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DLN: 93493250005726

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 private foundations)

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

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A Fo	or th	e 2015 ca	ılendar year, or tax year beginnir	ng 01-01-2015 , and ending 12-	-31-2015			
		applicable	C Name of organization Chicago Zoological Society	<u> </u>		D Emp	oloyer id	entification number
— Add	lress (change	Chicago zoological society			36-	216701	16
— Nar	ne ch	nange	Doing business as					
Inıt	ıal ret	turn	Brookfield Zoo			E Tele	ohone nui	mber
_ Fina		erminated	Number and street (or P O box if m 3300 Golf Road	naıl ıs not delivered to street address) F	Room/suite		8)688-	
_	·	d return	City or town, state or province, cou	ntry, and 7IP or foreign postal code		(70	0,000	0400
		on pending	Brookfield, IL 60513	itry, and zir or foreign postar code		G Gros	s receipts	\$ \$ 89,597,788
			F Name and address of prii	ocipal officer	11/-1			
			Stuart D Strahl PhD	icipar officer	П(а)	Is this a gro subordinates		TYes ▼No
			3300 Golf Road Brookfield, IL 60513		H(b)	Are all subo	dınates	TYes \(\text{No} \)
			,			included? If "No." atta	ch a list	(see instructions)
T a:	x-exe	empt status	▽ 501(c)(3) □ 501(c)() ◄ (1	nsert no)	H(c)	Group exem		
J W	ebsit	te:► ww	w czs org			·	•	
K Form	n of c	organization	Corporation Trust Associatio	n Cother ▶	<u> </u>	ear of formation	1921	M State of legal domicile IL
	rt I		imary	ny outer P		car or ronnation	1,721	- State of legal dofficie. It
			scribe the organization's mission	or most significant activities				
		•	conservation leadership by con		nature			
<u>ల</u>	-							
<u> </u>								
Governance	2	Check tl	nis box 🖊 if the organization dis	scontinued its operations or disp	osed of more	than 25% of i	ts net a	ssets
	_	N1 I	- 6 k	on a leader (Danta) (T. Jones dan)			اء	l 40
Activities &			of voting members of the govern of independent voting members o				3	48
E E			mber of individuals employed in a		-		5	1,747
ੂ ਹ			mber of wolunteers (estimate if n				6	1,135
4			related business revenue from P				7a	1,462,132
			ated business taxable income fro				7b	-44,319
						Prior Year		Current Year
_	8	Contr	ibutions and grants (Part VIII, li	ne 1h)		44,46	7,893	41,209,491
ā	9		am service revenue (Part VIII, li			18,79		19,666,467
Revenue	10		tment income (Part VIII, columi				7,107	2,213,864
_	11		revenue (Part VIII, column (A),		· ·	9,02	7,671	9,427,561
	12	10tai 12)	revenue—add lines 8 through 11	(must equal Part VIII, column	(A), line	75,97	2,435	72,517,383
	13	Grant	s and sımılar amounts paıd (Part	IX, column (A), lines 1-3) .		51	8,875	187,349
	14	Benef	its paid to or for members (Part 1	X, column (A), line 4)				0
ø	15		es, other compensation, employe	ee benefits (Part IX, column (A),	lines	40,05	5,437	40,589,788
Expenses	16a	5-10 Profe) ssional fundraising fees (Part IX	column (A.) line 11e)		1.2	0,823	118,431
⊕ ⊕	Ь		undraising expenses (Part IX, column (D			12	0,023	110,131
Ð	17		expenses (Part IX, column (A),			29,21	0,300	30,070,569
	18		expenses Add lines 13-17 (mu			69,90		70,966,137
	19	Rever	nue less expenses Subtract line	18 from line 12		6,06	7,000	1,551,246
8 8 8					Begi	nning of Currer	nt Year	End of Year
Net Assets or Fund Balances	20	T otal	assets (Part X, line 16)		-	225,94	6 000	218,583,000
A B	21		liabilities (Part X, line 26)		∴∴.⊢	58,30		54,438,000
3 S	22		ssets or fund balances Subtract			167,63		164,145,000
Par			nature Block			· 		·
my kr	rer h	edge and nas any k	perjury, I declare that I have ex- belief, it is true, correct, and con nowledge ature of officer				on all inf	
Here			ort D Strahl PhD President and CEO e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check I if	PTIN	
Paid	t	L	LuAnn Trapp	LuAnn Trapp	2016-09-	o6 self-employe		
Pre	par	er ⊢	Firm's name Plante Moran PLLC	ONL 61		Firm's EIN		1010
	_	. 1	Firm's address 🟲 10 South Riverside Pla:	וטטו ווטל בס		Phone no (3	12) 207-	1040

Chicago, IL 60606

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

Use Only

. ✓ Yes ┌ No

art TV	Check	list of	Require	d Sc	hedi	ıles

			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	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or 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? <i>If "Yes," complete Schedule D, Part V</i> 😼	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
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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 and XII 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	Yes	
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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)					Page			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V						
					Yes	No			
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1a 1b	98						
	Did the organization comply with backup withholding rules for reportable payments to								
	gaming (gambling) winnings to prize winners?	•		1c	Yes				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,747						
b	If at least one is reported on line 2a, did the organization file all required federal emp Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file		ent tax returns?	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year?	3a	Yes				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b	Yes				
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?			4a		Νo			
b	If "Yes," enter the name of the foreign country ►	c and	Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	ng the	tax year?	5a		Νo			
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	tax sh	nelter 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 \$10 organization solicit any contributions that were not tax deductible as charitable cont			6a		No			
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b					
	•								
	Did the organization receive a payment in excess of \$75 made partly as a contributive services provided to the payor?			7a 7b	Yes				
	Did the organization sell, exchange, or otherwise dispose of tangible personal proper			76	165				
	file Form 8282?	•		7c	Yes				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal state of the contract of the contra			7f		Νo			
g	If the organization received a contribution of qualified intellectual property, did the o required?		zation file Form 8899 as	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	s, dıd •	the organization file a	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	sınes	s holdings at any time						
9a	Did the sponsoring organization make any taxable distributions under section 4966	?		8 9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9b					
10	Section 501(c)(7) organizations. Enter		_						
	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								
	Gross income from members or shareholders	11a							
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	eu of Form 1041? I	12a					
	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.								
а	Is the organization licensed to issue qualified health plans in more than one state ${}^{ m N}$ additional information the organization must report on Schedule O	ote. 9	See the instructions for	13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b							
c	Enter the amount of reserves on hand	13c							
	Did the organization receive any payments for indoor tanning services during the tax	•		14a		Νo			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ii	n Schedule O	14b	Ī				

Se	ction 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	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 7b	Yes	No.
	or persons other than the governing body?	70		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	ļ
	Each committee with authority to act on behalf of the governing body?	8b	Yes	ļ
	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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	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	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	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)			
L6a	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		
Se	ction C. Disclosure			
L 7	List the States with which a copy of this Form 990 is required to be filed ► FL , IL , WI			
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. Other (explain in Schedule O)			
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 during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records Frobert P Galick Jr 3300 Golf Road Brookfield, IL 60513 (708) 688-8315

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	` MÍSC)	organization and related organizations
See Additional Data Table										
										Form 990 (2015)

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

											<u> </u>
	(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	tion (han d in is	one b both ctor	oox, an c	officer stee)	Former	(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
See /	Additional Data Table						<u> </u>				
					_						
1b	Sub-Total		٠	•			▶				
c	Total from continuation sheet	= = = = = = = = = = = = = = = = = = =					•				
d	Total (add lines 1b and 1c) .						•		2,824,094		341,947
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wh	no received more th	an	

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Featherstone Inc	Construction Management	978,463
4610 Rosiyn Rd		
Downers Grove, IL 60515		
Paymentech LLC	Payment Card Processing	477,677
14221 Dallas Parkway		
Dallas, TX 75254		
PBA Inc	Benefits Administration	418,930
PO Box 2023		
Carol Stream, IL 60132		
Outdoor Advertising GroupRapport	Advertising	400,553
PO Box 7247-6591		
Philadelphia, PA 19170		
Steve Martın's Natural Encounters Inc	Bird Show	386,887
127 Conservation Way		
Winter Haven, FL 33884		

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 ► 63

		Check if Schedi	ule O contains a resnor					
				ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	ies 1b	9,128,830				
וַ בַּּיֻׁ כֿי	c	Fundraising ev	ents 1c	1,804,552				
tributions, Giffs, Grants Other Similar Amounts	d	Related organiz	zations 1d					
S,E ⊒ ::	e	Government grant	s (contributions) 1e	19,705,972				
iğ iz	f		ons, gifts, grants, and 1f	10,570,137				
를 할		Similar amounts no	ot included above ons included in lines					
풀일	g	1a-1f \$	ons included in inies	3,142,582				
Sond and	h	Total. Add lines	s 1 a - 1 f	· · · •	41,209,491			
<u>e</u>				Business Code				
Ee	2a	General Admission	s	900099	5,770,747	5,770,747		
둉	b	Memberships		900099	3,760,141	3,760,141		
936	С	Visitor Services		900099	3,360,059	1,897,927	1,462,132	
38	d	Admissions-Interna	al Attractions	900099	1,984,074	1,984,074		
Program Serwoe Revenue	e	Visitor Parking		900099	2,352,490	2		2,352,49
10 d	f	All other progra	am service revenue		2,438,956	2,171,497		267,45
<u>-</u>	g		s 2a-2f		19,666,467			
	3		ome (including dividendar ar amounts)		1,130,173			1,130,17
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties .						
	C -	C	(ı) Real 20,400	(II) Personal				
	6a	Gross rents	20,400					
	b	Less rental expenses						
	c	Rental income or (loss)	20,400					
	d		me or (loss)		20,400			20,40
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	13,770,202					
	b	Less cost or other basis and sales expenses	12,686,511					
	c	Gain or (loss)	1,083,691		1 002 001			1 002 60
.	d 8a	Net gain or (los Gross income f	ss)		1,083,691			1,083,69
Other Revenue		events (not inc \$1,804	luding ,553 s reported on line 1c)					
l te	L	1	a	385,976				
>	b c		penses b (loss) from fundraising	741,464 events .	-355,488			-355,48
	9a	Gross income f	rom gaming activities ne 19					
	b	less directev	penses b	38,750 4,650				
			(loss) from gaming acti		34,100			34,10
	10a	Gross sales of returns and allo		13,376,329				
	b	Less cost of g	oods sold b	3,647,780				
	С		(loss) from sales of inve		9,728,549	3,388,251		6,340,29
	4.4	Miscellaneou	s Revenue	Business Code				
	11a L							
	b							
1	С	All other reven						
	ام							
	d e	Total. Add lines	ı	🕨				

Form	990 (2015)				Page 10
Part	IX Statement of Functional Expenses				
Sectio	n $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiz	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	his Part IX			<u>г</u>
	t include amounts reported on lines 6b, , 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 domestic organizations and domestic governments See Part IV, line 21	76,063	76,063		
2	Grants and other assistance to domestic individuals See Part IV, line 22	15,000	15,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	96,286	96,286		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,202,912	704,605	649,570	848,737
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	29,814,130	26,184,771	2,419,048	1,210,311
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	724,641	637,684	57,971	28,986
9	Other employee benefits	5,337,563	4,034,391	821,600	481,572
10	Payroll taxes	2,510,542	2,209,277	200,843	100,422
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	387,352		387,352	
c	Accounting	71,150		71,150	
d	Lobbying	55,326	10,326	45,000	
e	Professional fundraising services See Part IV, line 17	118,431			118,431
f	Investment management fees	111,029		111,029	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,190,641	5,957,761	155,190	77,690
12	Advertising and promotion	2,591,240	2,591,240		
13	Office expenses	6,040,941	5,773,800	177,596	89,545
14	Information technology	1,002,567	258,330	723,047	21,190
15	Royalties	32,892	32,892		
16	Occupancy	3,004,905	2,639,439	338,533	26,933
17	Travel	173,746	133,622	6,538	33,586
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	289,609	157,445	41,849	90,315
20	Interest	753,582	753,582		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,296,261	8,296,261		
23	Insurance	528,483	79,341	449,142	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Revenue Bond Maintenance Fees	271,278	271,278		
b c	Gain/Loss on Retirement of Fixed Assets	-33,514	-33,514		
d					
u e	All other expenses	303,081	231,380	47,844	23,857
25	Total functional expenses. Add lines 1 through 24e	70,966,137	61,111,260	6,703,302	3,151,575
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)	,0,500,137	01,111,200	0,703,302	2,121,373

Part X Balance Sheet

Par	t X	Balance Sheet	1	46 D 4 V			_
		Check if Schedule O contains a response or note to any	line in	this Part X	(A)		(B)
	1	Cash-non-interest-bearing			Beginning of year 126,247	1	End of year 659,988
	2	Savings and temporary cash investments			25,648,710		15,695,427
	3	Pledges and grants receivable, net			6,460,942		6,687,897
	4	Accounts receivable, net			2,825,606	4	1,177,273
	5	Loans and other receivables from current and former o			2,020,000	_	1,177,270
		key employees, and highest compensated employees					
		Schedule L					
						5	
Assets	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 495 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see in II of Schedule L)(B), and on 501(c)(9)				
82						6	
ď	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use	•		935,934	8	899,260
	9	Prepaid expenses and deferred charges			353,001	9	425,855
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	271,721,154			
	ь	Less accumulated depreciation	10b	125,680,384	141,719,806	10 c	146,040,770
	11	Investments—publicly traded securities			47,534,000	11	46,662,000
	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			341,754	15	334,530
	16	Total assets. Add lines 1 through 15 (must equal line 3	4) .		225,946,000	16	218,583,000
	17	Accounts payable and accrued expenses			9,083,576	17	5,774,244
	18	Grants payable	•			18	
	19	Deferred revenue			7,127,277	19	7,482,753
	20	Tax-exempt bond liabilities			36,380,000	20	35,990,000
	21	Escrow or custodial account liability Complete Part IV	of Sch	nedule D		21	
Liabilities	22	Loans and other payables to current and former officer key employees, highest compensated employees, and	•	•			
ē		persons Complete Part II of Schedule L				22	
ï	23	Secured mortgages and notes payable to unrelated thi	rd partı	es		23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24)	s to rel	ated third parties,			
		Complete Part X of Schedule D			5,718,147	25	5,191,003
	26	Total liabilities. Add lines 17 through 25			58,309,000	26	54,438,000
ر.		Organizations that follow SFAS 117 (ASC 958), check					
ě		lines 27 through 29, and lines 33 and 34.		,			
Balance	27	Unrestricted net assets			146,245,000	27	142,950,000
e E	28	Temporarily restricted net assets			13,808,000	28	13,435,000
Ξ	29	Permanently restricted net assets			7,584,000	29	7,760,000
or Fund		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check	here ► ┌ and			
9	30	Capital stock or trust principal, or current funds .				30	
Assets	31	Paid-in or capital surplus, or land, building or equipme	nt fund			31	
	32	Retained earnings, endowment, accumulated income, o	r other	funds		32	
Š	33	Total net assets or fund balances			167,637,000	33	164,145,000
	34	Total liabilities and net assets/fund balances			225,946,000	34	218,583,000

Day	t XI Reconcilliation of Net Assets			<u> </u>	age ==
Par	Check if Schedule O contains a response or note to any line in this Part XI				
	, , , , , , , , , , , , , , , , , , ,				•
1	Total revenue (must equal Part VIII, column (A), line 12)	1		72,5	517,383
2	Total expenses (must equal Part IX, column (A), line 25)	2		70,9	966,137
3	Revenue less expenses Subtract line 2 from line 1	3		1,5	51,246
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		167,6	37,000
5	Net unrealized gains (losses) on investments	5		-5,0	22,587
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-20,659
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		164,1	.45,000
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	• •	Yes	No
1	Accounting method used to prepare the Form 990			. 65	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
	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?	<u> </u>	За	Yes	
ь 	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		3b	Yes	

Software ID: 15000290 **Software Version:** 15.3.0.0 **EIN:** 36-2167016

Name: Chicago Zoological Society

Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ste	es, k	(ey	Employees, Higl	hest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1033 11130/	2/1099 111367	related organizations
John P Grube Chairman of the Board May-Dec/DepChr Jan-May	2 00	х		х				0	0	0
Fred A Krehbiel Honorary Chairman of the Board	2 00	х		х				0	0	0
William C Kunkler III Deputy Chrmn of Brd May-Dec/Chrmn of Brd Jan-May	2 00	х		х				0	0	0
Elizabeth Hamill Bramsen Vice-Chairman of the Board	2 00	х		х				0	0	0
Mernck M Elfman Vice-Chairman of the Board	2 00	х		х				0	0	0
Bert A Getz Jr Vice-Chairman of the Board	2 00	х		х				0	0	0
Sakeba Issa M D Vice-Chairman of the Board	2 00	х		х				0	0	0
Anıl Kumar Vice-Chairman of the Board	2 00	х		х				0	0	0
Cherryl T Thomas Vice-Chairman of the Board	2 00	х		х				0	0	0
Michael P Emmert Treasurer	2 00	х		х				0	0	0
Randall G Vickery Secretary	2 00	х		х				0	0	0
Stuart D Strahl PhD President and CEO	40 00	х		х				532,008	0	68,828
Stuart B Abelson Trustee	2 00	×						0	0	0
Mrs LW Alberts Trustee	2 00	x						0	0	0
Robert M Beavers Trustee through 8/2015	2 00	х						0	0	0
Stephen P Bent Trustee	2 00	x						0	0	0
Jay D Bergman Trustee	2 00	х						0	0	0
Edward McCormick Blair Jr Trustree	2 00	х						0	0	0
Barbara J Bradford Trustee	2 00	х						0	0	0
John A Carpenter Trustee	2 00	х						0	0	0
Kevin M Carmody Trustee as of 5/2015	2 00	х						0	0	0
Jon C Creyts PhD Trustee through 5/2015	2 00	Х						0	0	0
Dawn M Davis Trustee	2 00	Х						0	0	0
Lawrence E DeMar Trustee	2 00	х						0	0	0
Michael F DeSantiago Trustee	2 00	х						0	0	0

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

Compensated Employees, and Ind		ntracto	rs					I	ı	1 1
(A) Name and Title	(B) Average hours per week (list any hours	A verage hours per more than one box, unless week (list person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Diane V Dygert	2 00	х						0	0	0
Trustee through 5/2015 Arthur J Fogel	2 00									
Trustee		x						0	0	o
Graham C Grady	2 00	<u> </u>								
Trustee		X						0	0	0
Kay Guyette Trustee	2 00	х						0	0	0
Philip Lee Harns Trustee	2 00	х						0	0	0
Christine E Holden	2 00	.								
Trustee		X						0	0	0
William L Hood Jr Trustee	2 00	х						0	0	0
Heidi A Huizenga	2 00	×						0	0	0
Trustee	2.00	^						0		
Trustee	2 00	х						0	0	0
Jill V Javors Trustee	2 00	х						0	0	0
Lisa N Johnson	2 00	×						0	0	0
Trustee								0	0	
Barbara Levy Kıpper Trustee	2 00	х						0	0	0
Kevin W Kirby Trustee	2 00	x						0	0	0
Angelo C Kleronomos Trustee	2 00	х						0	0	0
William O Lipinski Trustee	2 00	х						0	0	0
Jerry Manne Trustee	2 00	х						0	0	0
Christian B McGrath	2 00	х						0	0	0
Andrew J McKenna Jr Trustee through 2/2015	2 00	х						0	0	0
Toni Reed Preckwinkle	2 00	x						0	0	0
Trustee Thomas J Sabatino	2 00	х						0	0	0
Trustee Mark G Sander	2 00	X						0	0	0
Trustee Kelley C Schueler	2 00									
Trustee		X						0	0	0
Kathryn Babcock Shaffer Trustee	2 00	х						0	0	0
John W Taylor III Trustee	2 00	х						0	0	0
Kenneth N Thompson Trustee	2 00	х						0	0	0
		<u> </u>	<u> </u>			1				<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Position (do not check Reportable Name and Title Average Reportable Estimated amount hours per more than one box, unless compensation compensation of other person is both an officer from related week (list from the compensation anv hours and a director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former Highest compensated employee Individual trustee or director organizations Institutional Trustee related below emplo) ee organizations dotted line) 2 00 William E Thonn Х 0 0 Trustee 2 00 Christopher D Traut Χ 0 0 Trustee 40 00 Cynthia W Zeigler 0 Х 290,323 29.037 Chief Advancement Officer 40 00 Richard G Gamble Х 0 276,894 19,779 Sr VP Operations 40 00 Christopher Jabin Х 251,735 0 25,663 Sr VP Development 40 00 Kenneth Kaduk Х 251,600 0 21,691 Sr VP Finance and Admin 40 00 Dr Alejandro Grajal Х 205,733 0 25,341 Sr VP Conservation, Educ and Training 40 00 Frank W Zeigler Χ 195,280 0 8,997 Sr VP Animal Programs 40 00 Sarah Breen-Bartecki Х 184,621 0 12,017 VP Conservation Funding Initiatives 40 00 Matthew Mayer Х 174,003 0 99,647 VP Public Affairs 40 00 Jerome E Johnston Х 162,705 0 11,182 VP Guest Service Operations 40 00 Sandra L Dornhecker Χ 156,968 0 16,674 VP Human Resources 40 00 Robert A Dulski Χ 142,224 0 3,091 Director of Information Services

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As Filed Data -

DLN: 93493250005726

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

Open to Public

Inspection

		he organization					Employer identifica	ation number			
Clica	go zoor	ogical Society					36-2167016				
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this	part.) See instruction	ons.			
		zation is not a private fo		· -			•				
1	Ī	A church, convention			= -						
2	Ē	A school described in	· ·			=					
3	, T	A hospital or a cooper									
4	, T	A medical research or) Enter the			
•	'	hospital's name, city,		erated in conjunction v	vicii a nospicai a	iesembed in se	CCIOII 170(D)(1)(A)(III	J. Enter the			
5	Γ	An organization opera 170(b)(1)(A)(iv). (C	ated for the be		iversity owned	or operated by	a governmental unit c	lescribed in section			
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1)(A)(v).				
7	~	An organization that n				om a governm	ental unit or from the g	jeneral public			
	_	described in section 1				+ 11 \					
8	<u> </u>	A community trust de						f			
9 10	 -	receipts from activition from gross investmen organization after Jun	es related to it nt income and ne 30, 1975 S	ts exempt functions—s unrelated business ta see section 509(a)(2).	ubject to certa xable income (l (Complete Part	in exceptions, ess section 51 III)	ributions, membership and (2) no more than i l 1 tax) from businesse	331/3% of its support			
	<u>'</u>	An organization organ									
11 a	, _	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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
	_	organization You mus									
Ь	ı	Type II. A supporting management of the su	-				=	-			
		must complete Part I			same persons c	nat control of	manage the supported	organization(s) You			
С	\vdash	Type III functionally			n operated in c	onnection with	, and functionally integ	grated with, its			
		supported organization						·			
d	Г	Type III non-function									
		not functionally integr					rement and an attentiv	eness requirement			
e	Г	(see instructions) Yo Check this box if the o					ıs a Tyne I Tyne II T	vne III functionally			
_	'	integrated, or Type III					15 d 1 ypc 1, 1 ypc 11, 1	ype III falletionally			
f	Ente	r the number of support									
g		Provide the following i	nformation ab	out the supported orga	inization(s)						
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)			
Nar	me of s	supported organization	(II)EIN	Type of organization (described on lines 1-9 above (see instructions))	Is the organ listed in your docume	nızatıon governıng	A mount of monetary support (see instructions)	A mount of other support (see instructions)			
					Yes	No]				
				ļ		ļ					

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (a)2011 **(b)**2012 (c)2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 16,910,890 17,512,055 25,975,460 25,793,456 22,337,974 108,529,835 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the 15,738,921 18,674,437 18,871,517 15,640,153 16,582,929 85,507,957 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 32,649,811 33,152,208 42,558,389 44,467,893 41,209,491 194,037,792 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly 1,087,708 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 192,950,084 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 32,649,811 33,152,208 42,558,389 44,467,893 41,209,491 194,037,792 Gross income from interest, dividends, payments received 1,089,974 1,114,237 1,347,792 1,248,409 1,130,173 5,930,585 on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or 74,240 121,431 55,173 250,844 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 200,219,221 through 10 Gross receipts from related activities, etc (see instructions) 12 149,116,371 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 96 370 % 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 15 96 190 % 16a 33 1/3% support test - 2015. 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 **▶**▽ 33 1/3% support test -2014. If the organization did not check a 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 13 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 0 % 15 Public support percentage from 2014 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 0 % Investment income percentage from 2014 Schedule A, Part III, line 17 18 18

19a 33 1/3% support tests—2015. 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 ►ſ

33 1/3% support tests—2014. 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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c					
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in					
3 Administrative expenses paid to accomplish exemp	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval re	quired)						
6 Other distributions (describe in Part VI) See instru	uctions						
7 Total annual distributions. Add lines 1 through 6							
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1 Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
d From 2013							
e From 2014							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
 Carryover from 2010 not applied (see instructions) 							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7							
\$							
a Applied to underdistributions of prior years							
b Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7							
c Excess from 2013							
d From 2014							
e From 2015							

Part VI Supplemental Information.

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

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493250005726

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Political Campaign and Lobbying Activities

Inspection

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

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

◆ Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Chicago Zoological Society 36-2167016 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (b) Address (e) A mount of political (a) Name (c) EIN (d) A mount paid from filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

f Grassroots lobbying expenditures

5ch	edule C (Form 990 or 990-EZ) 2015					Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and fil	ed Form 5768	
	Check fithe filing organization belongs to expenses, and share of excess lobbed. Check fithe filing organization checked bo	oying expenditures)		_	up member's nam	e, address, EIN,
		ying Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public of	opinion (grass roots	<u> </u>		1918.9	
Ia	lobbying)			-		
b	Total lobbying expenditures to influence a legisl	iative body (direct lobb)	/ing)			
c	Total lobbying expenditures (add lines $1a$ and 1	b)				_
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount	from the following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxab	ole amount is:			
	Not over \$500,000	20% of the amount on lin	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g h i j	Subtract line 1g from line 1a If zero or less, ento Subtract line 1f from line 1c If zero or less, ento If there is an amount other than zero on either line porting section 4911 tax for this year?	er -0-	organization file F		No	
	(Some organizations that made a columns below. See t	the separate instr	ection do not uctions for lin	have to cor les 2a throu		ne five
	Lobbying Exp	enditures During 4	4-Year Avera	ging Perioa	T	1
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Sch	edule C (Form 990 or 990-EZ) 2015			Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and ha filed Form 5768 (election under section 501(h)).	s NOT		
		(a)	(b)
	each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying vity.		No	Amount
		Yes	<u> </u>	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		72,357
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	O ther activities?		No	
j	Total Add lines 1c through 1i			72,357
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes." enter the amount of any tax incurred by organization managers under section 4912			

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

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

			res	IAO
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues assessments and similar amounts from members

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

DLN: 93493250005726

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** Chicago Zoological Society 36-2167016 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during 213,698 Aggregate value of grants from (during year) 213,275 Aggregate value at end of year 2,121,701 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? √ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **▽** No conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)($_{\rm I}$) and section 170(h)(4)(B)($_{\rm II}$)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Pai	rt III	Organizations Maintaining	Collections of	Art, Hi	storio	cal T	reasures,	or O	ther Similar A	ssets	·
3		the organization's acquisition, acc ction items (check all that apply)	cession, and other r	ecords, c	heck a	ny of	the following t	hat a	re a significant us	e of its	
а	√ P	ublic exhibition		d	굣	Loan	or exchange	progra	ams		
b	v s	scholarly research		е	Γ	Othe	r				
c		reservation for future generations									
4		de a description of the organization	s collections and e	explain ho	w they	furth	er the organız	atıon'	s exempt purpose	ın	
5	Durin	g the year, did the organization sol	ıcıt or receive dona	itions of a	rt. hıst	orica	l treasures or	other	sımılar		
		s to be sold to raise funds rather th								F No	<u> </u>
Pa	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		on Form	990,	Part	IV, line 9, o	r rep	orted an amoui	nt on Fo	rm 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other int	cermediary	y for co	ontrib	utions or othe	rasse	ets not Yes	- N	•
ь	If"	'Yes," explain the arrangement in F	art XIII and compl	lete the fo	llowing	g table	e		Am	ount	
c		ginning balance	·		_	-		1 c			
d		ditions during the year						1d			
e		stributions during the year						1e			
f		ding balance						1f			
2a		unig balance ne organization include an amount (v l.m. 21	6				t leakelete 2 F Y aa		
b	If"Y∈	es," explain the arrangement in Par	t XIII Check here	ıf the expl	lanatıo	n has	been provide	d ın P	art XIII		_
Pa	art V	Endowment Funds. Comple						<u>_</u>	· · · · · · · · · · · · · · · · · · ·		
	Pogun	ning of year halange	(a)Current year 18,533,000	, ,	or year 18,663,		(c)Two years b		d)Three years back 15,199,000	(e)Four	years back 15,750,000
1a 		ining of year balance	301,000		169,0		345,		316,000		325,000
Ь	Contr	ributions	301,000		109,		545,		310,000		323,000
С	Net ir losse	nvestment earnings, gains, and s	-1,252,000		514,0	000	2,120,	000	2,193,000		-390,000
d		s or scholarships · · · ·									
е	and p	r expenditures for facilities rograms 	847,000		774,0	000	776,	000	664,000		454,000
f		nistrative expenses	36,000		39,	000	37,	000	33,000		32,000
g		f year balance	16,699,000		18,533,	000	18,663,	000	17,011,000		15,199,000
2	Provi	de the estimated percentage of the	current year end b	alance (lii	ne 1g,	colun	nn (a)) held as	1			_
а	Board	l designated or quasi-endowment 🕨	<u> </u>								
b	Perm	anent endowment ► 46 000 %									
С		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	28 000 % : should equal 100°	%							
За		here endowment funds not in the po			that a	re hel	ld and adminis	tered	for the		
		ization by		,						Ye	s No
	(i) un	related organizations							38	a(i) Yes	5
		elated organizations							За	(ii)	No
b		es" on 3a(II), are the related organi		-			?			3b	
4		ribe in Part XIII the intended uses		's endown	nent fu	nds					
Pa	rt VI	Land, Buildings, and Equip Complete if the organization		o Form (000 D	art IV	V lino 115 S	:00 E	orm 000 Dart \	/ lung 1	0
		Description of property	answered tes u		190, P (a)		(b)	ее г	Accumulated		ook value
		bescription of property			st or oth	ner bas				(-,-	
1	Land				(ınvestn	nent)	(other	,			
	Buildin										
				<u> </u>							
C	Leaseh	nold improvements		· ·			<u> </u>	57,031	· · ·	1	143,331,860
	Equipm	nent		· •			8,2	91,008	5,755,21	3	2,535,795
е	Other							73.115			173.115

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

146,040,770

See Form 990, Part X, line 12. (a) Description of security or category		(b)Book value	(c)Method of valuation
(including name of security)		(D)Book value	Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)O ther (A) Financial derivatives and other financial products			
(B) Closely-held equity interests			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	<u>*</u>		
Complete if the organization answered " (a) Description of investment	Yes' on Form 990,	Part IV, line 11c. _{Se}	ee Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment		(2) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	answered 'Yes' on Fo	orm 990. Part IV. line	11d See Form 990. Part X. line 15
(a) Descrip		,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ		'Yes' on Form 990	
See Form 990, Part X, line 25.	(b) Book value		
	, , , , , , , , , , , , , , , , , , ,		
Federal income taxes			
Federal Income taxes			
Accrued Post Retirment Benefit Obligation	2,224,69		
Accrued Sick Pay Benefit Obligation	1,848,16		
Charitable Gift Annuity Obligation	284,32		
Market Value of Swap Agreements	678,63		
O ther	155,17	4	
		\dashv	
		\dashv	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	5,191,00	13	
5 1 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

			i age •
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per F	leturn
1	Total revenue, gains, and other support per audited financial statements	1	71,874,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -5,022,587		
b	Donated services and use of facilities 2b 94,588		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-4,927,999
3	Subtract line 2e from line 1	3	76,801,999
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 19,869		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-4,284,616
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	72,517,383
Par	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		T
1	Total expenses and losses per audited financial statements	1	75,170,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	4,223,732
3	Subtract line 2e from line 1	3	70,946,268
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 19,869		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	19,869

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Total expenses Add lines $\bf 3$ and $\bf 4c.$ (This must equal Form 990, Part I, line 18)

Return Reference	Explanation
I 5 and 6	The Society does not maintain any donor advised funds. Other Funds consist of the Chicago Board of Trade Endangered Species Fund and the CZS Womens Board Fund. Contributions to these funds come from donors as well as proceeds from fundraising events and investment income. Grants are decided by committees as described in Schedule I. At times, donors who have given money to the fund may also sit on the granting committee but no one donor may decide on the grant awards. All grants awarded must follow the guidelines and processes established by CZS. CZS. Board of Trustees has final approval of all Chicago. Board of Trade Endangered Species. Fund Committee recommended grant awards. CZS. Management has final approval of all CZS. Womens. Board recommended grant awards.
III 1A	Animal Collections, which were acquired through breeding loans, purchases and contributions, are not recognized as assets on the Statement of Financial Position. Costs to acquire collection items are recorded as decreases in unrestricted net assets in the year in which the animals are acquired. Proceeds from deaccessions are reflected as increases in the appropriate net asset class. The Societys animal collection consists of specimens with numerous attributes including taxonomic group, age, sex, relationship and value to other animals, endangered status and breeding potential. The Society retains a record of every animal in a permanent file. An inventory of the collection is prepared annually. Professionally trained keeper staff and population managers provide daily care for the collection and determine population needs.
III 4	The more than 2500 ambassadors of the animal kingdom which make up the CZS collection provide our visitors a rare opportunity to see species from around the globe. The collection, in connection with our education programs, provides CZS the opportunity to teach guests about animals and nature, conservation and other related topics.
V 4	The Societys endowment consists of 11 different funds established to support a variety of CZS programs including conservation and research, education and outreach, care of the animal collection and grounds, and general operations. Additionally, the Society is the designated beneficiary of the interest income on a 1 million endowment established and maintained by the Chicago Community Trust. The CCT maintains variance power over this endowment and, accordingly, the Society has not included it in its financial statements.
VI 1A-E	The Society operates a zoological park on land owned by the Forest Preserve District of Cook County, IL which is provided to the Society at no charge. The land site of the Zoo, accordingly, is not recorded on the Societys financial statements. All park improvements acquired by the Society are legally owned by the District. All park improvements acquired by the Society, including those acquired with District funds, are recorded as park improvements on the Societys financial statements. The amount in Other represents construction in progress on capital assets. Once a capital asset is complete and in use, the total amount for that project is closed out of construction in progress and transferred to park improvements.
X 2	The Societys application of accounting principles generally accepted in the United States of America GAAP regarding uncertain tax positions had no effect on its financial position as management believes the Society has no material unrecognized income tax benefits, including any potential risk of loss of its not-for-profit status. The Society would account for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as income tax expense. Management believes the Society is no longer subject to examination by federal, state, or local tax authorities for periods before 2012.
XI 4b	Other Adjustments - Cost of Sales of Inventory -3,647,780, fundraising event expense -657,173,

raffle expense -50, Rounding and Misc adjustments 518

5

70,966,137

Part XIII Supplemental	Part XIII Supplemental Information (continued)							
Return Reference Explanation								
XII 2d	Other Adjustments - Cost of Sales of Inventory 3,647,780, change in market value of swap agreements -176,710, fundraising event expense 657,173, raffle expense 50, Rounding and Misc adjustments 851							
-								

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493250005726

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

\lame	of the organization				Employer ident	ification number
	ago Zoological Society				Limployer ident	in leaction maniper
	,				36-2167016	
Pa	rt I General Information Complete if the organi				14b.	
1	For grantmakers. Does the cand other assistance, the grants or a used to award the grants or a	ntees' eligibil	ty for the gran	nts or assistance, and	the selection criteria	ি Yes
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitori	ng the use of its gran	ts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional spa	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data		-			
(2)						
(3)						
(4)						
(5)						
b	Sub-total Total from continuation sheets to Part I		1			232,177 50,240
C	Totals (add lines 3a and 3b)		1			282,417

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)		Sub-Saharan Africa	conservation research fieldwork	23,500	wire transfer			
(2)		Europe Including Iceland and Greenland	spt for conservation organization	10,000	wire transfer			
(3)		South America	conservation research fieldwork	13,333	check			
(4)								

Schedule F (Form 990) 2015

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

Part III can be	duplicated if addition	<u>nal space is n</u>	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) conservation research fieldwork	South America	1		wire transfer			
(2) conservation research fieldwork	Sub-Saharan Africa	4	15,753	wire transfers			
(3) conservation research fieldwork	South Asia	2	7,450	wire transfers			
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	L			l	l		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	굣	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	V	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)	Г	Yes	দ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	✓	Νo
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)	Γ	Yes	굣	Νo
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; do not file with Form 990)	Г	Yes	ন	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5**

Part V

Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I Line 2	The Society awards grants through its Chicago Board of Trade Endangered Species Fund CBT E SF. The grant cycle is 2 times per year. Grant proposals are reviewed by a team of approximately 20 reviewers. All proposals must be endorsed by an IUCN Species Survival Committee or other major, internationally known conservation organization, the AZA/WAZA, or other major zoo organization. For any individuals/organizations who are not US Citizens/entities, the Society checks the most recent OFAC Control List of Specifically Designated and Blocke diversions as well as the Consolidated List established and maintained by the 1267 Committee with respect to Al-Qaida, Osama Bin Laden, and the Taliban and other individuals, groups, undertakings and entities associated with them. Approximately 50,000 is awarded each cycle, usually in amounts of 2000 to 5000 per grant. Final award recommendations are presented to the Executive Committee of the Board of Trustees by the CBT ESF Committee members. Stratus reports are required from recipients 6 months after the receipt of the funds. Final reports are due 1 year after the receipt of the funds along with a final accounting of the grant funds expended. In addition, other grant funds are given by the Society to major, in ternationally known conservation organizations in support of their general conservation mission. These contributions are determined by Society management. They are approved by the Board either as part of the annual operating budget process or as part of a periodic spending authorization from the Societys Board Designated Conservation Fund.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I Line 3, Col F	, Part II Line 1, and Part III All expenditures are reported using the accrual method of accounting

Additional Data

Software ID: 15000290

Software Version: 15.3.0.0

EIN: 36-2167016

Name: Chicago Zoological Society

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	
Central America and the Caribbean			program services	conservation research fieldwork	3,070	
Central America and the Caribbean			program services	attend conservation related conferences	6,760	
East Asia and the Pacific			program services	attend conservation related conferences	4,391	

Form 990 Schedule F	<u> Part I - Activit</u>	ties Outside T	he United States			
(a) Region	(b) Number of offices in the region 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	
East Asia and the Pacific			program services	conservation education fieldwork	1,183	
East Asia and the Pacific			grants to recipients for fieldwork in region		4,850	
Europe Including Iceland and Greenland			program services	attend conservation related conferences	1,800	

Form 990 Schedule F	orm 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of (c) Number of offices in the employees or		(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					
Europe Including Iceland and Greenland			grants to recipients for fieldwork in region		12,000					
Europe Including Iceland and Greenland				membership in conservation related organizations	13,628					
Middle East and North Africa			- · · · 3 · · · · · · · · · · · · · · · · · · ·	attend conservation related conferences	7,336					

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ties Outside T</u>	he United States	_		
(a) Region	(b) Number of (c) Number of		(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	
North America			program services	attend conservation related conferences	1,239	
South America		1	ין כ	conservation research fieldwork	129,496	
South America				membership in conservation related organization	500	

Form 990 Schedule F	rm 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					
South America			program services	attend conservation related conference	315					
South America			grants to recipients for fieldwork in region		23,333					
South Asia			grants to recipients for fieldwork in region		7,450					

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ties Outside T</u>	he United States			
(a) Region (b) Number offices in region		employees or conducted in region (by agents in type) (i.e., fundraising,		(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			1	accompany members on trip	11,460	
Sub-Saharan Africa			program services	conservation education fieldwork	3,366	
Sub-Saharan Africa			program services	attend conservation related conference	1,587	

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			grants to recipients for fieldwork in region		48,653			

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

DLN: 93493250005726

2015

Open to Public Inspection

Name of the organization	Employer identification number
Chicago Zoological Society	36-2167016
Part I Fundraising Activities. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 17.

·	rundraising Activities. Complete if the organization answered Tes On Form 990, Part IV, line 17.
	Form 990-EZ filers are not required to complete this part.
1	Indicate whether the organization raised funds through any of the following activities Check all that apply

1	Inc	licate whether	the organization	raised funds	through	any of	the	follov	ving activities	Check all t	hat apply
а	✓	Maıl solıcıtat	ions				e	~	Solicitation of	non-goveri	nment gran

b \checkmark Internet and email solicitations **f** \checkmark Solicitation of government grants

Phone solicitations g 🔽 Special fundraising events

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 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Patricia Hurley and Assoc 205 S Wacker Dr Suite 1400 Chicago, IL 60606	Consulting-fund raising dinners	Yes	No No	1,901,085	118,431	1,782,654
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total	1	1	•	1,901,085	118,431	1,782,654

3	ist all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt fr	om
	egistration or licensing	

FL, IL, IN, WI

Part II Fundraising Events.

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

	receipts greater than \$5,000	(a)Event #1	(b) Event #2	(c)O ther events	(4)
		Whirl Gala (event type)	Conservation Awards Dinner (event type)	(total number)	(d) Total events (add col (a) through col (c))
Reveilue	1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus line 2)	1,483,454 1,277,454 206,000 209,176	391,371 26,260	289,444 135,728 153,716 146 1,945	2,190,529 1,804,553 385,976 146 219,138
JSe s	7 Food and beverages	76,863	35,171	31,460	143,494
Expenses	8 Entertainment	10,000		,	10,000
	9 Other direct expenses	199,676		112,563	368,686
Direct	10 Direct expense summary Add lines				741,464
	11 Net income summary Subtract line 1				-355,488
	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on f	Form 990, Part IV, line	e 19, or reported mor	(d)
Revenue		(a)biligo	bingo/progressive bingo	(c) o their gaining	Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue			38,750	38,750
ed Expenses	2 Cash prizes			4,600	4,600
Direct	5 Other direct expenses			50	50
	6 Volunteer labor	Г Yes %	☐ Yes % No	Yes77 000 %	
	7 Direct expense summary Add lines	2 through 5 ın column (c	1)		4,650
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		34,100
9 a b	Enter the state(s) in which the organization licensed to conduct If "No," explain	gaming activities in eac	ch of these states?		✓ Yes 「No
10a b	Were any of the organization's gaming l	icenses revoked, suspe	nded or terminated during		「Yes 「No

11	Does the organization conduct of	jaming activities with nonm	embers?	Ţ.	✓Yes No
12	Is the organization a grantor, be	neficiary or trustee of a tru	st or a member of a partnership or other enti	ty	
	formed to administer charitable	gamıng?		Г	Yes ▼No
13	Indicate the percentage of gami	ng activity conducted in			
а	The organization's facility			13a	100 000 %
b	An outside facility			13b	%
14	Enter the name and address of t	he person who prepares the	e organization's gaming/special events book	s and record	S
	Name ► HBilcer Mgr FinOp	per Analysis			
	Address ► 3300 Golf Rd Brookfield,IL 60	513			
15a	Does the organization have a co	ntract with a third party fro	m whom the organization receives gaming		
	revenue?			Γ	_Yes ✓No
b	If "Yes," enter the amount of ga	ming revenue received by t	he organization 🟲 \$	and the	
	amount of gaming revenue retail	ned by the third party 🟲 \$ _			
c	If "Yes," enter name and addres	s of the third party			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🕨 🥒 C Jabın				
	Gaming manager compensation	> \$	605		
	Description of services provided	d As Sr VP Development,	Mr Jabın spent a small amt of hıs tıme sup	ervising the	raffle
	Director/officer	▼ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	·	er state law to make charita	able distributions from the gaming proceeds	to	
	retain the state gaming license?				-Yes ▼ No
ь			listributed to other exempt organizations or		,
	in the organization's own exemp				
Pa	rt IV Supplemental Infor	mation. Provide the ex 0b, 15b, 15c, 16, and 17	planations required by Part I, line 2b, 7b, as applicable. Also complete this part I		
	Return Reference		Explanation		

Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

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

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

Attach to Form 990.

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

DLN: 93493250005726OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identifica	Employer identification number					
Chicago Zoological Society						36-2167016	
Part I General Informa	ation on Grants	and Assistance				•	
Does the organization main the selection criteria used?Describe in Part IV the org	to award the grants	orassistance?				ssistance, and	▽ Yes ┌
Part III Grants and Other As that received more t			o <mark>mestic Governments.</mark> (Iditional space is neede		ızatıon answered "Yes" o	n Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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) Chicago Wilderness 8 South Michigan Ave Chicago, IL 60603	36-4479642	501c3	7,500				general operating support
Conservaton Breeding Specialist Group-Global (2) Conservation Network 12101 Johnny Cake Ridge Rd Apple Valley, MN 55124	41-1719362	501c3	20,000				general operating support
International Elephant (3) Foundation PO Box 366 Azle,TX 76098	75-2815706	501c3	10,000				general operating support
(4) Vital Ground Foundation Bldg 2-T Fort Missoula Rd Missoula, MT 59804	87-0483446	501c3	15,000				general operating support
2 Enter total number of section3 Enter total number of other		•					4
For Paparwork Poduction Act Nation							dula I /Farm 990) 2015

Part I Line 2

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

(a)Type of grant or assistan	ce	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				
Educ Scholarship for Conserva (1) Education	atıon	4	15,000							
Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanati	on								

to ensure they are used for proper purposes including, where applicable, periodic reporting by the grantee

CZS awards grants and assistance through a variety of programs. For awards under the CBT ESF program, as well as general contributions to major conservation organizations, see details in Schedule F, part V. CZS also provides grants and assistance through its educational scholarship programs and bus stipends programs. CZS maintains records to substantiate amounts, elegibility and selection criteria. Procedures are in place to monitor grants.

DLN: 93493250005726

Schedule J

Compensation Information

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

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number Name of the organization Chicago Zoological Society

			36-2167016					
Pa	rt I Questions Regarding Compensatio	n						
					Yes	No		
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III							
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use					
	Travel for companions	Γ	Payments for business use of personal residence					
	▼ Tax idemnification and gross-up payments		Health or social club dues or initiation fees					
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?							
3		hat appl						
	✓ Compensation committee		Written employment contract					
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study					
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, or a related organization	Part VI	I, Section A, line ${f 1}{f a}$ with respect to the filing organization					
а	Receive a severance payment or change-of-control	paymen	nt?	4a	Yes			
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes			
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions m	ust complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	a, did the organization pay or accrue any					
а	The organization?			5a		Νo		
b	Any related organization?			5b		Νo		
	If "Yes," on line 5a or 5b, describe in Part III							
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	a, did the organization pay or accrue any					
а	The organization?			6a		Νo		
b	Any related organization?			6b		Νο		
	If "Yes," on line 6a or 6b, describe in Part III							
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7	Yes			
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in Part III	paid or a	accured pursuant to a contract that was	8		No		
9	If "Yes" on line 8, did the organization also follow th	ie rebutt	able presumption procedure described in Regulations	ا ا				

section 53 4958-6(c)?

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

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

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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	` '	(E) Total of columns	• •
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

Part I Line 7

Part III Supplemental Information

Return Reference

Return Reference

As provided for in the executive employment agreement approved by the Board of Trustees, the President received a housing allowance and a gross up payment equivalent to the tax obligation for the value of the Society provided life insurance. Both were treated as taxable compensation to the President of Sa,864. As provided for in the Severance Agreement with the VP of Public Affairs related to the elimination of the position, he received a severance payment of 88,864. As provided for in the Severance Agreement with the Director of Information Services related to the elimination of the position, he received a severance payment of 34,192.

Part I Line 4B

As provided for in the CZS Deferred Compensation Plan and as approved by the Board of Trustees, a deferred contribution plus interest credit was made to the Plan on behalf of the President in the amount of 40,519. Also, as provided for in the CZS Deferred Compensation Plan, a payout was made to the

As indicated in Schedule J part II, certain individuals received bonuses based on performance and the financial results of the organization. These bonuses

President of previously deferred compensation in the amount of 50,679

are approved by the Board of Trustees

Schedule J (Form 990) 2015

Software ID: 15000290 **Software Version:** 15.3.0.0

EIN: 36-2167016

Name: Chicago Zoological Society

Form 990, Schedule J, Pai	rt '	II - Officers, Dire	ctors, Trustees, K	ey Employees, an	d Highest Compen	sated Employee	s	
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	column (B) reported as deferred on prior Form 990
1Stuart D Strahl PhD President and CEO	(1)	431,017	,	100,991	48,469	20,359	9 600,836	50,679
	(11)							J
1Cynthia W Zeigler Chief Advancement Officer	(I) (II)		10,000		7,714	21,323	319,360	
2Richard G Gamble Sr VP Operations	(I)			315	1,234	18,545	5 296,673 	
3Christopher Jabin Sr VP Development	(1)			549	5,931	19,732	2 277,398	
4 Kenneth Kaduk Sr VP Finance and A dmin	(1)		15,000	1,529	6,750	14,941	1 273,291	
5 Dr Alejandro Grajal Sr VP Conservation, Educ and Training	(1)			2,374	6,246	19,095	5 231,074	
6 Frank W Zeigler Sr VP Animal Programs	(1)			3,643	5,684	3,313	3 204,277	
7 Sarah Breen-Barteckı VP Conservation Funding Initiatives	(I) (II)			1,269	5,400	6,617	7 196,638	
8 Matthew Mayer VP Public Affairs	(I) (II)			6,751	93,622	6,025	5 273,650	
9 Jerome E Johnston VP Guest Service Operations	(I)			7,587	4,881	6,301	173,887	
10Sandra L Domhecker VP Human Resources	(I) (II)			8,261	3,118	13,556	6 173,642	

DLN: 93493250005726

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

► Attach to Form 990.

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

explanations, and any additional information in Part VI.

Open to Public Inspection

Nam	ne of the organization									Em	oloyer ic	lentifica	tion nu	mber														
Chi	cago Zoological Society									36	-21670	16																
P	art I Bond Issues																											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	GIP # (d) Date issued (e) Issue price		d (e) Issue price (f) Description of purpose		(f) Description of purpose		f) Description of purpose		(f) Description of purpose		(f) Description of purpose		f) Description of purpose		(f) Description of purpose		(f) Description of purpose		(g) Defeased		1 ' '			(i) Pool inancing	
										Yes	No	Yes	No	Yes	No													
Α	Village of Brookfield Cook County IL	36-6005807	112732AAO	06-18-2008	39,85	0,000		struction and ain buildings	renovation of and exhibits		X		X		X													
В	Village of Brookfield Cook County IL	36-6005807	00000NONE	12-22-2005	3,53	0,000		nance of rema 5A Bonds	aining series		Х		Х		Х													
Pa	art III Proceeds	<u> </u>		<u> </u>								ı																
						A		ı	3		С	D																
1	A mount of bonds retired					9,130	0,000)	3,260,000																			
2	Amount of bonds legally defe																											
3	Total proceeds of issue		39,850	0,000	3,530,000																							
4	Gross proceeds in reserve fu																											
5	Capitalized interest from prod					595	5,445	5																				
6	Proceeds in refunding escrow																											
7	Issuance costs from proceed					296,598 70,600		70,600																				
8	Credit enhancement from pro																											
9	Working capital expenditures								875																			
10	Capital expenditures from pro	oceeds				30,539	9,559																					
11	Other spent proceeds								3,458,528																			
12	Other unspent proceeds			•																								
13	Year of substantial completion	on			2.0	010		19	98																			
					Yes	N	lo	Yes	No	Yes	ı	No	Yes	:	No													
14	Were the bonds issued as pa	rt of a current refund	ling issue?	•		>	<	X																				
15	Were the bonds issued as pa	rt of an advance refu	ındıng ıssue?			×	<		Х																			
16	Has the final allocation of pro	oceeds been made? .			Х			Х																				
17	Does the organization mainta allocation of proceeds?				Х			Х																				
Pa	rt IIII Private Business (
						Δ.		E		С			D															
					Yes	No	0	Yes	No	Yes	1	No	Yes	;	No													

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bondХ

Χ

Part III	Private	Business	Use	(Continued	ī

			Α		В		С	1	ס
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed								
prope	erty?								
С	Are there any research agreements that may result in private business use of bond-financed property?		×						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		1 290 %						
6	Total of lines 4 and 5		1 290 %						
7	Does the bond issue meet the private security or payment test?		Х	Х					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		x						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	Х							

Part IV Arbitrage

Ра	Arbitrage								
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		Х				
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?								
ь	Exception to rebate?			Х					
С	No rebate due?	Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed		•						
3	Is the bond issue a variable rate issue?	Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х		Х					
ь	Name of provider	The Northern	Trust Co	The Northerr	n Trust Co				
С	Term of hedge	1000 0000	000000 %	490 0000	000000 %				
d	Was the hedge superintegrated?		Х		Х				
е	Was the hedge terminated?		Х		Х				
		•	•	•	•		·	hedule K (Form	990) 2015

Pa	rt IV Arbitrage (Continued)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		х				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х		х				
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		х					
Pa	rt V Procedures To Undertake Corrective Action			•		•			
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	×		х					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Part II Line 11A	Some proceeds of the bonds were used to retire a portion of the bonds as reported in Part II, Line 1A

Return Reference	Explanation
Part IV Line 2c,	Column A The rebate calculation was performed by an independent rebate consultant in March 2013 indicating no rebate was due

Return Reference	Explanation
Part IV Line 2b,	Column B This was a current refunding issue in which all proceeds were spent within 6 months

Return Reference	Explanation
Part IV Line 4a,	Column B This interest rate swap agreement matured in December 2010

DLN: 93493250005726

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

2015

OMB No 1545-0047

Department of the Treasury www.irs.gov/form990. Internal Revenue Service

Open to Public Inspection

	of the or	ganızatıon I Society							En	nploye	r identi	fication	number	•
			. T			F01/-1/21 -		/4) FO1/-		-216		1: - \		
Part								(4), and 501(c 25a or 25b, or					40b	
1 (a) Name of disqualified person			erson	(b) Re	•	-	fied person an	d (4	(c) Description of			(d) Corrected?		
						or	ganızatıon			trans	saction		Yes	No
												+		
									+					
	nter the a	amount of tax	ıncuı	rred by orga	nızatıon ma	anagers or dis		ons during the	-	ınder:				
		· · · ·	· ·fon	 	ahovo rou	mbureed by t		n		. !	► \$ ► \$			
	iitei tiie a	illoulic of cax	, II all	ly, on the 2,	, above, rei	ilibursed by ti	ne organizacio			•	FP			
Part	ili Lo	ans to and	l/or	From In	terested	Persons.								
		mplete if the i janization rep						line 38a, or Fo	rm 99	0, Par	t IV , lır	ne 26, o	r if the	
	Org	jamzacion rep	orteu	an amount	011 1 01111 5.	70,1 dic X, iiii	C 3, 0, 01 22							
	lame of	f (b) Relationship with organization		(c)	(d) Loan		(e)Original principal amount	(f) Balance due	(g)		(h	-	(i)Written	
	rested rson			Purpose of loan	or from th organization				default?		Approved by board or		agreement?	
PC	.15011	organizati.	ا ا	10411	organizativ	711					committee?			
					То	From			Yes	No	Yes	No	Yes	No
														<u> </u>
														-
							1					1		
Total				▶ \$										
Part I		ants or Ass						rt IV, line 27						
(a)		nterested		Relationshi		1	of assistance			stance	(e)	Purnos	e of ass	ıstance
(4)	perso			rested pers		(c) //mount	. or abbistance	(4) 1) pe	01 4551	o curro c		, dipos		.stante
				organiza	tion									
								<u> </u>						
											_			

Part IV Business Transactions Involving Interested Persons.

Complete if the organizati	on answered "Yes" on F	orm 990, Part IV, lın	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Cynthia W Zeigler	Family Member of Key Employee	319,360	employment		No
(2) Frank W Zeigler	Family Member of Key Employee	204,277	employment		No
(3) Freeborn & Peters	Secretary of the Board Randall G Vickery serves as a Partner	350,158	Legal Services		No
(4) The Northern Trust Co	Trustee Arthur J Fogel serves as Executive VP/Managing Director	341,111	Banking, Investment and LC services		No
(5) Nicor Gas	Trustee Kevin W Kirby serves as an Officer of Nicor Gas	631,141	gas purchases		No

Part V Supplemental Information

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

Return Reference	Explanation
Part IV Line 1	During 2015, Cynthia W Zeigler was employed as Chief Advancement Officer She is a family member of key employee Frank W Zeigler Her employment follows the Societys established recruiting, hiring and compensation policies
Part IV Line 2	During 2015, Frank W Zeigler was employed as Sr VP Animal Programs He is a family member of key employee Cynthia W Zeigler His employment follows the Societys established recruiting, hiring and compensation policies
Part IV Line 3	During 2015, the Society used Freeborn Peters LLP for legal services Secretary of the Board Randall G Vickery serves as a Partner of Freeborn Peters. This transaction followed the Societys established procurement policy and rates are competitive with market rates.
Part IV Line 4	During 2015, the Society used The Northern Trust Company for banking, investment and letter of credit services Trustee Arthur J Fogel serves as an Executive VP and Managing Partner at Northern Trust This transaction followed the Societys established procurement policy and rates are competitive with market rates
Part IV Line 5	During 2015, the Society used Nicor Gas and Nicor Enerchange for gas purchases Trustee Kevin W Kirby is an Officer with Nicor Gas This transaction followed established procurement policy and rates are competitive with market rates

DLN: 93493250005726

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

► Attach to Form 990.

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

Noncash Contributions

Open to Public Inspection

	ne of the organization ago Zoological Society				Employer identificat	ion number
CIIICa	go zoological society				36-2167016	
Pa	rt I Types of Property				30 220,020	
	. ,	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 g	(d Method of de noncash contrib	etermining
1	Art—Works of art	X	3	-	cost or selling price	
	Art—Historical treasures .			- 1	l l l l l l l l l l l l l l l l l l l	
3	Art—Fractional interests					
4	Books and publications	Х		2,000	cost or selling price	
5	Clothing and household					
	goods					
	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property		20	1 701 011		
9	Securities—Publicly traded .	X	33	1,/24,311	price of stock on gif	t date
	Securities—Closely held stock . Securities—Partnership, LLC,					
11	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—O ther					
18	Collectibles					
19	Food inventory	X	13	79,238	cost or selling price	
20	Drugs and medical supplies .					
21	Taxıdermy					
	Scientific specimens	X	80			
	Archeological artifacts	<u> </u>				
	Other ► (X	71	1.240.112	cost or selling price	
	rating Supplies)			, ,		
	Other ► (X	2	2,000	cost or selling price	
	rity fundraising items)		(2)	0.4.20.1		
	Other ► (rity auction items)	X	63	84,291	cost or selling price	
28	Other ► (rity raffle items)	Х	2	4,600	cost or selling price	
29	Number of Forms 8283 received for which the organization comple				29	
20-	D	.	- hhhh	Dank I I	1	Yes No
3Ua	During the year, did the organiza					
	it must hold for at least three ye				red to be used	
	for exempt purposes for the enti					30a No
Ь	If "Yes," describe the arrangeme	ent in Part 1	I			
31 32a	Does the organization have a gif					31 Yes
	contributions?	· · ·	· · · · · · · ·	· · · · · · · · · ·		32a Yes
	 If "Yes," describe in Part II If the organization did not report describe in Part II 	: an amount	ın column (c) for a type of	property for which column (a) is checked,	

Part II Su

Supplemental Information.

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

Return Reference	Explanation					
Part I Line 32b	During 2015, the Society entered into an agreement with IDonate to process certain non cash donations on behalf of the Society Donors donate their items to IDonate Foundation/Servant Foundation, a 501c3 organization, who sells the items, retains a commission and issues a cash grant to the Society for the remainder					
Part I Line 33	Securities Current year contributions of stock which represent payments on pledges recorded as contribution in a previous year are not included in the revenue shown on Form 990, Part VIII, Line 1g					
Part I Line 33	Collection Items/Scientific Specimens A zero dollar amount was reported on Form 990, Part VIII, Line 1g because the Society does not capitalize its collection, as allowed under SFAS 116					

Schedule M (Form 990) (2015)

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As Filed Data -

DLN: 93493250005726

2015

OMB No 1545-0047

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SCHEDULE 0 (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 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

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

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 7,058,000, Grants and allocations 187,349, Revenue 850,597 Center for Conservation Leadership CCL Through its many conservation and education programs, CZS communicates with others to engender in them a sense of ownership about living harmoniously with nature and helping save endangered species. Education specialists, curators, graphic and exhibit designers, photographers and many others contribute to sharing this information with visitors. As well as reaching the 2.1 million visitors, CZS engages would be conservationists outside of the Zoo including classrooms of school children, teachers and community leaders. Additionally through field programs, CZS supports efforts to protect and restore populations of threatened species in other parts of the world. The CCL strengthens the bridge between education and conservation, between field research and the animals in our care.

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 3,109,000, Grants and allocations 0, Revenue 5,770,747 Admissions and Parking In the course of a year, over 2.1 million visitors enjoy the experience of seeing and learning about the animals of the world. Each individual that enters Brookfield Zoos gates represents an opportunity a chance to introduce representatives of the wild world, to convey our intertwined connections to the animal kingdom, and to encourage positive change in the world. The Brookfield Zoo is open every day of the year. Admission is free to the general public 52 days each year and at all times to Illinois school groups and to military personnel. On certain days throughout the summer extended hours are offered to be more accessible to a more diverse audience.

Return Reference	Explanation
Part III, Line 4d	Program Service Expenses 1,416,000, Grants and allocations 0, Revenue 3,844,334 Membership The membership program services our over 105,000 member households, providing them with the opportunity to participate in the conservation and educational efforts of CZS Member services fulfills new and renewing memberships, answers member questions at locations throughout the park and via telephone and provides educational member Animail updates via email. Members receive unlimited free admission, free or discounted parking and in-park attraction admissions and discounts on food and educational classes.

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 4,550,000, Grants and allocations 0, Revenue 845,810 Marketing and Public Relations CZSs marketing and public relations draws thousands of visitors throughout the year to discover, celebrate and help conserve natures gifts. Through production of seasonal themed events such as Summer Nights, Holiday Magic and Boo at the Zoo, CZS attracts attendance and exposes a wider audience to our mission. Through celebratory events including Freeze Day, Party for the Planet, World Giraffe Day and Ape, Bear and Cat Awareness Weekends, CZS inspires conservation leadership. Through outreach programming to local communities and organizations, CZS reaches out to those who may not have an opportunity to visit the zoo otherwise. Additionally, CZS produces two complementary websites CZS org is devoted to in-depth discussion of conservation issues designed to inspire conservation leadership in our guests brookfieldzoo org acquaints future and past visitors with the many exhibits within the Zoo, upcoming special events and visit planning tools

Return Reference	Explanation
	Program Service Expenses 8,296,000, Grants and allocations 0, Revenue 0 Depreciation Depreciation on the Zoos 272 million in buildings and equipment, including animal exhibits, animal care facilities, education spaces, shops and restaurants

Return Reference	Explanation
Form 990, Part VI, Section A, Line 1A	The fiscal, general oversight, and policies of the Society are vested in a Board of not more than 58 Trustees. As of December 31, 2015, there were 48 voting Trustess. The elected Officers of the Board, the chairs of the standing committees and such other Trustees as may be appointed by the Chairman constitute the Executive Committee. The Executive Committee has the power to transact all regular business of the Society during the period between the regular Board meetings.

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	Cındy Zeigler, Key Employee and Frank Zeigler, Key Employee - Family Relationship

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

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

Return Reference	Explanation
	The IRS Form 990 is prepared by Societys management and reviewed and signed by the Societys tax advisor. The Form 990, excluding Schedule B-Schedule of Contributors, is also reviewed by the Audit Committee of the Board of Trustees. A copy of the entire final version of the form, excluding Schedule B, is also made available to the Board of Trustees prior to filing with the IRS.

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12C	Annually, a conflict of interest form is sent out to all members of the Board of Trustess, Key Employees and any employee with purchasing authority. The form covers potential conflicts through financial interests, use of Society services, priviledged information and representation of Society interests. It also covers specific disclosures required by the IRS Form 990 and the Illinois AG990IL. Board of Trustees responses are reviewed by the Secretary of the Board and the Sr. VP Finance and Admin who together determine if a conflict exists. Employee responses are reviewed by the VP Human Resources and the Sr. VP Finance and Admin. Any conflicts are addressed to ensure that all internal procedures are followed for any transactions with that individual and that all items requiring disclosure are properly noted. Any Board members with a conflict must abstain from voting on decisions involving the transaction in question. Any transactions entered into with interested parties follow the Societys established procurement policies and are provided at rates competitive with market rates.

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

Return Reference	Explanation
	Governing documents are available through applicable governmental agencies the conflict of interest policy and financial statements are available upon written request to the Society

Return Reference	Explanation	
	Other Changes in net assets or fund balances Changes in Post Retirement Benefits not yet recognized in operations - 196,000 change in market value of swap agreements 176,710 rounding and other -1,369	