | 3,952 | 344 | 257,266 | |
| (3) Dr Alejandro Grajal | (i) (ii) | 184,422 | | 1,177 | 3,762 | 17,476 | 206,837 | |
| (4) Kenneth S Kaduk | (i) (ii) | 183,067 | | 825 | 5,042 | 13,304 | 202,238 | |
| (5) Frank W Zeigler | (i) (ii) | 167,630 | | | 1,962 | 17,847 | 187,439 | |
| (6) Sarah Breen-Bartecki | (i) (ii) | 167,416 | | 468 | 4,537 | 6,084 | 178,505 | |
| (7) Matthew Mayer | (i) (ii) | 154,529 | 10,000 | 343 | 2,279 | 5,886 | 173,037 | |
| (8) Terrence Sykes | (i) (ii) | 162,921 | | 324 | 2,509 | 17,746 | 183,500 | |
| (9) Brian Krockey | (i) (ii) | 111,052 | | 44,498 | | 16,895 | 172,445 | |
| (10) Anna Clarke | (i) (ii) | 143,697 | | 1,608 | 3,781 | 3,125 | 152,211 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Part III **Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| I | 1A | As provided for in the executive employment agreement approved by the Board of Trustees, the President received a housing allowance and a gross up payment equivalent to the tax obligation for the value of Society provided life insurance. Both were treated as taxable compensation to the President. |
| I | 4A | As provided for in the Severance Agreement with the Sr. Director of Food Service Operations related to the elimination of the position, he received a severance payment of 41,278. |

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Chicago Zoological Society

Employer identification number
36-2167016

Part I

Bond Issues

| (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | | (i) Pool financing | |
|--|----------------|-------------|-----------------|-----------------|---|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A Village of Brookfield Cook County IL | 36-6005807 | 112732AAD | 06-18-2008 | 39,850,000 | Construction and renovation of certain buildings and exhibits | | X | | X | | X |
| B Village of Brookfield Cook County IL | 36-6005807 | 00000NONE | 12-22-2005 | 3,530,000 | Refinance of remaining series 1995A Bonds | | X | | X | | X |

Part II

Proceeds

| | A | | B | | C | | D | |
|---|------------|----|-----------|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Amount of bonds retired | 9,130,000 | | | | | | | |
| 2 Amount of bonds defeased | | | | | | | | |
| 3 Total proceeds of issue | 39,850,000 | | 3,530,000 | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | |
| 5 Capitalized interest from proceeds | 595,445 | | | | | | | |
| 6 Proceeds in refunding escrow | | | | | | | | |
| 7 Issuance costs from proceeds | 296,598 | | 70,600 | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | 872 | | | | | |
| 10 Capital expenditures from proceeds | 30,539,559 | | | | | | | |
| 11 Other spent proceeds | | | 3,458,528 | | | | | |
| 12 Other unspent proceeds | | | | | | | | |
| 13 Year of substantial completion | 2010 | | 1998 | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | X | X | | | | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | | | |
| 16 Has the final allocation of proceeds been made? | X | | X | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | | | |

Part III

Private Business Use

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | |

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | |
|----|--|---------|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use? | | X | | | | | | |
| b | If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | X | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d | If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 1 280 % | | | | | | | |
| 6 | Total of lines 4 and 5 | 1 280 % | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | | | | | | |

Part IV

Arbitrage

| | | A | | B | | C | | D | |
|----|--|-------------------------|----|-------------------------|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | X | | | | |
| 2 | Is the bond issue a variable rate issue? | X | | X | | | | | |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue? | X | | X | | | | | |
| b | Name of provider | The Northern Trust Co | | The Northern Trust Co | | | | | |
| c | Term of hedge | 0000000007 000000000000 | | 0000000004 900000000000 | | | | | |
| d | Was the hedge superintegrated? | | X | | X | | | | |
| e | Was a hedge terminated? | | X | | X | | | | |
| 4a | Were gross proceeds invested in a GIC? | | X | | X | | | | |
| b | Name of provider | | | | | | | | |
| c | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | X | | X | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | X | X | | | | | |

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Chicago Zoological Society

Employer identification number

36-2167016

Part I

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|-------------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c)Original principal amount | (d)Balance due | (e) In default? | | (f) Approved by board or committee? | | (g)Written agreement? | |
|---|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total ► \$ | | | | | | | | | | |

Part III

Grants or Assistance Benefitting Interested Persons.

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

| (a) Name of interested person | (b)Relationship between interested person and the organization | (c)Amount of grant or type of assistance |
|-------------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Part IV

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------|---|---------------------------|-------------------------------------|---|----|
| | | | | Yes | No |
| (1) HDO Inc | Trustee Bert A Getz, Jr serves as Director | 116,444 | Tent Rental | | No |
| (2) Freeborn& Peters LLP | Secretary of the Board Randall G Vickery serves as a Partner | 703,361 | Legal Services | | No |
| (3) The Northern Trust Company | Trustee Arthur J Fogel serves as Executive VP/Managing Director | 399,451 | Banking, Investment and LC services | | No |
| (4) Cindy Zeigler | Family Member of Key employee | 257,266 | employment | | No |
| (5) Frank W Zeigler | Family Member of Key employee | 187,439 | employment | | No |
| | | | | | |

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| IV | 1 | During 2011, the Society used HDO, Inc for tent rental services Trustee Bert A Getz, Jr serves as a Diretor of HDO, Inc This transaction followed the Societys established procurement policy and rates are competitive with market rates |
| IV | 2 | During 2011, the Society used Freeborn Peters LLP for legal services Secretary of the Board Randall G Vickery serves as a Partner of Freeborn Peters This transaction followed the Societys established procurement policy and rates are competitive with market rates |
| IV | 3 | During 2011, the Society used The Northern Trust Company for banking, investment and letter of credit services Trustee Arthur J Fogel serves as an Executive VP and Managing Partner at Northern Trust This transaction followed the Societys established procurement policy and rates are competitive with market rates |
| IV | 4 | During 2011, Cindy Zeigler was employed as Sr VP of Institutional Advancement She is a family member of Key Employee Frank W Zeigler Her employment follows the Societys established recruiting, hiring and compensation policies |
| IV | 5 | During 2011, Frank W Zeigler was employed as Sr VP Collection and Animal Care He is a family member of Key Employee Cindy Zeigler His employment follows the Societys established recruiting, hiring and compensation policies |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Chicago Zoological Society

Employer identification number
36-2167016

Part I Types of Property

| | (a) Check if applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining contribution amounts |
|---|----------------------------------|--|---|--|
| 1 Art—Works of art | X | 1 | 1,250 | cost or selling price |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | X | | 5,760 | cost or selling price |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | X | 1 | 27,655 | MSRP |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 36 | 413,460 | price of stock on gift date |
| 10 Securities—Closely held stock | X | 1 | 129,591 | appraisal |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 12 | 28,324 | cost or selling price |
| 20 Drugs and medical supplies | X | 4 | 56,614 | cost or selling price |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | X | 132 | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (<u>Operating Supplies</u>) charity fundraiser | X | 90 | 212,145 | cost or selling price |
| 26 Other ► (<u>Items</u>) charity | X | 4 | 23,957 | cost or selling price |
| 27 Other ► (<u>auction items</u>) charity raffle | X | 15 | 74,890 | cost or selling price |
| 28 Other ► (<u>Items</u>) | X | 7 | 7,870 | cost or selling price |
| 29 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 | |
| 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 the entire holding period? | | | | Yes No |
| b If "Yes," describe the arrangement in Part II | | | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | | | Yes |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | | | | No |
| b If "Yes," describe in Part II | | | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | | | |

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| I | 33 | Securities Current year contributions of stock which represent payments on pledges recorded as contribution revenue in a previous year are not included in the revenue shown on Form 990, Part VIII, Line 1g |
| I | 33 | Collection Items/Scientific Specimens - A zero amount was reported on Form 990, Part VIII, Line 1g because the Society does not capitalize its collection, as allowed under SFAS 116 |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

| | |
|--|---|
| Name of the organization Chicago Zoological Society | Employer identification number 36-2167016 |
|--|---|

| Identifier | Return Reference | Explanation |
|---------------------|------------------|--|
| Form 990 Part VI | 1A | The fiscal, general oversight, and policies of the Society are vested in a Board of not more than 58 Trustees. As of December 31, 2011 there were 50 voting Trustees. The elected Officers of the Board, the chairs of the standing committees and such other Trustees as may be appointed by the Chairman constitute the Executive Committee. The Executive Committee has the power to transact all regular business of the Society during the period between the regular Board meetings. |

| Identifier | Return Reference | Explanation |
|---------------------|------------------|---|
| Form 990 Part VI | 2 | Corwith Hamill, Honorary Chairman of the Board of Trustees and Elizabeth Hamill Bramsen, Vice-Chairman of the Board - Family Relationship Larry DeMar, Trustee and Vicki DeMar, Trustee - Family Relationship Cindy Zeigler, Key Employee and Frank W Zeigler, Key Employee - Family Relationship |

| Identifier | Return Reference | Explanation |
|---------------------|------------------|---|
| Form 990 Part VI | 6 | The membership of the Society is composed of up to 250 Governing Members. Up to 55 of the 58 Board of Trustees are elected by the Governing Members at their annual meeting. Governing Members are also eligible for appointment by the Societys Chairman to serve on Board committees other than the Executive Committee. Governing Members are chosen by the Nominating and Governance Committee of the Board of Trustees and voted on by the full Board of Trustees. |

| Identifier | Return Reference | Explanation |
|---------------------|------------------|---|
| Form 990 Part VI | 7A | The membership of the Society is composed of up to 250 Governing Members. Up to 55 of the 58 Board of Trustees are elected by the Governing Members at their annual meeting. Governing Members are also eligible for appointment by the Societys Chairman to serve on Board committees other than the Executive Committee. Governing Members are chosen by the Nominating and Governance Committee of the Board of Trustees and voted on by the full Board of Trustees. |

| Identifier | Return Reference | Explanation |
|---------------------|------------------|--|
| Form 990 Part VI | 11A | The IRS Form 990 is prepared by Societys management and review ed and signed by the Societys tax advisor The Form 990 is also review ed by the Audit Committee of the Board of Trustees A copy of the entire final version of the form is also made available to the Board of Trustees prior to filing with the IRS |

| Identifier | Return Reference | Explanation |
|---------------------|------------------|--|
| Form 990 Part VI | 12C | Annually, a conflict of interest form is sent out to all members of the Board of Trustees, Key Employees and any employee with purchasing authority. The form covers potential conflicts through financial interests, use of Society services, privileged information and representation of Society interests. It also covers specific disclosures required by the IRS Form 990 and the Illinois AG990IL. Board of Trustee responses are reviewed by the Secretary of the Board and the Sr. VP Finance and Admin. who together determine if a conflict exists. Employee responses are reviewed by the VP Human Resources and the Sr. VP Finance and Admin. Any conflicts are addressed to ensure that all internal procedures are followed for any transactions with that individual and that all items requiring disclosure are properly noted. Any Board members with a conflict must abstain from voting on |

| Identifier | Return Reference | Explanation |
|---------------------|------------------|--|
| Form 990 Part VI | 12C contd | decisions involving the transaction in question Any transactions entered into with interested persons follow the Societys established procurement policies and are provided at rates competitive with market rates |

| Identifier | Return Reference | Explanation |
|---------------------|------------------|--|
| Form 990 Part VI | 15A and 15B | The Societys policy for approval of compensation arrangements with officers and certain senior employees requires review and approval of the compensation arrangement by the Executive Committee of the Board, excluding anyone who is related to or under the control of the person involved in the arrangement The Committee relies on appropriate comparability data which indicates the types and levels of similar compensation and benefit packages for similar positions provided by similar organizations The Committee documents the basis for its determination of the reasonableness of compensation This process is done annually for the President, Sr VP Finance and Admin and the Sr VP of Institutional Advancement in any year where there is an increase in compensation |

| Identifier | Return Reference | Explanation |
|------------------|------------------|---|
| Form 990 Part VI | 19 | Governing documents are available through applicable governmental agencies the conflict of interest policy and financial statements are available upon written request to the Society |

| Identifier | Return Reference | Explanation |
|--------------------|------------------|--|
| Form 990 Part V | 7h | The Society received a donated car from a car dealership, how ever this donation was exempt from 1098-C reporting since it does not meet the definition of a qualified vehicle for 1098-C reporting purposes |

| Identifier | Return Reference | Explanation |
|------------------|------------------|---|
| Form 990 Part XI | 5 | Other changes in net assets or fund balances Net unrealized gain/loss on investments -1,788,675 Changes in Post Retirement Benefits not yet recognized in operations -969,000 |

| Identifier | Return Reference | Explanation |
|---|--------------------------------|---|
| Form 990 Part III Program Service Accomplishments | Line 4d Other Activities | Program Service Expenses 6,832,000, Grants and allocations 192,514, Revenue 621,246 Center for Conservation Leadership CCL Through its many conservation and education programs, CZS communicates with others to engender in them a sense of ownership about living harmoniously with nature and helping save endangered species Education specialists, curators, graphic and exhibit designers, photographers and many others contribute to sharing this information with visitors As well as reaching the 2.1 million visitors, CZS engages would be conservationists outside of the Zoo including classrooms of school children, teachers and community leaders Additionally through field programs, CZS supports efforts to protect and restore populations of threatened species in other parts of the world The CCL strengthens the bridge between education and conservation, between field research and the animals in our care |

| Identifier | Return Reference | Explanation |
|---|--------------------------------|--|
| Form 990 Part III Program Service Accomplishments | Line 4d Other Activities | Program Service Expenses 2,987,000, Grants and allocations 0, Revenue 5,114,939 Admissions and Parking In the course of a year, over 2 1 million visitors enjoy the experience of seeing and learning about the animals of the world Each individual that enters Brookfield Zoos gates represents an opportunity a chance to introduce representatives of the wild world, to convey our intertwined connections to the animal kingdom, and to encourage positive change in the world The Brookfield Zoo is open every day of the year Admission is free to the general public 52 days each year and at all times to Illinois school groups and to military personnel On certain days throughout the summer extended hours are offered to be more accessible to a more diverse audience |

| Identifier | Return Reference | Explanation |
|--|--------------------------|---|
| Form 990 Part III Program Service Accomplishments | Line 4d Other Activities | Program Service Expenses 1,235,000, Grants and allocations 0, Revenue 2,265,463 Membership The membership program services our 109,000 member households, providing them with the opportunity to participate in the conservation and educational efforts of CZS. Member services fulfill new and renewing memberships, answers member questions at locations throughout the park and via telephone and provides educational member Animal updates via email. Members receive unlimited free admission, free or discounted parking and in-park attraction admissions and discounts on food, merchandise and educational classes. |

| Identifier | Return Reference | Explanation |
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| Form 990 Part III Program Service Accomplishments | Line 4d Other Activities | Program Service Expenses 3,066,000, Grants and allocations 0, Revenue 954,895 Marketing and Public Relations CZSs marketing and public relations draws thousands of visitors throughout the year to discover, celebrate and help conserve natures gifts Through production of seasonal themed events such as Holiday Magic, Creatures of the Night, Boo at the Zoo and Real Fan Days, CZS attracts attendance and exposes a wider audience to our mission Through celebratory events including Party for the Planet, Ape Awareness Month and Bear Awareness Weekend CZS inspires conservation leadership Through outreach programming to local communities and organizations, CZS reaches out to those w ho may not have an opportunity to visit the zoo otherwise Additionally, CZS produces tw o complementary websites CZS org is devoted to in-depth discussion of conservation issues designed to inspire conservation leadership in our guests brookfieldzoo org acquaints future and past visitors w ith the many exhibits within the Zoo, upcoming special events and visit planning tools |

| Identifier | Return Reference | Explanation |
|---|--------------------------|--|
| Form 990 Part III Program Service Accomplishments | Line 4d Other Activities | Program Service Expenses 7,517,000, Grants and allocations 0, Revenue 0 Depreciation Depreciation on the Zoos 228 million in buildings and equipment, including animal exhibits, animal care facilities, education spaces, shops and restaurants |

| Identifier | Return Reference | Explanation |
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| | | <p>Form 990, Part III, Line 4d Program Service Expenses 6,832,000, Grants and allocations 192,514, Revenue 621,246 Center for Conservation Leadership CCL Through its many conservation and education programs, CZS communicates with others to engender in them a sense of ownership about living harmoniously with nature and helping save endangered species. Education specialists, curators, graphic and exhibit designers, photographers and many others contribute to sharing this information with visitors. As well as reaching the 2.1 million visitors, CZS engages would-be conservationists outside of the Zoo including classrooms of school children, teachers and community leaders. Additionally through field programs, CZS supports efforts to protect and restore populations of threatened species in other parts of the world. The CCL strengthens the bridge between education and conservation, between field research and the animals in our care.</p> <p>Form 990, Part III, Line 4d Program Service Expenses 2,987,000, Grants and allocations 0, Revenue 5,114,939 Admissions and Parking In the course of a year, over 2.1 million visitors enjoy the experience of seeing and learning about the animals of the world. Each individual that enters Brookfield Zoos gates represents an opportunity a chance to introduce representatives of the wild world, to convey our intertwined connections to the animal kingdom, and to encourage positive change in the world. The Brookfield Zoo is open every day of the year. Admission is free to the general public 52 days each year and at all times to Illinois school groups and to military personnel. On certain days throughout the summer extended hours are offered to be more accessible to a more diverse audience.</p> <p>Form 990, Part III, Line 4d Program Service Expenses 1,235,000, Grants and allocations 0, Revenue 2,265,463 Membership The membership program services our 109,000 member households, providing them with the opportunity to participate in the conservation and educational efforts of CZS. Member services fulfills new and renewing memberships, answers member questions at locations throughout the park and via telephone and provides educational member Animal updates via email. Members receive unlimited free admission, free or discounted parking and in-park attraction admissions and discounts on food, merchandise and educational classes.</p> <p>Form 990, Part III, Line 4d Program Service Expenses 3,066,000, Grants and allocations 0, Revenue 954,895 Marketing and Public Relations CZSs marketing and public relations draws thousands of visitors throughout the year to discover, celebrate and help conserve natures gifts. Through production of seasonal themed events such as Holiday Magic, Creatures of the Night, Boo at the Zoo and Real Fan Days, CZS attracts attendance and exposes a wider audience to our mission. Through celebratory events including Party for the Planet, Ape Awareness Month and Bear Awareness Weekend CZS inspires conservation leadership. Through outreach programming to local communities and organizations, CZS reaches out to those who may not have an opportunity to visit the zoo otherwise. Additionally, CZS produces two complementary websites. CZS.org is devoted to in-depth discussion of conservation issues designed to inspire conservation leadership in our guests. brookfieldzoo.org acquaints future and past visitors with the many exhibits within the Zoo, upcoming special events and visit planning tools.</p> <p>Form 990, Part III, Line 4d Program Service Expenses 7,517,000, Grants and allocations 0, Revenue 0 Depreciation Depreciation on the Zoos 228 million in buildings and equipment, including animal exhibits, animal care facilities, education spaces, shops and restaurants.</p> <p>Form 990 Part VI Section A Line 1A The fiscal, general oversight, and policies of the Society are vested in a Board of not more than 58 Trustees. As of December 31, 2011 there were 50 voting Trustees. The elected Officers of the Board, the chairs of the standing committees and such other Trustees as may be appointed by the Chairman constitute the Executive Committee. The Executive Committee has the power to transact all regular business of the Society during the period between the regular Board meetings.</p> <p>Form 990 Part VI Section A Line 2 Corwith Hamill, Honorary Chairman of the Board of Trustees and Elizabeth Hamill Bramsen, Vice-Chairman of the Board - Family Relationship Larry DeMar, Trustee and Vicki DeMar, Trustee - Family Relationship Cindy Zeigler, Key Employee and Frank W. Zeigler, Key Employee - Family Relationship.</p> <p>Form 990 Part VI Section A Line 6 The membership of the Society is composed of up to 250 Governing Members. Up to 55 of the 58 Board of Trustees are elected by the Governing Members at their annual meeting. Governing Members are also eligible for appointment by the Societys Chairman to serve on Board committees other than the Executive Committee. Governing Members are chosen by the Nominating and Governance Committee of the Board of Trustees.</p> |

| Identifier | Return Reference | Explanation |
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| | | <p>stees and voted on by the full Board of Trustees Form 990 Part VI Section A Line 7A The membership of the Society is composed of up to 250 Governing Members Up to 55 of the 58 Board of Trustees are elected by the Governing Members at their annual meeting Governing Members are also eligible for appointment by the Societys Chairman to serve on Board committees other than the Executive Committee Governing Members are chosen by the Nominating and Governance Committee of the Board of Trustees and voted on by the full Board of Trustees Form 990 Part VI Section B Line 11A The IRS Form 990 is prepared by Societys management and reviewed and signed by the Societys tax advisor The Form 990 is also reviewed by the Audit Committee of the Board of Trustees A copy of the entire final version of the form is also made available to the Board of Trustees prior to filing with the IRS Form 990 Part VI Section B Line 12C Annually, a conflict of interest form is sent out to all members of the Board of Trustees, Key Employees and any employee with purchasing authority The form covers potential conflicts through financial interests, use of Society services, privileged information and representation of Society interests It also covers specific disclosures required by the IRS Form 990 and the Illinois AG990IL Board of Trustee responses are reviewed by the Secretary of the Board and the Sr VP Finance and Admin who together determine if a conflict exists Employee responses are reviewed by the VP Human Resources and the Sr VP Finance and Admin Any conflicts are addressed to ensure that all internal procedures are followed for any transactions with that individual and that all items requiring disclosure are properly noted Any Board members with a conflict must abstain from voting on Form 990 Part VI Section B Line 12C contd decisions involving the transaction in question Any transactions entered into with interested persons follow the Societys established procurement policies and are provided at rates competitive with market rates Form 990 Part VI Section B Line 15A and 15B The Societys policy for approval of compensation arrangements with officers and certain senior employees requires review and approval of the compensation arrangement by the Executive Committee of the Board, excluding anyone who is related to or under the control of the person involved in the arrangement The Committee relies on appropriate comparability data which indicates the types and levels of similar compensation and benefit packages for similar positions provided by similar organizations The Committee documents the basis for its determination of the reasonableness of compensation This process is done annually for the President, Sr VP Finance and Admin and the Sr VP of Institutional Advancement in any year where there is an increase in compensation Form 990 Part VI Section C Line 19 Governing documents are available through applicable governmental agencies the conflict of interest policy and financial statements are available upon written request to the Society Form 990 Part V Line 7h The Society received a donated car from a car dealership, however this donation was exempt from 1098-C reporting since it does not meet the definition of a qualified vehicle for 1098-C reporting purposes Form 990 Part XI Line 5 Other changes in net assets or fund balances Net unrealized gain/loss on investments -1,788,675 Changes in Post Retirement Benefits not yet recognized in operations -969,000</p> |