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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 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

ARIZONA ZOOLOGICAL SOCIETY & AFFILIATES

Doing Business As

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

455 N GALVIN PARKWAY

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

PHOENIX, AZ 85008

F Name and address of principal officer

NORBERTO J CASTRO

455 N GALVIN PARKWAY

PHOENIX,AZ 85008

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.PHOENIXZOO.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1961

M State of legal domicile

AZ

Part I	Summary																																
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO CARRY ON CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES WITH SPECIAL EMPHASIS ON MAINTAINING A ZOOLOGICAL PARK IN CENTRAL ARIZONA THE PHOENIX ZOO PROVIDES EXPERIENCES THAT INSPIRE PEOPLE AND MOTIVATE THEM TO CARE FOR THE NATURAL WORLD																																
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	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>23</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>23</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>478</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>400</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	23	4	Number of independent voting members of the governing body (Part VI, line 1b)	23	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	478	6	Total number of volunteers (estimate if necessary)	400	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0														
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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

2013-05-13

Date

BONNIE MENDOZA CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

JEFFREY A BITHER

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P01428424

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

SCHMIDT WESTERGARD & COMPANY PLLC

77 WEST UNIVERSITY DRIVE

MESA, AZ 852015830

EIN

86-0271207

Phone no

(480) 834-6030

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 IIIS

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 CARRY ON CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES WITH SPECIAL EMPHASIS ON MAINTAINING A ZOOLOGICAL PARK IN CENTRAL ARIZONA THE PHOENIX ZOO PROVIDES EXPERIENCES THAT INSPIRE PEOPLE AND MOTIVATE THEM TO CARE FOR THE NATURAL WORLD

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

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?

Yes

No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 15,743,345 including grants of \$ 135,620) (Revenue \$ 17,751,370)

ARIZONA ZOOLOGICAL SOCIETY OPERATES A 126-ACRE ZOOLOGICAL PARK WITH OVER 1,400 ANIMALS IN EXHIBITION AND PARTICIPATES IN WORLDWIDE SPECIES SURVIVAL PLANS THROUGH ECOSYSTEM EXHIBITION, EDUCATION AND CONSERVATION, THE ZOO SERVES VISITORS WITH A MISSION TO PROVIDE EXPERIENCES THAT INSPIRE PEOPLE AND MOTIVATE THEM TO CARE FOR THE NATURAL WORLD WITH A FOCUS ON EXPERIENTIAL LEARNING, THE ZOO ALSO CONDUCTS A VARIETY OF EDUCATIONAL ACTIVITIES FOCUSED ON CHILDREN AS THEIR PRIMARY AUDIENCE TO EMPHASIZE CARING RELATIONSHIPS, PERSONAL RESPONSIBILITY AND ACTION TO CONSERVE ANIMALS AND NATURE IN GENERAL EXAMPLES OF ADDITIONAL EDUCATIONAL ACTIVITIES INCLUDE OVERNIGHT CAMPS, INTERSESSION CAMPS, VOLUNTEER OPPORTUNITIES AND TEEN PROGRAMS FOR CAREER DEVELOPMENT IN ANIMAL SCIENCES AND GENERAL ANIMAL CARE-GIVING ADDITIONALLY, THE ZOO CONDUCTS OFFSITE ACTIVITIES TO TRAVEL TO LOCAL CLASSROOMS AND RURAL COMMUNITIES PROVIDING APPROXIMATELY 56,000 CHILDREN WITH CLASSROOM DEMONSTRATIONS OF ANIMALS THEY WOULD OTHERWISE NOT SEE DUE TO INACCESSIBILITY TO THE PARK THE PHOENIX ZOO SERVES MORE THAN 1 5 MILLION GUESTS ANNUALLY EQUALLY IMPORTANT, THE ZOO IS THE STATE'S MOST POPULAR ATTRACTION FOR CHILDREN AND OUR EDUCATIONAL PROGRAMS CONNECT TO AND COMPLEMENT THE WORK OF MANY ZOO PARTNERS, INCLUDING SCHOOLS, CONSERVATION GROUPS, AND OTHER CULTURAL INSTITUTIONS THAT SUPPORT THE COMMUNITIES OF GREATER PHOENIX AND ARIZONA AS AN INDEPENDENT NONPROFIT 501(C)(3) CORPORATION, THE PHOENIX ZOO HAS SUCCESSFULLY OPERATED AS A SELF-SUSTAINING ENTERPRISE THROUGHOUT ITS 50-YEAR HISTORY, RECEIVING NO OPERATIONAL FUNDING FROM ANY PUBLIC SOURCE WE RECEIVE ALL OF OUR OPERATIONAL SUPPORT FROM ADMISSIONS, CONCESSIONS, RETAIL, MEMBERSHIPS, EVENTS AND PHILANTHROPY

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses\$ 15,743,345

Form 990 (2011)

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		No
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		No
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		No
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		No
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	Yes	
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		No
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		No
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		No
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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	Yes	
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		No
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		No
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		No
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	Yes	
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	Yes	
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 ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	40
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	478
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	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (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	Yes
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes
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	
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	No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
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	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23
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	No
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	AZ
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. ☐ Own website ☐ Another's website ☒ 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.	BONNIE MENDOZA 455 NORTH GALVIN PARKWAY PHOENIX, AZ 85008 (602) 273-1341

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) CHRISTOPHER J HOGAN TRUSTEE	2 00	X						0	0	0
(2) MICHELLE MACE BOARD DEVELOPMENT CHAIR	5 00	X						0	0	0
(3) DEREK J KERR FINANCE CHAIR	5 00	X						0	0	0
(4) MARY S ALEXANDER BOARD CHAIR	5 00	X						0	0	0
(5) JEAN C BINGHAM TRUSTEE	2 00	X						0	0	0
(6) ERIC CROWN TRUSTEE	2 00	X						0	0	0
(7) AARON T DETZER TRUSTEE	2 00	X						0	0	0
(8) PETER J FAUR OUTCOMES CHAIR	5 00	X						0	0	0
(9) LARRY A FINK TRUSTEE	2 00	X						0	0	0
(10) MICHELLE M CLARK TRUSTEE	2 00	X						0	0	0
(11) SEAN NOBLE TRUSTEE	2 00	X						0	0	0
(12) RICHARD D PETERSON TRUSTEE	2 00	X						0	0	0
(13) RAYMOND K RAMELLA BOARD SECRETARY	5 00	X						0	0	0
(14) GABRIELLE VITALE FINANCIAL DEVELOPMENT CHAIR	5 00	X						0	0	0
(15) AGNELLO LYNN TRUSTEE	2 00	X						0	0	0
(16) HARRY A PAPP TRUSTEE	2 00	X						0	0	0
(17) FREDERICK M CUMMINGS TRUSTEE	2 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) STEPHEN T HIGGINS TRUSTEE	2 00	X						0	0	0
(19) MANNY MOLINA TRUSTEE	2 00	X						0	0	0
(20) TOMIKA HARGETT TRUSTEE	2 00	X						0	0	0
(21) ALBERT MORRIS TRUSTEE	2 00	X						0	0	0
(22) ADRIENNE SCHIFFNER TRUSTEE	2 00	X						0	0	0
(23) MAJA WESSELS TRUSTEE	2 00	X						0	0	0
(24) CITY OF PHOENIX TRUSTEE	2 00		X					0	0	0
(25) NORBERTO CASTRO PRESIDENT/CEO, AZ ZOOLOGIC	40 00			X				253,595	0	67,579
(26) JEFF WILLIAMSON SENIOR CONSERVATIONIST FOR	40 00			X				178,279	0	35,767
(27) BONNIE MENDOZA EVP & CHIEF FINANCIAL OFFICER	40 00			X				146,049	0	33,087
(28) RUTH ALLARD EVP CONSERVATION/EDUCATION	40 00					X		115,979	0	25,474
(29) GARY WEST EVP ANIMAL HEALTH & COLLECTION	40 00					X		130,467	0	25,088
(30) BILL COOPER VP FACILITY OPERATIONS	40 00					X		103,233	0	24,255
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								927,602	0	211,250

2

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

6

		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>		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>	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>		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
DL WITHERS CONSTRUCTION LC 3220 E HARBOUR DRIVE PHOENIX, AZ 85034	CONSTRUCTION CONTRACTOR	1,244,377
URIAS COMMUNICATIONS PO BOX 14935 SCOTTSDALE, AZ 852674935	ADVERTISING AGENCY	546,894
THE ARIZONA REPUBLIC PO BOX 677595 DALLAS, TX 752677595	ADVERTISING, PRINTING	305,003
WDM ARCHITECTS PA 105 N WASHINGTON ST WICHITA, KS 672022815	ARCHITECTURAL FIRM	270,807
CSG SYSTEMS INC DEPARTMENT 8252 LOS ANGELES, CA 900848252	PRINTING FOR MEMBERSHIP ACQUISITIONS, RE	199,583
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		7

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	536,701					
	c	Fundraising events	1c	512,982					
	d	Related organizations	1d						
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,539,378					
	g	Noncash contributions included in lines 1a-1f \$ 988,660							
	h	Total. Add lines 1a-1f		6,589,061					
Program Service Revenue			Business Code						
	2a	ADMISSION REVENUE	713110	10,525,947	10,525,947				
	b	GROUP SERVICES	900099	938,396	938,396				
	c	EDUCATIONAL SERVICES	900099	870,461	870,461				
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		12,334,804					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		544,812			544,812		
	4	Income from investment of tax-exempt bond proceeds . .							
	5	Royalties							
	6a	Gross rents	(i) Real	(ii) Personal					
	b	Less rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			3,038,564	2,000					
			3,143,253	25,236					
			-104,689	-23,236					
	d	Net gain or (loss)		-127,925	-23,236		-104,689		
	8a	Gross income from fundraising events (not including \$ 512,982 of contributions reported on line 1c) See Part IV, line 18	a	113,047					
			b	Less direct expenses	182,786				
			c	Net income or (loss) from fundraising events . .	-69,739			-69,739	
	9a	Gross income from gaming activities See Part IV, line 19	a	5,326					
			b	Less direct expenses	215				
			c	Net income or (loss) from gaming activities . .	5,111			5,111	
	10a	Gross sales of inventory, less returns and allowances	a						
			b	Less cost of goods sold . . .					
c			Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code							
11a	FOOD/RETAIL CONCESSION	453220	3,174,788	3,174,788					
b	ZOOLIGHTS ADMISSIONS	713110	2,265,014	2,265,014					
c	OTHER	900099	14,918			14,918			
d	All other revenue								
e	Total. Add lines 11a-11d		5,454,720						
12	Total revenue. See Instructions		24,730,844	17,751,370	0	390,413			

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	100,000	100,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	35,620	35,620		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	716,374	238,452	461,925	15,997
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,891,618	6,812,889	1,584,833	493,896
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	225,906	185,819	26,852	13,235
9	Other employee benefits	1,193,996	1,046,566	60,940	86,490
10	Payroll taxes	675,539	506,277	133,235	36,027
11	Fees for services (non-employees)				
a	Management				
b	Legal	17,971		17,971	
c	Accounting	45,275		45,275	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	39,000			39,000
f	Investment management fees	17,863		17,863	
g	Other	297,827	45,149	249,666	3,012
12	Advertising and promotion	620,493	534,571		85,922
13	Office expenses	1,337,228	476,847	261,357	599,024
14	Information technology	53,561	13,853	13,246	26,462
15	Royalties				
16	Occupancy	127,756		127,756	
17	Travel	126,095	74,359	24,086	27,650
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	48,676	33,481	11,668	3,527
20	Interest	18,147		18,147	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,080,202	1,844,417	153,416	82,369
23	Insurance	185,290		185,290	
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	EXHIBIT UTILITIES, REPA	1,899,675	1,899,675		
b	COST OF PRODUCTS	979,120	896,623		82,497
c	ANIMAL COLLECTION EXPEN	825,252	825,252		
d	OTHER EMPLOYMENT EXPENS	113,358	11,403	101,955	
e					
f	All other expenses	509,936	162,092	293,696	54,148
25	Total functional expenses. Add lines 1 through 24f	21,181,778	15,743,345	3,789,177	1,649,256
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			3,728,954	1	6,577,739
	2	Savings and temporary cash investments			1,700,269	2	48,819
	3	Pledges and grants receivable, net			2,711,359	3	2,593,592
	4	Accounts receivable, net			46,537	4	88,555
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			40,000	5	20,000
	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			132,171	8	143,497
	9	Prepaid expenses and deferred charges			143,523	9	179,214
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	52,504,882			
	b	Less: accumulated depreciation	10b	30,412,025	20,085,912	10c	22,092,857
	11	Investments—publicly traded securities			7,098,697	11	7,285,364
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,626,012	15	5,466,641
16	Total assets. Add lines 1 through 15 (must equal line 34)			41,313,434	16	44,496,278	
Liabilities	17	Accounts payable and accrued expenses			1,356,440	17	1,661,412
	18	Grants payable				18	
	19	Deferred revenue			2,811,978	19	2,911,558
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	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			135,766	25	104,645
	26	Total liabilities. Add lines 17 through 25			4,304,184	26	4,677,615
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			24,696,465	27	27,395,041
	28	Temporarily restricted net assets			6,033,539	28	6,765,376
	29	Permanently restricted net assets			6,279,246	29	5,658,246
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	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			37,009,250	33	39,818,663
34	Total liabilities and net assets/fund balances			41,313,434	34	44,496,278	

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	24,730,844
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,181,778
3	Revenue less expenses Subtract line 2 from line 1	3	3,549,066
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,009,250
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-739,653
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	39,818,663

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 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 ☐ Separate basis ☒ Consolidated basis ☐ 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?		No
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		

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 ARIZONA ZOOLOGICAL SOCIETY & AFFILIATES	Employer identification number 86-0174843
---	--

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.")	8,177,857	7,859,755	5,399,655	6,129,934	6,589,061	34,156,262
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,177,857	7,859,755	5,399,655	6,129,934	6,589,061	34,156,262
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)						3,098,176
6 Public Support. Subtract line 5 from line 4						31,058,086

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	8,177,857	7,859,755	5,399,655	6,129,934	6,589,061	34,156,262
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	474,851	450,531	336,713	457,304	544,812	2,264,211
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,468,587	4,522,961	4,497,571	4,916,077	5,454,720	20,859,916
11 Total support (Add lines 7 through 10)						57,280,389

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

1255,793,366

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	54.220 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	55.560 %

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		
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		
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
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME ZOOLIGHTS FOOD/RETAIL CONCESSION

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
ARIZONA ZOOLOGICAL SOCIETY & AFFILIATES

Employer identification number
86-0174843

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)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		4,899,000
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?		
		☐ Yes ☒ 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		
		☐ Yes ☒ 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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ 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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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?

☐ Yes ☐ 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)?

☐ Yes ☐ 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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	3,567,465	2,599,150	1,920,176	1,022,685	
b Contributions	504,085	807,014	610,379	922,575	
c Investment earnings or losses	13,691	161,301	68,595	-25,084	
d Grants or scholarships					
e Other expenditures for facilities and programs	99,540				
f Administrative expenses					
g End of year balance	3,985,701	3,567,465	2,599,150	1,920,176	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 77 000 %

b

Permanent endowment ▶ 19 000 %

c

Term endowment ▶ 4 000 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

Yes

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		10,660,447	4,878,572	5,781,875
c Leasehold improvements				
d Equipment		15,221,828	9,678,565	5,543,263
e Other		26,622,607	15,854,888	10,767,719
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				22,092,857

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)	124,730,844
2	Total expenses (Form 990, Part IX, column (A), line 25)	21,181,778
3	Excess or (deficit) for the year Subtract line 2 from line 1	3,549,066
4	Net unrealized gains (losses) on investments	-102,653
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-637,000
9	Total adjustments (net) Add lines 4 - 8	-739,653
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	2,809,413

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	125,432,595
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-102,653	
b	Donated services and use of facilities2b1,235,167	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d-430,763	
e	Add lines 2a through 2d	2e701,751
3	Subtract line 2e from line 1	324,730,844
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	524,730,844

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	122,623,182
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a1,235,167	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d206,237	
e	Add lines 2a through 2d	2e1,441,404
3	Subtract line 2e from line 1	321,181,778
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	521,181,778

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION HAS ALLOWED FOR APPROPRIATING FOR DISTRIBUTION EACH YEAR UP TO 5% OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR 12 QUARTERS THROUGH THE CALENDAR YEAR-END PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED. IN ESTABLISHING THIS POLICY, THE ORGANIZATION CONSIDERED THE LONGTERM EXPECTED RETURN ON ITS ENDOWMENT. THIS IS CONSISTENT WITH THE ORGANIZATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM, AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"). THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR ITS EXEMPT ACTIVITIES. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE CODE AND IS NOT DEEMED TO BE A PRIVATE FOUNDATION. THE ORGANIZATION HAS PROVIDED FOR INCOME TAXES ON ITS UNRELATED BUSINESS INCOME AS REQUIRED BY SECTION 512 OF THE CODE. THE ORGANIZATION FOLLOWS THE GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") RELATED TO ACCOUNTING FOR INCOME TAX UNCERTAINTIES. UNDER THIS GUIDANCE, THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON WHETHER IT IS "MORE-LIKELY-THAN-NOT" THAT THE POSITION WILL BE SUSTAINED BY THE TAXING AUTHORITY UPON EXAMINATION. THE ORGANIZATION ROUTINELY EVALUATES POTENTIAL UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS IDENTIFIED ITS STATUS AS AN EXEMPT ORGANIZATION AS A TAX POSITION, HOWEVER, THE ORGANIZATION HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY THAT REQUIRES RECOGNITION. THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN CERTAIN STATE AND LOCAL JURISDICTIONS. AS OF JUNE 30, 2012, U.S. FEDERAL INFORMATIONAL RETURNS FOR YEARS ENDED PRIOR TO JUNE 30, 2009 AND STATE RETURNS FOR YEARS ENDED PRIOR TO JUNE 30, 2008 ARE CLOSED TO ASSESSMENT INTEREST AND PENALTIES, IF ANY, ARE ACCRUED AS A COMPONENT OF MANAGEMENT AND GENERAL EXPENSES WHEN ASSESSED.
PART XI, LINE 8 - OTHER ADJUSTMENTS		ADJUSTMENT TO REFLECT FAIR VALUE OF GIFT ANNUITY - 621,000 RECEIVABLE DISCOUNT/ALLOWANCE -16,000 TOTAL TO SCHEDULE D, PART XI, LINE 8 -637,000
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT DIRECT EXPENSE INCLUDED IN REVENUE 183,001 RECEIVABLE DISCOUNT/ALLOWANCE -16,000 ADJUSTMENT TO REFLECT FAIR VALUE CHANGE IN GIFT ANNUITY -621,000 LOSS ON SALE OF FIXED ASSETS INCLUDED IN REVENUE 23,236
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT DIRECT EXPENSE INCLUDED IN REVENUE 183,001 LOSS ON SALE OF FIXED ASSETS INCLUDED IN REVENUE 23,236

OMB No 1545-0047

Open to Public Inspection

86-0174843

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

Schedule F (Form 990) 2011

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.

[illegible]

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 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.

[illegible]

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

Part V

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

Identifier	Return Reference	Explanation
		REPORTING REQUIREMENT BY RECIPIENT WITHIN ONE YEAR OF GRANT DATE UPDATING ARIZONA ZOOLOGICAL SOCIETY ON THE ACCOMPLISHMENTS OF THE PROJECTS THAT THE GRANTS RELATE TO

Additional Data

Software ID:

Software Version:

EIN: 86-0174843

Name: ARIZONA ZOOLOGICAL SOCIETY & AFFILIATES

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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
SUB-SAHARAN AFRICA	0	0	GRANT FOR ECOLOGY AND CONSERVATION OF ENDANGERED ROTHSCILD'S GIRAFFE IN NAKURU, RIFT VALLEY,KENYA		3,000
SUB-SAHARAN AFRICA	0	0	GRANT FOR STUDY OF PATHOGEN TRANSMISSION AMONG WILD AND DOMESTIC UNGULATES IN KENYA, AFRICA		3,000
SUB-SAHARAN AFRICA	0	0	GRANT FOR PROTECTING 'KEY 1' POPULATION OF BLACK RHINOCEROS FROM POACHING THREAT IN ZIMBABWE, AFRICA		3,000
SUB-SAHARAN AFRICA	0	0	GRANT FOR BIODIVERSITY AND LEOPARD STUDY OF THE MOTOBO HILLS IN ZIMBABWE, AFRICA		2,985
SOUTH AMERICA	0	0	GRANT FOR PROJECT RELATED TO PANTANAL GIANT ARMADILLO IN BRAZIL		3,000
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT FOR PROJECT RELATED TO ECOLOGICAL AND GENETIC EVALUATION OF ROATAN'S SPINY-TAILED IGUANAS		2,925
SOUTH ASIA	0	0	GRANT FOR COMMUNITY ENGAGEMENT IN CONSERVATION OF NANDA DEVI BIOSPHERE RESERVE IN INDIAN HIMALAYAS		3,000
SOUTH ASIA	0	0	GRANT FOR RECYCLE OF ABANDONED CROP LAND TO MINIMIZE SLASH AND BURN CULTIVATION PRACTICE		2,990
EAST ASIA AND THE PACIFIC	0	0	GRANT FOR HOME RANGE, SOCIAL BEHAVIOR AND ECOLOGY OF THE BORNEAN TARSIER AND BORNEAN SLOW LORIS		3,000
EAST ASIA AND THE PACIFIC	0	0	GRANT FOR ORANG-UTAN CONSERVATION IN SABAH, MALAYSIA		3,000
NORTH AMERICA	0	0	GRANT FOR HEALTH ASSESSMENT OF AN ENDANGERED POPULATION OF BLACK HOWLER MONKEYS IN MEXICO		3,000
SOUTH AMERICA	0	0	GRANT FOR TRAVEL/LODGING OF 1 STAFF MEMBER TO ASSIST IN THE DEVELOPMENT OF AN ANDEAN BEAR SANCTUARY		2,720
EAST ASIA AND THE PACIFIC			INVESTMENTS		340,010
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		143,540
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		1,794
NORTH AMERICA			INVESTMENTS		69,078
RUSSIA & THE NEWLY INDEPENDENT STATES			INVESTMENTS		12,560
SOUTH AMERICA			INVESTMENTS		75,358
SOUTH ASIA			INVESTMENTS		36,782
SUB-SAHARAN AFRICA			INVESTMENTS		39,473

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
ARIZONA ZOOLOGICAL SOCIETY & AFFILIATES

Employer identification number
86-0174843

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			
POWERS YOUNG & COMPANY 5025 N CENTRAL AVE PMB472 PHOENIX, AZ 85012	CAPITAL CAMPAIGN CONSULTING		No	3,765,373	39,000	3,726,373
Total ▶				3,765,373	39,000	3,726,373

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.

AZ

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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
		RENDEZOO (event type)	ROCK THE ZOO (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	512,703	113,326	626,029
	2	Less Charitable contributions	456,203	56,779	512,982
	3	Gross income (line 1 minus line 2)	56,500	56,547	113,047
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	127,429	55,357	182,786
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(182,786)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-69,739

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
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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 _____

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	13a
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

Address

15a

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

Yes

No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

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?

Yes

No

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
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ARIZONA ZOOLOGICAL SOCIETY & AFFILIATES

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
86-0174843

Part I

General Information on Grants and Assistance

- 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 ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ASSOCIATION OF ZOOS AND AQUARIUMS 8403 COLESVILLE RD SUITE 710 SILVER SPRINGS, MD 20910	55-0526930	501(C)(3)	100,000				SUPPORT OF MISSION

2

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

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

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 RECIPIENTS ARE REQUIRED TO REPORT THEIR ACCOMPLISHMENTS ON THEIR PROJECTS FOR WHICH THE GRANTS ARE FUNDED THE REPORT IS TO BE MADE TO ARIZONA ZOOLOGICAL SOCIETY WITHIN ONE YEAR OF THE GRANT DATE

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

ARIZONA ZOOLOGICAL SOCIETY & AFFILIATES

Employer identification number

86-0174843

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes 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		
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?		
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		
	☐ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, 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?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		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		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	Yes	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		No

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) NORBERTO CASTRO	(i)	224,231	0	29,364	43,725	23,854	321,174	0
	(ii)	0	0	0	0	0	0	0
(2) JEFF WILLIAMSON	(i)	178,279	0	0	11,142	24,625	214,046	0
	(ii)	0	0	0	0	0	0	0
(3) BONNIE MENDOZA	(i)	146,049	0	0	9,846	23,241	179,136	0
	(ii)	0	0	0	0	0	0	0
(4) GARY WEST	(i)	130,467	0	0	1,350	23,738	155,555	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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
	PART I, LINE 4B	PRESIDENT/CEO PARTICIPATES IN A 457B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN
	PART I, LINE 8	PRESIDENT/CEO OF AZS AND THE SENIOR CONSERVATIONIST OF AZS EACH HAVE AN INITIAL CONTRACT

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARIZONA ZOOLOGICAL SOCIETY & AFFILIATES

Employer identification number
86-0174843

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
(1) NORBERTO J CASTRO TO FACILITATE RELOCATION		X	100,000	20,000		No	Yes		Yes	
Total				20,000						

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)					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
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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
ARIZONA ZOOLOGICAL SOCIETY & AFFILIATES

Employer identification number
86-0174843

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	17	16,900	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	154,188	FMV
10 Securities—Closely held stock				
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	X	1	555,000	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SUPPLIES</u>)	X	5	11,760	FMV
26 Other ► (<u>FOOD & AUCTION ITEMS</u>)	X	197	160,812	COST OF PRODUCT
27 Other ► (<u>GIFT CARDS, TRAVEL VOUCHERS</u>)	X	2	60,000	CASH VALUE
28 Other ► (<u>HELICOPTER FUEL</u>)	X	1	30,000	FMV
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			1
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?	30a			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?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a			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 III

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
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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

ARIZONA ZOOLOGICAL SOCIETY & AFFILIATES

Employer identification number

86-0174843

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	NOT-FOR-PROFIT CORPORATION WITH MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS AT THE KEEPER LEVEL AND ABOVE HAVE THE RIGHT TO VOTE ON THE ELECTION OF TRUSTEES
	FORM 990, PART VI, SECTION B, LINE 11	THE REVIEW OF THE FORM 990 IS DELEGATED TO THE FINANCE COMMITTEE, A SUBGROUP OF THE BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST FORMS ARE SIGNED ANNUALLY, AND RETURN OF FORMS IS TRACKED BY THE HUMAN RESOURCE DEPARTMENT
	FORM 990, PART VI, SECTION B, LINE 15	THE HUMAN RESOURCE DEPARTMENT PERFORMS A THOROUGH MARKET COMPARISON OF ALL POSITIONS AT LEAST EVERY TWO YEARS, COMPARING A MINIMUM OF THREE COMPARABLE WAGES CONSIDERING JOB RESPONSIBILITIES AS WELL AS REGIONAL COST OF LIVING ANALYSIS
	FORM 990, PART VI, SECTION C, LINE 19	THE ZOO OBTAINS A PUBLIC INSPECTION COPY OF FORM 990 THAT IS AVAILABLE TO THE PUBLIC UPON REQUEST FORM 990 IS ALSO LOCATED ON GUIDESTAR ARTICLES OF INCORPORATION ARE AVAILABLE THROUGH AZ CORPORATION COMMISSION AND ANNUAL REPORTS ARE FILED WITH AZ CORPORATION COMMISSION, WHICH ARE AVAILABLE ON THE WEB THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -102,653 ADJUSTMENT TO REFLECT FAIR VALUE OF GIFT ANNUITY -621,000 RECEIVABLE DISCOUNT/ALLOWANCE -16,000 TOTAL TO FORM 990, PART XI, LINE 5 -739,653
EXPLANATION TO DESCRIBE ANY CHANGES TO PROCESS OF OVERSIGHT OF THE AUDIT	FORM 990, PART XI, LINE 2C	NO CHANGE HAS TAKEN PLACE IN THE PROCESS IT IS THE SAME AS IN THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARIZONA ZOOLOGICAL SOCIETY & AFFILIATES

Employer identification number
86-0174843

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PHOENIX ZOO HOLDINGS LLC 455 N GALVIN PARKWAY PHOENIX, AZ 85008	TO FACILITATE THE ACCEPTANCE AND EVENTUAL SALE OF DONATED REAL ESTATE	AZ	555,000	555,000	ARIZONA ZOOLOGICAL SOCIETY DBA THE PHOENIX ZOO

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE PHOENIX ZOO AUXILIARY 455 N GALVIN PARKWAY PHOENIX, AZ 85008 20-1917394	TO RAISE FUNDS FOR THE ARIZONA ZOOLOGICAL SOCIETY AND PROMOTE EDUCATION	AZ	501(C)(3)	11	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:

Software Version:

EIN: 86-0174843

Name: ARIZONA ZOOLOGICAL SOCIETY & AFFILIATES

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			
CHRISTOPHER J HOGAN TRUSTEE	2 00	X						0	0	0
MICHELLE MACE BOARD DEVELOPMENT CHAIR	5 00	X						0	0	0
DEREK J KERR FINANCE CHAIR	5 00	X						0	0	0
MARY S ALEXANDER BOARD CHAIR	5 00	X						0	0	0
JEAN C BINGHAM TRUSTEE	2 00	X						0	0	0
ERIC CROWN TRUSTEE	2 00	X						0	0	0
AARON T DETZER TRUSTEE	2 00	X						0	0	0
PETER J FAUR OUTCOMES CHAIR	5 00	X						0	0	0
LARRY A FINK TRUSTEE	2 00	X						0	0	0
MICHELLE M CLARK TRUSTEE	2 00	X						0	0	0
SEAN NOBLE TRUSTEE	2 00	X						0	0	0
RICHARD D PETERSON TRUSTEE	2 00	X						0	0	0
RAYMOND K RAMELLA BOARD SECRETARY	5 00	X						0	0	0
GABRIELLE VITALE FINANCIAL DEVELOPMENT CHAIR	5 00	X						0	0	0
AGNELLO LYNN TRUSTEE	2 00	X						0	0	0
HARRY A PAPP TRUSTEE	2 00	X						0	0	0
FREDERICK M CUMMINGS TRUSTEE	2 00	X						0	0	0
STEPHEN T HIGGINS TRUSTEE	2 00	X						0	0	0
MANNY MOLINA TRUSTEE	2 00	X						0	0	0
TOMIKA HARGETT TRUSTEE	2 00	X						0	0	0
ALBERT MORRIS TRUSTEE	2 00	X						0	0	0
ADRIENNE SCHIFFNER TRUSTEE	2 00	X						0	0	0
MAJA WESSELS TRUSTEE	2 00	X						0	0	0
CITY OF PHOENIX TRUSTEE	2 00		X					0	0	0
NORBERTO CASTRO PRESIDENT/CEO, AZ ZOOLOGIC	40 00			X				253,595	0	67,579

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			
JEFF WILLIAMSON SENIOR CONSERVATIONIST FOR	40 00			X				178,279	0	35,767
BONNIE MENDOZA EVP & CHIEF FINANCIAL OFFICER	40 00			X				146,049	0	33,087
RUTH ALLARD EVP CONSERVATION/EDUCATION	40 00					X		115,979	0	25,474
GARY WEST EVP ANIMAL HEALTH & COLLECTION	40 00					X		130,467	0	25,088
BILL COOPER VP FACILITY OPERATIONS	40 00					X		103,233	0	24,255