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Department of the

DLN: 93493312024386

OMB No 1545-0047

Open to Public Inspection

# **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 <a href="www.IRS gov/foim990">www.IRS gov/foim990</a>

Interna	al Rev	enue Servic	ce				Inspection
A F	or the	e 2015 ca	endar year, or tax year beginning 01-01-2015 , and ending 12-31-201	5			
B Che	eck if a	applicable	C Name of organization DETROIT ZOOLOGICAL SOCIETY		D Empl	oyer ider	ntification number
		change			38-6	027356	6
<u> </u>	ame ci itial re	hange eturn	Doing business as				
Fii	nal		Number and short (see D.O. beauf and a set delivered to short address \\ \text{Decorety}	L-	E Teleph	none num	ber
return/		nated d return	Number and street (or P O box if mail is not delivered to street address) Room/su 8450 W 10 Mile Road	te	(248	)541-5	5717
<u> </u>		on pending	City or town, state or province, country, and ZIP or foreign postal code			,	
		, , , , ,	Royal Oak, MI 48067		<b>G</b> Gross	receipts \$	\$ 85,722,585
			F Name and address of principal officer	<b>H(a)</b> Is t	his a grou	p return	for
			Ron L Kagan 8450 W 10 Mile Road		ordinates 7	)	┌ Yes 🗸
			Royal Oak, MI 48067	No H(b) Are	all subord	linates	<b>-</b>
I Ta	k-exei	mpt status	<b>√</b> 501(c)(3)	incl	uded?		\[\text{Yes} \cap \text{No}\]
J W	ebsit	t <b>e:►</b> http	o //www detroitzoo org/				(see instructions)
					oup exemp		mber ▶ State of legal domicile M
K Forr	n of o	organization	✓ Corporation     Trust     Association     Other	- Litear of	TOTTI ACTION 1	742	State of legal doffficile. 14
Pa	rt I	Sum	mary			l	
			scribe the organization's mission or most significant activities				
			ng and Saving Wildlife - 1 Demonstrate leadership in wildlife conservati	on and anım	nal welfare	2 Prov	vide a broad audience
			anding and unique educational opportunities that lead to the appreciation				
			y with engaging, meaningful and memorable experiences 4 Provide inn				
e O			conomic vitality 5 Demonstrate organizational excellence consistent resource management and environmental leadership	with a comm	nitment to	outstan	ding service,
Ě	1	Jiogressi	re resource management and environmental leadership				
E .	_						
Ŏ.	_						
Activities & Governance	2	Check th	is box $ ightharpoonup$ if the organization discontinued its operations or disposed (	of more than	ı 25% of ıt	s net as	ssets
e s	,	Number	of voting members of the governing body (Part VI, line 1a)			3	66
Ĭ			of voting members of the governing body (Part VI, intella)			4	66
Act			nber of individuals employed in calendar year 2015 (Part V, line 2a) .			5	475
·			nber of volunteers (estimate if necessary)			6	1,154
			elated business revenue from Part VIII, column (C), line 12			7a	0
			ited business taxable income from Form 990-T, line 34			7b	
				19	ior Year		Current Year
	8	Contri	butions and grants (Part VIII, line 1h)		ior Year 25,139	,438	
ènu	8 9		butions and grants (Part VIII, line 1h)			·	27,618,745
ēnuēvēi		Progra			25,139	,797	27,618,749 19,877,693
Ravenue	9	Progra Invest	nm service revenue (Part VIII, line 2g)		25,139 14,827	,797 ,884	27,618,745 19,877,693 179,793
Ravenue	9 10	Progra Invest Other Total	om service revenue (Part VIII, line 2g)		25,139 14,827 1,634	,797 ,884 ,095	27,618,749 19,877,699 179,793 480,719
Ravenue	9 10 11 12	Progra Invest Other Total 12)	nm service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269	,797 ,884 ,095 ,214	27,618,749 19,877,699 179,793 480,719 48,156,944
Ravenua	9 10 11 12	Progra Invest Other Total 12)	am service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269	,797 ,884 ,095 ,214	27,618,749 19,877,699 179,793 480,719 48,156,944
Ravenue	9 10 11 12 13 14	Progra Invest Other Total (12) Grants Benefi	In service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269	,797 ,884 ,095 ,214 ,115	27,618,749 19,877,693 179,793 480,719 48,156,944 559,999
	9 10 11 12	Progra Invest Other Total (12) Grants Benefi	In service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269	,797 ,884 ,095 ,214 ,115	Current Year 27,618,745 19,877,693 179,793 480,715 48,156,944 559,995
	9 10 11 12 13 14	Progra Invest Other Total 12) Grants Benefi Salari	In service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269	,797 ,884 ,095 ,214 ,115	27,618,749 19,877,693 179,793 480,719 48,156,944 559,999
Expenses Revenue	9 10 11 12 13 14 15	Progra Invest Other Total 12) Grants Benefi Salarii 5-10) Profes	In service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269 474	,797 ,884 ,095 ,214 ,115 0 ,959	27,618,749 19,877,693 179,793 480,719 48,156,944 559,999
	9 10 11 12 13 14 15	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes	In service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269	,797 ,884 ,095 ,214 ,115 0 ,959	27,618,749 19,877,693 179,793 480,719 48,156,944 559,999 (16,708,403 (42,273,543
	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other	im service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269 474 15,223	,797 ,884 ,095 ,214 ,115 0 ,959 0	27,618,749 19,877,693 179,793 480,719 48,156,944 559,999 (16,708,403) 42,273,543 59,541,933
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other	im service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269 474 15,223	,797 ,884 ,095 ,214 ,115 0 ,959 0	27,618,749 19,877,693 179,793 480,719 48,156,944 559,999 (16,708,403) 42,273,543 59,541,933
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other	im service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269 474 15,223	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235	27,618,749 19,877,693 179,793 480,719 48,156,944 559,999 (16,708,403) 42,273,543 59,541,933
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven	im service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269 474 15,223 19,050 34,748 9,520	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235 <b>Year</b>	27,618,749 19,877,699 179,793 480,719 48,156,944 559,999 (16,708,40) 42,273,543 59,541,933 -11,384,993 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven	Imm service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269 474 15,223  19,050 34,748 9,520 of Current	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235 <b>Year</b>	27,618,749 19,877,699 179,793 480,719 48,156,944 559,999 (16,708,40) 42,273,543 59,541,933 -11,384,993 End of Year 42,557,323
	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven Total	Imm service revenue (Part VIII, line 2g)		25,139 14,827 1,634 2,667 44,269 474 15,223  19,050 34,748 9,520 of Current 52,216	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235 <b>Year</b> ,454	27,618,749 19,877,693 179,793 480,719 48,156,944 559,999 (16,708,403 42,273,543 59,541,933 -11,384,993 End of Year 42,557,323 14,688,546
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Net as	im service revenue (Part VIII, line 2g)	Beginning	25,139 14,827 1,634 2,667 44,269 474 15,223  19,050 34,748 9,520 of Current 52,216 12,357 39,859	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235 <b>Year</b> ,454 ,274	27,618,745 19,877,693 179,793 480,715 48,156,944 559,995 ( 16,708,403 42,273,541 59,541,933 -11,384,993 End of Year 42,557,327 14,688,546 27,868,783
Dud Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Net as Sign nalties of	Imm service revenue (Part VIII, line 2g)	Beginning .	25,139 14,827 1,634 2,667 44,269 474 15,223  19,050 34,748 9,520 of Current 52,216 12,357 39,859	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235 <b>Year</b> ,274 ,180	27,618,745 19,877,693 179,793 480,715 48,156,944 559,995 ( 16,708,403 42,273,541 59,541,933 -11,384,993 End of Year 42,557,323 14,688,546 27,868,783
K m C Met Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Net as Sign nalties of	Imm service revenue (Part VIII, line 2g)	Beginning .	25,139 14,827 1,634 2,667 44,269 474 15,223  19,050 34,748 9,520 of Current 52,216 12,357 39,859	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235 <b>Year</b> ,274 ,180	27,618,745 19,877,693 179,793 480,715 48,156,944 559,995 ( 16,708,403 42,273,541 59,541,933 -11,384,993 End of Year 42,557,323 14,688,546 27,868,783
K m C Met Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Net as  Sign nalties of	Imm service revenue (Part VIII, line 2g)	Beginning .  ying scheduan officer) i	25,139 14,827 1,634 2,667 44,269 474 15,223  19,050 34,748 9,520 of Current 52,216 12,357 39,859	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235 <b>Year</b> ,274 ,180	27,618,749 19,877,693 179,793 480,719 481,156,944 559,999 (16,708,403 42,273,543 59,541,933 -11,384,993 End of Year 42,557,323 14,688,546 27,868,783
Met Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Net as Sign nalties of edge and has any ki	Imm service revenue (Part VIII, line 2g)	Beginning .  ying scheduan officer) i	25,139 14,827 1,634 2,667 44,269 474 15,223  19,050 34,748 9,520 of Current 52,216 12,357 39,859	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235 <b>Year</b> ,274 ,180	27,618,749 19,877,693 179,793 480,719 481,156,944 559,999 (16,708,403 42,273,543 59,541,933 -11,384,993 End of Year 42,557,323 14,688,546 27,868,783
K m C Met Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Sign altres of edge and has any kr	Imm service revenue (Part VIII, line 2g)	Beginning .  ying scheduan officer) i	25,139 14,827 1,634 2,667 44,269 474 15,223  19,050 34,748 9,520 of Current 52,216 12,357 39,859 elses and st s based or	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235 <b>Year</b> ,274 ,180	27,618,745 19,877,693 179,793 480,715 48,156,944 559,995 ( 16,708,403 42,273,541 59,541,933 -11,384,993 End of Year 42,557,323 14,688,546 27,868,783
Signature State of Expenses Expenses Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Net as Sign altres of edge and has any kr	timest income (Part VIII, line 2g)	Beginning .  ying scheduan officer) i	25,139 14,827 1,634 2,667 44,269 474 15,223  19,050 34,748 9,520 of Current 52,216 12,357 39,859 elses and st s based or	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235 Year ,454 ,274 ,180	27,618,745 19,877,693 179,793 480,715 48,156,944 559,995 ( 16,708,403 42,273,541 59,541,933 -11,384,993 End of Year 42,557,323 14,688,546 27,868,783
Net Assets or Expenses  By Hand Balances  Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 111 12 22	Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Net as Sign altres of edge and has any kr	timest income (Part VIII, line 2g)	Beginning .  ying scheduan officer) i	25,139 14,827 1,634 2,667 44,269 474 15,223  19,050 34,748 9,520 of Current 52,216 12,357 39,859  Iles and st s based or  2016-10-07 Date	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235 <b>Year</b> ,454 ,274 ,180	27,618,745 19,877,693 179,793 480,715 48,156,944 559,995 ( 16,708,403 42,273,541 59,541,933 -11,384,993 End of Year 42,557,323 14,688,546 27,868,783
Signature State of Expenses Expenses Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 r pennowle rer h	Progra Invest Other Total 12) Grants Benefit Salarit 5-10) Profes Total fu Other Total Reven  Total Net as Sign altres of ledge and las any ki	timest income (Part VIII, line 2g)	Beginning  ying scheduan officer) i	25,139 14,827 1,634 2,667 44,269 474 15,223  19,050 34,748 9,520 of Current 52,216 12,357 39,859 elles and st s based or	,797 ,884 ,095 ,214 ,115 0 ,959 0 ,905 ,979 ,235 <b>Year</b> ,454 ,274 ,180	27,618,745 19,877,693 179,793 480,715 48,156,944 559,995 ( 16,708,403 42,273,541 59,541,933 -11,384,993 End of Year 42,557,323 14,688,546 27,868,783

**Use Only** 

Forn	n 990 (2015)					Page <b>2</b>
Pa	t IIII Statemen	t of Program Serv	ice Accomp	olishments		
	Check if Sch	nedule O contains a res	ponse or note	to any line in this Part	III	
1	Briefly describe th	e organızatıon's mıssıo	n			
and stev facil	anımal welfare 2 Pro vardship of nature 3 ities that contribute i	ovide a broad audience Inspire our community	with outstanding with engaging, ic vitality 5 Do	ng and unique education Imeaningful and memo Emonstrate organization	Ildlife 1 Demonstrate leader onal opportunities that lead to trable experiences 4 Provide onal excellence consistent wil p	the appreciation and innovative zoological
	Did the organizatio	n undertake anv signifi	cant program s	ervices during the yea	r which were not listed on	
-	the prior Form 990	or 990-EZ? ::hese new services on !				Yes √No
3	Did the organizatio	n cease conducting, or	make significa	nt changes in how it co	onducts, any program	
	services?					⊤Yes √No
	If "Yes," describe t	hese changes on Sche	dule O			
4	expenses Section		4) organization	s are required to repor	nree largest program services t the amount of grants and all	
4a	(Code	) (Expenses \$	31,386,518	including grants of \$	356,000 ) (Revenue \$	68,258 )
	animal care, wildlife on The Detroit Zoo is an International field cons Universities, conservati animal welfare knowle	onservation and animal welf active participant in animal o servation programs These p tion organizations and other	Tare The Detroit Zonservation through conservation through programs are the ware accredited zoos T ctices, a convener	oo had 3,125 individual anii gh breeding programs for th ork of dedicated Detroit Zo he Detroit Zoological Societ and forum for exotic anima	ion of celebrating and saving wildlife mals representing 272 species in its reatened and endangered species o staff working with partners from s y's Center for Zoo Animal Welfare is al welfare science, practice and polic	care as of December 31, 2015 DZS leads local, national, and tate and federal governments, a resource center for captive
4b	(Code	) (Expenses \$	4,969,586	including grants of \$	203,995 ) (Revenue \$	275,113 )
70	EDUCATION The Deti appreciation and stew stewardship are funda storytelling, interactive	roit Zoological Society contin ardship of nature Humane amental components of educ	ues to provide a beducation, environ ation programming ince - to match the	road audience with outstan mental literacy, responsible g Programs utilize a variety e various learning styles of	ding and unique educational opportu resource management, conservatio v of instructional strategies - includin the community Regional school dist	inities that lead to the n, science literacy and g inquiry-based learning,
4c	(Code	) (Expenses \$	15,012,405	ıncludıng grants of \$	0 ) (Revenue \$	19,534,320 )
	Zoo welcomed more t Encounter, Tauber Fai	han 1 5 million visitors. In a	ddition to animal e Sphere, and the Ca	experiences, other attraction arousel Visitors can also pa	ngaging, meaningful and memorabl is at the Zoo include the 4-D Theate rticipate in Zoo-sponsored events in	r, the Simulator Ride, Giraffe
	See Additional Da	ta				
			-			
4d	Other program se (Expenses \$	rvices (Describe in Sch 2,024,909 in	•	of\$	0 )(Revenue\$	64,943)

53,393,418

4e

Total program service expenses ▶

Yes

Yes

Yes

Yes

Yes

Yes

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Νo

Form 990 (2015)

11a

11b

11c

**11**d

11e

11f

12a

**12**b

13

14a

14b

15

16

17

18

19

20a

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		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		No
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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
			I	I

Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . 💆

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  $\,\cdot\,\,$  .  $\,\cdot\,\,$  .

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

14a Did the organization maintain an office, employees, or agents outside of the United States? ..

If "Yes," complete Schedule D, Parts XI and XII 💆 . . . . . . .

If "Yes," complete Schedule D, Part X 🛸

17

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

**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 . . . . . . . . . . . . 🔀 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

activities, or have a section 501(h) election in effect during the tax year?	4	Yes	
), 501(c)(5), or 501(c)(6) organization that receives membership dues, efined in Revenue Procedure 98-19?	_		No
	5		NO
r advised funds or any similar funds or accounts for which donors have the			

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

29

30

31

instructions for applicable filing thresholds, conditions, and exceptions)

Form	990 (2015)			Page <b>4</b>
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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

**24**c

24d

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25b

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28c

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Yes

Form 990 (2015)

Yes

Νo

Νo

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Nο

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Νo

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Nο

Νo

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Νo

Νo

Νo

Nο

	990 (2015)			Page :
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 128			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No.
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
-				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

independent

year by the following

Section C. Disclosure

Part

90 (	(2015)	Page <b>6</b>
VI	Governance, Management, and Disclosure	
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below	W,

describe the circumstances, processes, or changes in Schedule O. See instructions.

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11a

12a

12h

**12**c

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15a

15b

**16**a

16b

Yes

Νo

Form 990 (2015)

	Check if Schedule O contains a response or note to any line in this Part VI								
Se	ection A. Governing Body and Management								
							Ye	es	-
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			(	66			
	If there are material differences in voting rights among members of the governing								

36	ction A. Governing Body and Management				
				Yes	ı
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	66		
	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				

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 

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? Did the organization make any significant changes to its governing documents since the prior Form 990 was

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

**b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . .

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . .

Did the organization have a written document retention and destruction policy? . . . . .

a The organization's CEO, Executive Director, or top management official . . . . .

 ${f b}$  Other officers or key employees of the organization . . . . . . . . . .

List the States with which a copy of this Form 990 is required to be filed▶

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**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? . . . . . . . . . . . . . . . . . .

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 

State the name, address, and telephone number of the person who possesses the organization's books and records ▶John Krueger CFO Detroit Zoological Society 8450 W 10 Mile Road Royal Oak, MI 48067 (248) 541-5717

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

**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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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 . . . . . . . . . . . .

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

Enter the number of voting members included in line 1a, above, who are

Did the organization have members or stockholders? . . . . . . . . .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990

rning body at the end of the tax	1
among members of the governing uthority to an executive committee	

1h

# 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	tion ( han d in is l	one l both	oox, an d	heck unless officer stee)	i	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

<b>(A)</b> Name and Title	(B) Average hours per week (list	erage Position (do not check rs per more than one box, unless k (list person is both an officer						( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)	an Individual trustee or director	a Institutional Trustee	Office		Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization and related organizations
See Additional Data Table										
									<u> </u>	
Lb Sub-Total	ets to Part VII, S		٠.			. •		2,228,016		230,594

\$100,000 of reportable compensation from the organization ▶ 10

**Section B. Independent Contractors** 

Detroit, MI 48226 Simex Iwerks

511 King St West Suite 130

Toronto Ontario, MI 48067 Conti Corporation

Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Νo For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the  $organization\ and\ related\ organizations\ greater\ than\ \$150,000\ ?\ \textit{If\ "Yes," complete Schedule\ J for\ such the property of the prope$ ındıvıdual . Yes 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 Νo

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
DeMaria Wharton-Smith Joint Venture	Construction Management	11,985,514
45500 Grand River Avenue Novi, MI 48374		
DeMana Building Company Inc	Construction Management	1,914,144
45500 Grand River Novi, MI 48374		
Studiozone LLC dba Integrity Building Group	Construction Management	888,183
350 Madison Ave		

Entertainment

Construction

6417 Center Drive Sterling Heights, MI 48312 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 21

867,520

734,709

Form 99 Part V		15) Statement o	f Revenue					Page <b>9</b>
			ule O contains a respor	ise or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω <b>2</b> 0	1a	Federated cam	paigns 1a	0				
ant	b	Membership du	es <b>1b</b>	1,010,927				
Gr	С	Fundraising eve	ents <b>1c</b>	585,421				
ifts. ar Æ	d	Related organiz	zations 1d	0				
s, G mil	е	Government grants	s (contributions) <b>1e</b>	12,136,980				
tions r Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	13,885,417				
ribu Othe	g	Noncash contribution	ons included in lines	535,251				
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		27,618,745			
le				Business Code				
ven	2a	Admissions		712130	7,980,668	7,980,668	0	
\$	b	Membership Dues		712130	4,240,996	4,240,996	0	_
Program Service Revenue	c d	Special Events Adn Rides & Attractions	<del>-</del>	712130 712130	2,959,431 2,348,990	2,959,431 2,348,990	0	
Se .	e	Concessions	·	712130	2,279,348	2,346,990	0	
]ran:	f		am service revenue	, 12130	68,258	68,258	0	
Prog	g	Total Add lines	s 2a-2f	•	19,877,691			
	3		ome (including dividen			_	-	A
	_		ar amounts)		346,637	0	0	•
	4 5				0	0	0	
			(ı) Real	(II) Personal				
	6a	Gross rents	387,585	0				
	b	Less rental	0	0				
	С	expenses Rental income	387,585	0				
	d	or (loss) Net rental inco	me or (loss)		387,585	0	0	387,585
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	36,898,471	0				
	b	Less cost or other basis and	37,065,315	0				
	С	sales expenses Gain or (loss)	-166,844	0				
	d	Net gain or (los	is)		-166,844	0	0	-166,844
Other Revenue	8a	Ψ	luding 6,421 5 reported on line 1c) ne 18					
the⊟	b	Less direct ex	penses b	528,513 500,326				
0	С		(loss) from fundraising		28,187		0	28,187
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19					
		- ,	a					
			penses <b>b</b> [					
			loss) from gamıng actı)	vicies ▶				
	10a	Gross sales of returns and allo						
	b	Less cost of g	oods sold b					
	С		(loss) from sales of inve					
	11a	Miscellaneous	s Revenue	Business Code 712130	13,524	13,524	0	0
	b	Rebates Forfeitures		712130	11,513	11,513	0	
	С	Stipends		712130	2,097	2,097	0	
	d	All other reven	ue		37,809	37,809	0	0
	е	Total. Add lines	s 11a-11d		64,943			
	12	Total revenue.	See Instructions		48,156,944	19,942,634	0	595,565
					70,130,344	15,542,034		Form <b>990</b> (2015)

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Payroll taxes

Legal . .

Accounting

Lobbying .

. . . .

Management .

Fees for services (non-employees)

Advertising and promotion .

Office expenses . . .

Information technology .

Interest . . . .

Payments to affiliates . . . .

Royalties . .

Occupancy .

Schedule O)

Animal Care

Wildlife Conservation

Catering & Event Supplies

Temporary Exhibits

All other expenses

Professional fundraising services See Part IV, line 17

Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . .

Payments of travel or entertainment expenses for any federal,

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

Total functional expenses. Add lines 1 through 24e

**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)

state, or local public officials . . . . .

Conferences, conventions, and meetings . .

Depreciation, depletion, and amortization .

Investment management fees . . . .

Par	t IX Statement of Functional Expenses				
Secti	ion 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 $\checkmark$	his Part IX			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	348,500	348,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	211,495	211,495		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,448,898	599,643	652,500	196,755
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	0	0	0
7	Other salaries and wages	11,377,310	9,968,072	883,100	526,138
8	Pension plan accruals and contributions (include section 401(k)				

Pension plan accruals and contributions (include section  $401(\mathsf{k})$ 

and 403(b) employer contributions) . . . .

Other employee benefits . . . .

972,571 1,595,987 1,313,635

145,308

164,396

53,500

25,525,762

2,036,082

310,545

316,719

11,007,305

47,946

433,676

33,020

282,752

473,945

947,127

94,752

207,744

192,962

59,541,937

0

0

0

1,145,085

240,780 1,335,140

0

0

0

0

53,500

24,479,644

1,977,475

10,824,425

172,707

38,566

34,384

252,409

33,020

282,752

18,006

947,127

94,752

207,744

128,192

53,393,418

0

719,119 204,306

129,697

278,084

119,835

11,308

172,192

455,939

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0

0

0

0

13,398

5,109,559

119,186

12,672 145,308

56,541 49,364 0 0 164,396 0 0 0 0 0 0 1,041,191 4,927 58,607

8,141

63,045 2,254

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51,372

1,038,960

Form **990** (2015)

9,075

(B) End of year

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1,070,048

721,445

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750,000

12,357,274

25,757,927

7,586,461

6,514,792

39,859,180

52,216,454

57,982

14,957,246

52,216,454

4 687 305

6,861,987

3 883 434

3,357,749

**10**a

10b

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**10**c

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75,938 11,026,956 1,919,311 8,773,755

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750,000

14,688,546

18,508,858

2,863,817

6,496,106

27,868,781

42,557,327 Form 990 (2015)

716,137

525,685

19,519,545

42,557,327

6.841.089

7,036,328

61,129

Assets

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10a

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Net Assets or Fund Balances

II of Schedule L

Notes and loans receivable, net .

Complete Part VI of Schedule D

Intangible assets . . .

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Less accumulated depreciation .

Other assets See Part IV, line 11

Accounts payable and accrued expenses

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part Donated services and use of facilities .

Part XII Financial Statements and Reporting

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12) . . . .

Total expenses (must equal Part IX, column (A), line 25) . . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If the organization changed its method of accounting from a prior year or checked "Other," explain in

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . .

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

Revenue less expenses Subtract line 2 from line 1 . . . .

Net unrealized gains (losses) on investments . . . .

1

2

3

4

5

6

7

8

9

10

48,156,944

59,541,937

-11,384,993

39,859,180

-605,406

0

0

0

27,868,781

No

Νo

Νo

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

### **Additional Data**

**Software ID:** 15000352

**Software Version:** v1.00

**EIN:** 38-6027356

Name: DETROIT ZOOLOGICAL SOCIETY

# Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 2,024,909 including grants of \$ 0 ) (Revenue \$ 64,943 )

The Detroit Zoological Society continues to demonstrate organizational excellence consistent with a commitment to outstanding service, progressive resource management and environment leadership. The Detroit Zoological Society maintains grounds of 125 acres and 78 different buildings where staff members and volunteers are committed to lessening their environmental impact on the Earth. The Detroit Zoological Society has developed a unique, green roadmap called the Greenprint. This comprehensive strategic plan guides our operations and is the plan by which we refine and improve our facilities and daily practices, develop new policies, and programs and improve green literacy in our community.

**Executive Director** 

**Executive Director** 

Denise J Lewis

Executive Director

Tom Lewand

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unle:	ore t ss pe	han erso cer	not one n is and			(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
	below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
Lloyd A Semple Chanman	4 0	x		x				0	0	
Stephen R Polk Vice Chair	2 0	×						0	0	
John G Sznewajs Treasurer	2 0	×		x				0	0	
Gail L Warden Chairman Emeritus	0	×						0	0	
Larry Alexander Executive Director	0	×						0	0	
William Conway  Executive Director	0	x						0	0	
Linda Gillum Executive Director	0	x						0	0	
Alan Kalter	1	х						0	0	

1

0

Х

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han rso cer	not one n is and			(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
	1	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
Lisa Lis Executive Director		×						0	0	
Shawn Patterson  Executive Director	0	×						0	0	(
Richard B Platt Executive Director	0	×						0	0	(
Bob Riney  Executive Director	0	×						0	0	
Marian M Roberge Director	0	×						0	0	
Sean Werdlow Director	0	×						0	0	
Matthew S Ahearn Director	1 0	х						0	0	

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N Charles Anderson

Linda Wasserman Aviv

Director

Director

Alisha Bell Director

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
Thomas C Buhl Director	0	x						0	0	
Shery L Cotton Director	0	×						0	0	
Mary Kay Crain Director	0	×						0	0	
Matthew P Cullen Director	0	×						0	0	
Marvin Daitch Director	1 0	x						0	0	
Karen Dumas Director	1 0	×						0	0	
David E Duprey Director	1	×						0	0	

1

1

0

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Matthew B Elliott

Director

Director

John Erb Director

Charles Ellis

Director

Director

Paul Huxley
Director

Marina A Houghton

(A) Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
Burton D Farbman	1	l ,,						0		
Director	0	×						١	0	ľ
Jennifer Fischer Director	1 0	×						0	0	
Магјопе M Furman Director	0	х						0	0	
Cynthia Ford Director	0	×						0	0	(
Allan D Gilmour Director	1 0	×						0	0	
Terry S Harvill Director	0	×						0	0	
Jeff Hauswirth Director	0	×						0	0	
Doreen Hermelin	1									

Х

Х

1

0

Director

Director

Director

Daniel Little

Victor Martin

Isaiah McKinnon Director

(A) Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(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
	1 0	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
Kelle Ilitch Director		×						0	0	•
Hassan Jaber Director	1 0	x						0	0	1
Hıram Jackson Dırector	0	×						0	0	
George G Johnson Director	0	×						0	0	
Alan Kaufman Director	0	×						0	0	
Bonnie Larson Director	0	×						0	0	
Dawn Lee-Cotton	1	x						0	0	

0

0

0

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Х

Director

Director

Grace Shore

Andre Spivey Director

Name and Title	A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	one n ıs and			Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Vinnder Moudgil Director	1 0	Х						0	0	
Julie Nicholson Director	1 0	×						0	0	
Stuart Robbins Director	1 0	×						0	0	
James Rosenthal Director	1 0	×						0	0	
Melissa Roy Director	1 0	×						0	0	
Rick Ruffner Director	1 0	×						0	0	
Anmar Sarafa Director	1 0	×						0	0	
Lawrence Scott	1									

Х

Х

1

0 1 (D)

(E)

(F)

(A) Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
Shirley R Stancato Director		×						0	0	
James Tate Director	0	×						0	0	(
Joel D Tauber Director	0	×						0	0	(
Chris Wigent Director	0	×						0	0	
Jeffrey K Willemain Director	0	×						0	0	
William M Wolfson Director	0	×						0	0	
Ron L Kagan Executive Director/CEO	50			x				910,797	0	16,56
	F0	1		ı — —						

50

50

0 50

Gerry VanAcker

Scott F Carter

Jane Alessandrını

Chief Operations Officer

Chief Life Science Officer

Chief Development Officer

194,504

188,714

170,663

26,88

36,21

26,09

0

0

Compensated Employees, and Independent Contractors (C) (A) (B) (D) (E) (F) Name and Title Position (do not check Reportable Average Reportable Estimated hours per more than one box, compensation compensation amount of

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

	week (list any hours for related organizations	(	offi direc	cer tor/	and trus	tee)		from the organization (W- 2/1099-MISC)	(W- 2/1099- MISC)	other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
John F Krueger	50			×				159,468	0	25,67
Chief Financial Officer	0							•		,
Diane Miller Chief Program Officer	50			x				141,065	0	12,25
Richard Friday	40					х		133,723	0	20,50
Director of Marketing	0									
Thomas Guajardo	40									

0 40

0 40

0

Director of Human Resources

Director of Animal Health

Director of Communications

Ann Duncan

Patricia Janeway

19,42

23,53

23,44

0

125,288

103,685

100,109

efil	e GR	APHIC pr	int - DO I	NOT PROCES	SS As Filed Da	ta -		DLN: 93	3493312024386
SCHEDULE A (Form 990 or 990EZ)  Department of the Treasury		<b>&gt;</b>	Complete if the	blic Charity Status and Public Support  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.  ion about Schedule A (Form 990 or 990-EZ) and its instructions is at  ov/form 990.			Ort r a section	2015 Open to Public Inspection	
		enue Service ne organizat	ion					Employer identifie	ation number
		DLOGICAL SOCI						Employer identific	ation number
								38-6027356	_
	rt I							part.) See instruction	ons.
The	organı		•		ause it is (For lines 1	-	•	•	
1					r association of churc		=		
2					)(1)(A)(ii).(Attach So	•			
3		•			service organization of				
4					erated in conjunction v	vith a hospital	described in <b>se</b>	ction 170(b)(1)(A)(ii	i). Enter the
5	Γ	An organi: <b>170(b)(1)</b>	(A)(iv). (C	ated for the bei omplete Part I	I )			a governmental unit o	described in <b>section</b>
6				-	or governmental unit				
7					es a substantial part i). (Complete Part II		rom a governm	ental unit or from the o	general public
8					ion 170(b)(1)(A)(vi)		rt II )		
9	\ <u>\</u>		•				•	ributions, membership	fees, and gross
10	 	from gross organizati	investmen on after Jun	nt income and i le 30, 1975 S	•	xable income ( (Complete Par	less section 51 t III )	and (2) no more than .1 tax) from business on 509(a)(4).	
11		one or mor	e publicly s	upported orga	nizations described in	section 509(a	a)(1) or section	ctions of, or to carry of 509(a)(2) See <b>section</b>	on <b>509(a)(3).</b> Check
a	Γ	<b>Type I.</b> A s supported	upporting o organizatio	organization op n(s) the power	erated, supervised, or to regularly appoint o	r controlled by r elect a majoi	its supported o	complete lines 11e, programmers or complete lines 11e, programmers and the complete softhe	lly by giving the
b	Г	Type II. A	supporting	organization s		d in connectio		orted organization(s), l manage the supported	
		-		V, Sections A				1.6	
С					supporting organizatio uctions) <b>You must co</b>			, and functionally inte	grated with, its
d		Type III non not function	on-function nally integr	<b>ally integrated</b> ated The orga	<b>d.</b> A supporting organi nization generally mu	zation operate st satisfy a dis	d in connection stribution requir	with its supported org ement and an attentiv	
e	_				te Part IV, Sections A			ıs a Type I, Type II, T	vne III functionally
_	I				ally integrated suppor			, , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
f	Ente			_	ns			<u> </u>	
g		Provide th	e following i	nformation abo	out the supported orga	inization(s)			
		(1)		(INCIN	/!!!\		`	()	( at
(i) Name of supported org		ganızatıon	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	, , , ,		A mount of monetary support (see instructions)	(vi) A mount of other support (see Instructions)	
						Yes	No		
							1		
Tete							+		
Tota				I		l	1	1	
For P	aperv	vork Reducti	on Act Not	ice, see the In	structions for Form 99	90 or 990EZ.	Cat No 112		1 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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 membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 **5** The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear **(b)**2012 (a)2011 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 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 ▶□ b 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

# 10 Other income Do not include

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

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

supported organization

instructions

▶□

Section A. Public Support Calendar year

(f)Total

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

(c)2013

(d)2014

(e)2015

II. If the organization fails to qualify under the tests listed below, please complete Part II.)

(b)2012

(a)2011

(or f	iscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,049,342	9,347,742	9,397,896	18,003,113	20,311,687	65,109,780
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11,218,526	11,184,159	11,880,057	12,686,284	16,028,809	62,997,835
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	11,622,007	11,054,651	11,134,855	11,051,527	11,566,980	56,430,020
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	<b>Total.</b> Add lines 1 through 5	30,889,875	31,586,552	32,412,808	41,740,924	47,907,476	184,537,635
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	354,474	1,226,620	507,116	815,197	443,397	3,346,804
b	A mounts 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	0	0	0	0	0	0
c	Add lines 7a and 7b	354,474	1,226,620	507,116	815,197	443,397	3,346,804
8	<b>Public support.</b> (Subtract line 7c from line 6)		·	·	,	·	181,190,831
Se	ction B. Total Support						
/or f	Calendar year iscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
9	Amounts from line 6	30,889,875	31,586,552	32,412,808	41,740,924	47,907,476	184,537,635
10a	Gross income from interest,	55,555,515	02,000,002	02,122,000	1271 10752 1	.,,,,,,,,,	
104	dividends, payments received on securities loans, rents, royalties and income from similar sources	745,081	1,173,575	680,383	1,085,708	346,637	4,031,384
b	Unrelated business taxable income (less section 511 taxes) from businesses	0	0	0	0	0	0

10a	Gross income from interes
	dividends, payments rece
	on cocurities leans, rents

С	Add lines 7a and 7b	354,4/4	1,226,620	507,116	815,19/	443,397	3,346,804			
8	<b>Public support.</b> (Subtract line 7c from line 6)						181,190,831			
Se	Section B. Total Support									
(or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal			
9	Amounts from line 6	30,889,875	31,586,552	32,412,808	41,740,924	47,907,476	184,537,635			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	745,081	1,173,575	680,383	1,085,708	346,637	4,031,384			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0			
c	Add lines 10a and 10b	745,081	1,173,575	680,383	1,085,708	346,637	4,031,384			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	573,750	475,018	475,018	570,000	570,000	2,663,786			
13	Total support. (Add lines 9,	32,208,706	33,235,145	33,568,209	43,396,632	48,824,113	191,232,805			

10c, 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 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 94 749 % 15

Public support percentage from 2014 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage

95 284 %

2 108 %

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17

17

18 Investment income percentage from 2014 Schedule A, Part III, line 17

2 600 %

▶ 🗸

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

b 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 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
3а	509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
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 <b>Part VI</b> 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?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	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	<b>Type I or Type II only.</b> 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		
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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	9с		
	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		
.1	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		
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

Yes

2a

2b

3a

No

Page 5

No

Part IV Supporting Organizations (continued) Section B. Type I Supporting Organizations

Section b. Type I Supporting Organizations					
			Yes		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	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

Section C. Type II Supporting Organizations Yes No

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 contiol or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section 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 2 supported organization(s) 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? 3

If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below а

The organization is the parent of each of its supported organizations. Complete line 3 below b

c

The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test\_Answer (a) and (b) below.

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

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of

the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b Schedule A (Form 990 or 990-EZ) 2015

(B) Current Year (optional)

Page **6** 

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 1970 <b>See inst</b>	ructions. All other
	Type III non-functionally integrated supporting organizations must complete Sections	s A through E	
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Ye

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	•		•	

6	gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	A ggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		(opnonia)
_	, , , ,	-		
а	Average monthly value of securities	1a		
b	A verage monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	1d		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
1				

d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	

-	racept, me s s, sss	_	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

4	Enter greater of line 2 or line 3	4								
5	Income tax imposed in prior year	5								
6	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6								
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see									

Section D - Distributions			Current Year
A mounts paid to supported organizations to accomp	olish exempt purposes		
2 A mounts paid to perform activity that directly further excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru	. ,		
·	ictions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
<b>9</b> Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
С			
<b>d</b> From 2013			
<b>e</b> From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i 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			
<u> </u>			
a Applied to underdistributions of prior years			-
<b>b</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)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
а			
b			
<b>c</b> Excess from 2013			
d From 2014			
<b>e</b> From 2015		<u> </u>	/F 000 000 == 1 /2 1
		Schedule A	<b>(Form 990 or 990-EZ)</b> (2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 20	. 5 Pag	e <b>8</b>							
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 Circumstances Test	_							
	Facts And Circumstances Test	_							
Return Reference Explanation									
Schedule A, Part III, Line 12	Income from the City of Detroit								
	Schedule A (Form 990 or 990-EZ) 20	015							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493312024386 Political Campaign and Lobbying Activities OMB No 1545-004 **SCHEDULE C** (Form 990 or For Organizations Exempt From Income Tax Under section 501(c) and section 527 990-EZ) ▶ 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 Open to Public Department of the **Inspection** www.irs.gov/form990. Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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 DETROIT ZOOLOGICAL SOCIETY 38-6027356 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes □ No Was a correction made? □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) A mount paid from (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-

(b) Affiliated

group totals

### under section 501(h)). Check Fig. 1 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,

expenses, and share of excess lobbying expenditures) Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	
Total lobbying expenditures to influence public opinion (grass roots	Τ

organization's totals

(a) Filing

1a lobbyina)

53,500

53,500

58,489,411

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

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

1.000.000

56.000

250,000

(a)2012

58,542,911 1,000,000

250,000

(d)2015

1,000,000

53,500

250,000

Schedule C (Form 990 or 990-EZ) 2015

20% of the amount on line 1e

The lobbying nontaxable amount is:

\$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000

**(b)**2013

1.000.000

64,500

250,000

☐ No

(c)2014

1.000.000

66,000

250,000

(e) Total

4,000,000

6,000,000

240,000

1,000,000

1,500,000

Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Calendar year (or fiscal year

beginning in)

reporting section 4911 tax for this year?

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Not over \$500,000 Over \$500,000 but not over \$1,000,000

Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:

Total exempt purpose expenditures (add lines 1c and 1d)

Other exempt purpose expenditures

Total lobbying expenditures (add lines 1a and 1b)

Total lobbying expenditures to influence a legislative body (direct lobbying)

Return Reference

Page **3** 

	filed Form 5768 (election under section 501(h)).	(	a)		(b)	
-or e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity		No		4 mour	nt
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	Yes				
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Paı	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	<b>501</b> (c	)(5),	or s	ectio	n
	551(5)(5).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	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		
	t III-B Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Iine 3, is answered "Yes."	No" C				
1	Dues, assessments and similar amounts from members	1				
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).					
a	Current year	2a				
b	Carryover from last year	2b				
С _	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				
P	Supplemental Information	•				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groussee instructions), and Part II-B, line 1. Also, complete this part for any additional information	ıp lıst),	Part I	I-A,	ınes 1	and

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D** 

DLN: 93493312024386 OMB No 1545-0047

2015

(Form 990)

**Supplemental Financial Statements** 

epa reas	rtment of the sury		he organization answered 8, 9, 10, 11a, 11b, 11c, 11: ▶ Attach to Form 99( (Form 990) and its instru	d, 11e, 11f, 12a, or 1 0.	<b>2</b> b.	Open to F	
	nal Revenue Service		· ,				
	<b>me of the organi:</b> TROIT ZOOLOGICAL S				Empl	oyer identification numbe	er.
						027356	
Pa	Organi	izations Maintaining Donor ete if the organization answere	Advised Funds or	Other Similar Fu	ınds o	or Accounts.	
	Comple	ete ii tile organization answere	(a) Donor advised fund	•	(b)	Funds and other accounts	
1	Total numbe	rat end of year	(a) Donor advised fund	1.5	(0)	Tulius aliu otilei accounts	
2		alue of contributions to (during					
3	year) Aggregate va	alue of grants from (during year)					
4	Aggregate va	alue at end of year					
5	_	ation inform all donors and donor a	-		or advis	sed <b>Yes</b>	□No
6	used only for ch	ation inform all grantees, donors, a naritable purposes and not for the irmissible private benefit?				·	, Γ Nο
Pa		rvation Easements. Comple	ete if the organization	answered "Yes" o	n Forn		1 110
1	Purpose(s) of c	onservation easements held by th	ne organization (check all	that apply)		·	
	•	on of land for public use (e g , recr	eation or	_			
	education)		l	_		ically important land area	
	<u>'</u>	of natural habitat	I	Preservation of a	certifie	d historic structure	
_		on of open space					
2	•	2a through 2d if the organization le last day of the tax year	neid a quaiified conserva	tion contribution in t	ne form		
а	Total number o	f conservation easements			2a	Held at the End of the	e Year
b		estricted by conservation easeme	ents		2b		
c	•	ervation easements on a certified		led ın (a)	2c		
d		servation easements included in (o ire listed in the National Register	c) acquired after 8/17/06	, and not on a	2d		
3	Number of cons	servation easements modified, trai	nsferred, released, exting	juished, or terminate	d by the	e organization during the	
	tax year ▶						
4	Number of state	es where property subject to cons	ervation easement is loc	ated ▶			
5		ization have a written policy regar enforcement of the conservation e		ring, inspection, hand	IIIng of	☐ Yes ☐ N	ln.
6		teer hours devoted to monitoring,		olations, and enforci	ng cons	•	
	<b>*</b>						
7	•	enses incurred in monitoring, inspe	ecting, handling of violation	ons, and enforcing co	onserva	ition easements during th	e year
_	<b>\$</b>		2/1) -b			0/13/43	
8		servation easement reported on lii on 170(h)(4)(B)(ii)?	ne 2(a) above satisfy the	requirements of sec	tion 17	∪(n)(4)	О
9	•	escribe how the organization repor and include, if applicable, the text				se statement, and	
Par	rt IIII Organi	n's accounting for conservation ea izations Maintaining Collec	tions of Art, Histor		or Oth	ner Similar Assets.	
		ete if the organization answere					
1a	works of art, his	ion elected, as permitted under Sf storical treasures, or other similar e, in Part XIII, the text of the footi	assets held for public ex	chibition, education, o	or resea	arch in furtherance of publ	
b	works of art, his	ion elected, as permitted under SF storical treasures, or other similar e the following amounts relating to	assets held for public ex				lıc
(	•	ded on Form 990, Part VIII, line 1			<b>b</b> ¢		
		·	•				
		ed in Form 990, Part X ion received or held works of art, h	nistorical treasures or of			sial dain provide the	
2		nts required to be reported under S			ı mialic	ana gam, provide tile	

Revenue included on Form 990, Part VIII, line 1

Sche	aure i	D (F0fm 990) 2015				Рa
Par	t III	Organizations Maintaining Collections of A (continued)	rt, His	tor	ical Treasures, or Other Similar Assets	
3		ng the organization's acquisition, accession, and other rec ection items (check all that apply)	ords, cl	neck	any of the following that are a significant use of its	
а	<b>✓</b>	Public exhibition	d		Loan or exchange programs	
b	<b>~</b>	Scholarly research	е		Other	
c	<b>✓</b>	Preservation for future generations				
4	Prov	vide a description of the organization's collections and exp	laın ho	w the	y further the organization's exempt purpose in	

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ┌ Yes **▼** No **Escrow and Custodial Arrangements.** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not

included on Form 990, Part X? ☐ Yes **▼** No

A mount If "Yes," explain the arrangement in Part XIII and complete the following table b Beginning balance 1c 1d

Additions during the year Distributions during the year 1e 1f Ending balance ☐ No

 $\overline{\mathbf{V}}$ 

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. **b** (c)Two years back (d)Three years back (a)Current year (b)Pnor year (e)Four years back 14,366,709 13,732,661 12,094,581 9,871,017 6,622,311 Beginning of year balance

3,346,878 1,282,875 323,692 379,117 1,535,434 Contributions Net investment earnings, gains, and

627,590 -211.725 -371,692 1,554,387 923,457 0 Grants or scholarships Other expenditures for facilities

267,000 246,300 227,000 182,390 -155,808 and programs 63,680 70,934 68,424 52,937 42,255

14,947,212 14,366,709 13,732,661 End of year balance . . . . . . Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

57 % Board designated or quasi-endowment >

43 % Permanent endowment >

0 % Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the

(i) unrelated organizations

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

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

3a(ii)

3a(i)

12,094,581

9,871,017

Yes

Yes

No

Νo

0

0

0

5,248

Land, Buildings, and Equipment.

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Administrative expenses

organization by

**3**a

**1**a

Description of property Accumulated (d)Book value (a) Cost or other basis Cost or other basis (c)depreciation

(investment) (other)

Land .									.	0	0		
Buildings									.[	0	118,647	113,399	
									- 1				

c Leasehold improvements 0 0

0 520,437 **d** Equipment 3,764,787 3,244,350 0

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

	<b>Investments—Other Securities.</b> C See Form 990, Part X, line 12.	omplete if the org	yanızatıon answe 	neu 'Yes' on Fo	min 990, Part IV, line 11
	(a) Description of security or categor (including name of security)	у	<b>(b)</b> Book valu		<b>c)</b> Method of valuation or end-of-year market value
	l derivatives				
<b>(2)</b> Closely- <b>(3)</b> Other	held equity interests				
(3)O tilei					
	in (b) must equal Form 990, Part X, col (B) line 12)  Investments—Program Related.	•			
	Complete if the organization answere	ed 'Yes' on Form !	990, Part IV, line	11c.See Form	990, Part X, line 13.
	(a) Description of investment		<b>(b)</b> Book val	ue (	<b>c)</b> Method of valuation or end-of-year market value
				Cost	or end-or-year market value
	on (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. Complete if the organizat	tion answored (Vas)	on Form 000 Bart	IV line 11d See	Form 000 Dart V June 15
Pailly	(a) Des		on Form 990, Part	iv, ime iiu see	(b) Book value
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line	e 15 ) .			
Part X	Other Liabilities. Complete if the or	ganızatıon answe	red 'Yes' on Forr	n 990, Part IV,	line 11e or 11f.
1.	See Form 990, Part X, line 25.  (a) Description of liability	(b) Book va	ue		
Federal inco	ome taxes		0		
			<del> </del>		

0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

2

3

b

1 2

а

b

d

е

а h

c

Part XIII

information

Return Reference

Schedule D, Part III, Line 1

3

Part XII

а

Schedule D (Form 990) 2015

Page 4

-605,406

500,327

203,996

59.541.937

Schedule D (Form 990) 2015

59,337,941

48,453,275

Net unrealized gains (losses) on investments . . . . 2a Donated services and use of facilities . . 2b **2**c

b c Other (Describe in Part XIII) d

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Add lines 2a through 2d . . . . . .

Amounts included on line 1 but not on Form 990. Part IX, line 25

Prior year adjustments . . . . .

Add lines 2a through 2d . . . .

Other (Describe in Part XIII ) . . . . . . .

Subtract line 2e from line 1 . . . . . . . .

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Add lines **4a** and **4b** . . . . . . . . . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Other (Describe in Part XIII ) . . . . . . . . . . Add lines 4a and 4b .

Total revenue, gains, and other support per audited financial statements . . .

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) . . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

art are held for educational and exhibition purposes

Explanation

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4b Total expenses and losses per audited financial statements . . .

2a 2b

2c

2d

The Detroit Zoological Society (DZS) owns numerous works of art procured over the years

Consistent with financial statement presentations followed by other institutions, primarily museums, the DZS excludes the value of its works of art from the statements of financial position. The works of

2d

-296,331

-605,406

0

4c

0

2e 3

4c

500,327

203,996

2e

3

-296,331 48,156,944 59.838.268

Schedule D (Form 990) 2015	Page <b>5</b>
Part XIII Supplemental	Information (continued)
Return Reference	Explanation
Schedule D, Part IV, Line 2b	The Detroit Zoological Society collects donations for the Amazon Rainforest Adopt-A-School program on behalf of CONAPAC, a Peruvian NGO The Detroit Zoo holds funds for the Eastern Massasauga Rattlesnake Species Survival Plan organization and the Detroit Zoo curators are active members in this organization
Schedule D, Part V, Line 4	The Detroit Zoological Society (DZS) endowments were established to provide a stable source of funding to help underwrite the programs and facilities of the Detroit Zoo and Belle Isle Nature Zoo Mones placed in endowments are invested, with interest, and distributed as dictated by the DZS's endowment governing policy. Funds may be established by donors within each endowment A named fund requires a minimum investment of \$1.00.00 and the revenue may be restricted by the donors. The DZS's endowments consist of thirteen individual funds established for a variety of purposes. The endowments (minimum of \$1 million) of the Detroit Zoological Society include the following. The Berman Academy for Humane Education Endowment is to support costs associated with humane education programs at the Detroit Zoo. The endowment is to support costs associated with humane education programs at the Detroit Zoo. The Iohn S. and James L. Knight Foundation. The purpose of the fund is to support research and education programs of the Detroit Zoological Society. The DZS determined that it would be most beneficial as a component of the Humane Education Endowment. The Adelyn B. Devereaux's Fund. The Devereaux fund was established in 2001 through Mrs. Adelyn B. Devereaux's Fund. The Devereaux fund was established in 2001 through Mrs. Adelyn B. Devereaux's trust agreement. The purpose of the fund is to benefit the Detroit Zoological Society's endowment fund. The Society determined that it would be most beneficial as a component of the Humane Education Endowment. The Richard and Jane Manoogian Endowment for Wildlife Art and Interpretation the Richard and Jane Manoogian Endowment for Wildlife Art and Interpretation was established May 6, 2002 by Richard A. Manoogian Endowment for Wildlife Art and Interpretation was established in 1999 The purpose of the Endowment is to provide support for the organic purpowene of the purpose of the Endowment for Wildlife Art and Interpretation was established in 1999 The purpose of the Endowment is to provide s
Schedule D, Part X, Line 2	NOTE 2 Summary of Significant Accounting Policies - Federal Income Taxes The Society has been recognized by the Internal Revenue Service as an organization exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code The Society is a public charity by reason of being described in Internal Revenue Code Section 509(a)(2) The Society is exempt from federal income taxes except to the extent of income derived from unrelated business activities. Unrelated business income is not material to the financial statements. The Society completed an analysis of its tax positions, in accordance with ASC 740, Income Taxes, and determined that no amounts were required to be recognized in the financial statements at December 31, 2015 or 2014.
Schedule D, Part XI, Line 4b	Other adjustments to audited financial statement revenue include donations received for CONAPAC of \$203,995, and direct fundraising expenses of \$500,326, for a net total of -\$296,331
Schedule D, Part XII, Line 2d	Direct fundraising expenses \$500,327
Schedule D, Part XII, Line 4b	Donations Received for CONAPAC of \$203,996
I <del></del>	

efile GRAPHIC print -	DO NOT PROCESS	As Filed Dat	:a -	DLN:	93493312024386
SCHEDULE F (Form 990)		Activities C	Outside the Unit	ed States	OMB No 1545-0047
(FOIII 990)	► Complete i	Part IV, line 1	n answered "Yes" to Form .4b, 15, or 16. o Form 990.	990,	2015
Department of the Treasury Internal Revenue Service	▶ Information about Schedu			ww.irs.gov/form990.	Open to Public Inspection
Name of the organization DETROIT ZOOLOGICAL S	OCIETY			<b>Employer ider</b> 38-6027356	ntification number
	<b>ormation on Activiti</b> he organization answei			14b.	
and other assistanc	Poes the organization me, the grantees' eligibil rants or assistance?			_	√ Yes  No
assistance outside t					nts and other
(a) Region	(The following Part I, line 3  (b) Number of offices in the region	(c) Number of employees, agents, and		(e) If activity listed in (d) is program service, describe specific type of	a <b>(f)</b> Total expenditures for and investments in region
(1) South America			Grantmaking	Education and school supplies	203,995
(2) Europe (including Icel Greenland)	land and	(	Grantmakıng	Conservation Support	7,500
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation to Part I					
c Totals (add lines 3a a		for Form 990.	Cat	No 50082W <b>Sche</b>	211,495 dule F (Form 990) 2015

Schedule F (Form 990) 2015

(b) IRS code

section

and EIN (If

applicable)

(c) Region

South America

(e) A mount of

cash grant

(d) Purpose of

arant

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

|Environmental leducation

(f) Manner of

cash

disbursement

203,995 Wire Transfer

(g) A mount

of non-cash

assistance

Page 2

(i) Method of

valuation

(3) (4)

(h) Description

of non-cash

assistance

(book, FMV, appraisal, other)

Schedule F (Form 990) 2015

Part III

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2015

Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement of non-cash valuation non-cash assistance assistance (book, FMV, appraisal, other)

Sch	edule F (Form 990) 2015			Рa	ge <b>4</b>
Pa	rt 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	<b>√</b>	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	✓	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	✓	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Г	Yes	<b>√</b>	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Г	Yes	<b>√</b>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If				

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Yes

Schedule F (Form 990) 2015

this part to provide any additional information (see instructions).

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

## 990 Schedule F. Supplemental Information

Schedule F (Form 990) 2015

Return Reference	Explanation
	The Adopt-A-School program receives international support. The Detroit Zoological Society accepts donations from supporters w orldwide and transfers the funds in their entirety dowing to our partners in Peru. A representative from the Detroit Zoological Society participate in the delivery of school supplies each April, providing a first-hand account of the impact of purchased supplies and their distribution.

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As Filed Data -

DLN: 93493312024386

OMB No 1545-0047

Open to Public

Inspection

38-6027356

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

DETROIT ZOOLOGICAL SOCIETY

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

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 **Employer identification number** 

Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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 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 rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>			<b>&gt;</b>			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2015

Part II Fundraising Events.

i unui aising Events.				
Complete if the organization	answered "Yes" on F	form 990, Part IV, line	e 18, or reported mor	e than \$15,000 of
fundraising event contribution	ons and gross income	on Form 990-EZ, line	s 1 and 6b. List even	ts with gross
receipts greater than \$5,000	·			
	(a)Event #1	<b>(b)</b> Event #2	(c)O ther events	(d)

		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d)
		Sunset At The Zoo	Run Wild	1	Total events (add col (a) through
		(event type)	(event type)	(total number)	col <b>(c)</b> )
e l					
Reverkie	1 Gross receipts	978,663	121,121	14,150	1,113,934
_	2 Less Contributions	556,171	24,250	5,000	585,421
	Gross income (line 1 minus	422,492	96,871	9,150	528,513
	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
S	6 Rent/facility costs	98,366	2,468	210	101,044
nse	<b>7</b> Food and beverages	119,206	0	4,066	123,272
Expenses	8 Entertainment	28,780	0	0	28,780
	9 Other direct expenses	201,832	45,013	385	247,230
Direct	10 Direct expense summary Add lines	4 through 9 in column (d	)		500,326
	11 Net income summary Subtract line 1	10 from line 3, column (d	)		28,187
Par	<b>rt III Gaming.</b> Complete if the organization	answored "Ves" on F	Form 990 Part IV line	19 or reported mor	to than \$15,000 on
	Form 990-EZ, line 6a.	diiswered res oii i		. 15, or reported mor	e tilali \$15,000 oli
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue				
— se	2 Cash prizes				
Expenses	3 Noncach prizes				
	3 Noncash prizes				
rect	4 Rent/facility costs				
△	5 Other direct expenses				
		<b>☐</b> Yes%	<b>☐ Yes</b> %	<b>☐ Yes</b> %	
	<b>6</b> Volunteer labor	├ No	├ No	☐ No	
	7 Direct expense summary Add lines	2 through 5 ın column (d	)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		
_	1				
9 a	Enter the state(s) in which the organization licensed to conduct				Yes No
b	If "No," explain				
10a	Were any of the organization's gaming l	icenses revoked, suspe	nded or terminated during	g the tax year?	Yes No
b	If "Yes," explain				
				C-b-d-d- C/F	orm 000 or 000-E7) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493312024386 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes." on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number DETROIT ZOOLOGICAL SOCIETY 38-6027356 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 12 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Schedule I (Form 990) 2015						Page <b>2</b>	
		<b>Domestic Individuals.</b> Control of the space is needed	omplete if the organization	on answered "Yes" on For	rm 990, Part IV, line 22		
(a)Type of grant or assist	ance	(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	
Part IV Supplemental	l Informa	tion. Provide the infi	ormation required in	Part I, line 2, Part III,	column (b), and any other a	addıtıonal ınformatıon.	
Return Reference	Explanat	ion					
Schedule I, Part I, Line 2		he Detroit Zoological Society monitors the use of funds through direct observation, reporting from the receiving organization, and participation by DZS taff in research activities					

Schedule I (Form 990) 2015

## **Additional Data**

Center Inc PO Box 334

Inc POB 368

Cumberland Ctr, ME 04021 Polar Oceans Research Group

Global Wildlife Conservation

1615 Riverside Avenue Jacksonville, FL 32204

Sheridan, MT 59749

81-0536140

26-2887967

**Software ID:** 15000352 Software Version: v1.00

**EIN:** 38-6027356

Name: DETROIT ZOOLOGICAL SOCIETY

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	nts.
(a) Name and address of organization	<b>(b)</b> EIN	(c) IRC section If applicable	(d) Amount of cash grant	, ,	<b>(f)</b> Method of valuation (book, FMV, appraisal,	• • • • • • • • • • • • • • • • • • • •

or government		п аррпсавіс	grant	assistance	other)	non ca
Gorilla Rehabilitation and	46-2308758	501(C)(3)	75,000			

orm 990,Schedule I, Par	t II, Grants and	l Other Assistance	e to Domestic Orga	anizations and D	omestic G
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method o (book, FMV, othe

501(c)(3)

501(C)(3)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	, ,	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(5)	(h) Purpose of grant or assistance
Gorilla Rehabilitation and	46-2308758	501(C)(3)	75,000				Conservation Support

i orini 330/3chicadic 1/ ra	it 11/ Grants and	d Other Assistant	c to boilicatic orgi	anneacions and b	Onicade Governine	11(3)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	, ,	(f) Method of valuation (book, FMV, appraisal, other)	157	(h) Purpose of gra or assistance
							1

50,000

20,000

Conservation Support

Conservation Support

or government grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
---	--	---------	----------------------------------	------------------------------	------	---	--	---------------------------------------

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Association of Zoos and 55-0526930 501(c)(3) 15,000 Conservation Support Aguariums

(e) A mount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

8403 Colesville Road Suite 710 Silver Springs, MD 20910					
African Elephant	23-6610636	501(c)(3)	11,500		Conservation Support

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

African Elephant	23-6610636	501(c)(3)	11,500		Conservation S
Conservation Trust					
10 State Street					
Newport, MA 01950					
The Jane Goodall Institute	94-2474731	501(C)(3)	11 000		Conservation S

= <b>F</b> =		\ - /\ - /	,		
Conservation Trust					
10 State Street					
Newport,MA 01950					
The Jane Goodall Institute	94-2474731	501(C)(3)	11 000		Conservation

Newport,MA 01950					
The Jane Goodall Institute 1595 Spring Hill Rd	94-2474731	501(C)(3)	11,000		Conservation Support

Suite 550

Vienna, VA 22182

(a) Name and address of

**(b)** EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other)

Royal Oak, MI 48067  Turtle Survival Alliance	20-0785702	501(c)(3)	10.000		Conservation Support
c/o Detroit Zoological Society 8450 W10 Mile Road	38-601/356	501(c)(3)	10,000		Education

10,000

Environmental

Conservation Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1989 Colonial Parkway Fort Worth, TX 76110 US Geological Survey

Alaska Science Center

4210 University Dr Anchorage, AK 99508 14-0001849

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other)

Wolf-Moose Research Michigan Tech Fund 1400 Townsend Houghton, MI 49931	38-1554664	501(C)(3)	10,000		Conservation Support
World Conservation	26-0035224	501(C)(3)	10,000		Conservation Support

7,500

Conservation Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Monitoring Centre 1615 Riverside Avenue Jacksonville, FL 32204

Grand Valley State University

201 LMH 1 Capus Drive Allendale, MI 49401 38-1684280

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

International Union for Conservation of Nature Wetlands Intnl Flamingo Spec Group
1630 Connecticut Ave NW 300
Washington, DC 20009

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DLN: 93493312024386 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization DETROIT ZOOLOGICAL SOCIETY 38-6027356 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee Written employment contract ✓ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

Receive a severance payment or change-of-control payment?

compensation contingent on the revenues of

If "Yes," on line 5a or 5b, describe in Part III

compensation contingent on the net earnings of

If "Yes," on line 6a or 6b, describe in Part III

The organization?

The organization?

ın Part III

Any related organization?

Any related organization?

section 53 4958-6(c)?

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

Participate in, or receive payment from, an equity-based compensation arrangement?

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

payments not described in lines 5 and 6? If "Yes," describe in Part III

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

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

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

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

Νo

Νo

Νo

Νo

Νo

Νo

Νo

4a

4b

40

5a

5b

6a

6b

7

8

Schedule J (Form 990) 2015

Cat No 50053T

Yes

7 Diane Miller

Chief Program Officer

(ii)

(i)

(ii)

134,895

## 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)(	1)-(111]	) for each listed individi	ual must equal the tota	l amount of Form 990,	Part VII, Section A, lin	e 1a, applicable colur	nn (D) and (E) amount	s for that individual
(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Ron L Kagan Executive Director/CEO	(i)	368,875	40,737	501,185	9,750	6,812	927,359	460,000
Executive Director/CEO	(ii)	0	0	0	0	0	0	0
2 Gerry VanAcker Chief Operations Officer	(i)	173,204	16,500	4,800	7,462	19,422	221,388	0
'	an	0	0	0	0	0	0	0

		(1)	compensation	compensation			
1 Ron L Kagan Executive Director/CEO	(i) 368,87		40,737	501,185	9,750	6,812	927,359
	(ii)	0	0	0	0	0	0
<b>2</b> Gerry VanAcker Chief Operations Officer	(i)	173,204	16,500	4,800	7,462	19,422	221,388
	1 1	0					

0

1,370

			compensation	compensation				FOIIII 990
1 Ron L Kagan Executive Director/CEO	(i)	368,875	40,737	501,185	9,750	6,812	927,359	460,000
	(ii)	0	0	0	0	0	0	0
2 Gerry VanAcker Chief Operations Officer	(i)	173,204	16,500	4,800	7,462	19,422	221,388	0
·	(ii)	0	0	0	0	0	0	0
3 Scott F Carter Chief Life Science Officer	(i)	161,814	22,100	4,800	16,794	19,422	224,930	0
	(ii)	0	0	0	0	0	0	0
4 Jane Alessandrini Chief Development Officer	(i)	161,463	8,000	1,200	6,670	19,422	196,755	0
·	(ii)	0	0	0	0	0	0	0
5 John F Krueger Chief Financial Officer	(i)	150,189	4,479	4,800	6,251	19,422	185,141	0
	(ii)	0	0	0	0	0	0	0

2 Gerry VanAcker Chief Operations Officer	(i)	173,204	16,500	4,800	7,462	19,422	221,388	0
	(ii)	0	0	0	0	0	0	0
3 Scott F Carter Chief Life Science Officer	(i)	161,814	22,100	4,800	16,794	19,422	224,930	0
	(ii)	0	0	0	0	0	0	0
4 Jane Alessandrini Chief Development Officer	(i)	161,463	8,000	1,200	6,670	19,422	196,755	0
	(ii)	0	0	0	0	0	0	0
5 John F Krueger Chief Financial Officer	(i)	150,189	4,479	4,800	6,251	19,422	185,141	0
	(ii)	0	0	0	0	0	0	0
6 Richard Friday Director of Marketing	(i)	124,791	2,932	6,000	5,152	15,349	154,224	0

5,447

0

4,800

0

0

153,324

0

6,812

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Supplemental Information

Part III

The Detroit Zoological Society uses the Association of Zoos & Aquariums salary survey and also engages an independent compensation consultant to Schedule J. Part I. Line 3 prepare a competitive salary analysis of all non-union, salaried positions and recommend salary structures and ranges for these positions to the Board Compensation Committee Job grades and salary ranges - including minimum, midpoint and maximum - are established for each position. Upon determining a wage for a new hire, an individual's salary is set within the range considering the market value of the position (based on the role's primary responsibilities), individual characteristics (experience, performance, etc.) and internal value. Salary is not to be lower than the minimum established wage of the pay grade and range. If a new hire is to be brought in higher than the established midpoint wage of the pay grade and range, it must be approved by Human Resources and a member of the Executive Leadership Team A salary is not to exceed the established maximum wage of the pay grade and range Salary guidelines and wages are reviewed by the Board Compensation Committee and approval by the Committee is documented in the minutes

Schedule J, Part I, Line 4 As required by the IRS, deferred compensation is reported on Form 990s both in the year(s) it accrues and then again in the year it is paid. This "double reporting" requirement can give the appearance that an individual is receiving twice the compensation that was actually paid The CEO and Chief Life Sciences Officer (CLSO) each qualified for a supplemental retirement plan with a commencement date of December 7, 2012 The CEO received a credit of \$460,000 in deferred and owed compensation and supplemental retirement, and vested in the plan on December 31,2015. The funds were distributed to him and reported as taxable income. The CLSO received a credit of \$50,000 and receives additional credits of \$10,000 annually for five years, and vests

on December 31, 2017 The CEO's base salary and bonuses actually paid for 2013, 2014, 2015 and 2016 were \$406,374, \$412,641, \$450,797 and \$417,626 (projected), respectively This amount represents roughly 1% of the DZS's annual budget The \$460,000 in total deferred compensation (supplemental retirement awarded for the period 2006 through 2015) was reported on the 2013 and 2014 Form 990s (years it was accrued) and again on the 2015 Form 990 (year it was paid), making it appear the CEO was paid double the amount he actually was

**SCHEDULE M** (Form 990)

## **Noncash Contributions**

Open to Public

OMB No 1545-0047

Inspection

DLN: 93493312024386

▶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

Treasury Internal Revenue Service Name of the organization DETROIT ZOOLOGICAL SOCIETY

**Employer identification number** 38-6027356

29

Yes

Yes

30a

31

32a

No

Νo

Νo

					38-6027356
Pa	Part I Types of Property				
		(a) Check ıf applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures .				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded .	Х	41	328,437	Market Value
10	Securities—Closely held stock .				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential .				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies .				
21	Taxıdermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
	Other ► ( tion Items )	X	148	145,596	Market Value
	Other►( plies)	Х	18	61,218	Market Value
27	Other ▶ ()				
	<del></del>				

<b>1</b> Art-	–Works of art		
<b>2</b> Art-	–Hıstorıcal treasures		
<b>3</b> Art-	-Fractional interests		
<b>4</b> Boo	ks and publications		
<b>5</b> Clos goo	thing and household		

Department of the

**28** Other ▶ ( Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J Schedule M (Form 990) (2015)

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

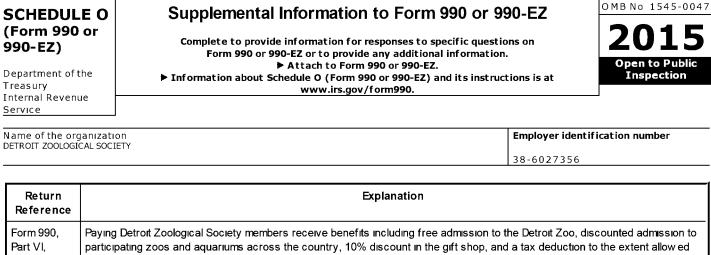
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

for exempt purposes for the entire holding period? .

**b** If "Yes," describe the arrangement in Part II

contributions? . . .

**b** If "Yes," describe in Part II



DLN: 93493312024386

As Filed Data -

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Form 990, Paying Detroit Zoological Society members receive benefits including free admission to the Detroit Zoo, discounted admission to participating zoos and aquariums across the country, 10% discount in the gift shop, and a tax deduction to the extent allow ed by law. Classes of memberships include the following individual (\$53/\$75), single parent (\$75), family/grandparent (\$75), supporter (\$160), and renaissance circle (\$1,500+). In addition to the benefits received by the paying members, the members also have certain voting and decision-making rights. This includes the ability to attend the annual meeting and call special meetings. The annual meeting of the members is held on a date fixed by the Board of Directors or by the Executive Committee within the second quarter of each fiscal year. Special meetings of the members may also be called by the Chairman of the Board, the President, a majority of the Board of Directors or of the Executive Committee, or by not less than one-tenth of the members. At each meeting of the members of the Detroit Zoological Society, each member shall be entitled to cast one vote on each matter submitted for membership action, this vote may be by proxy executed in wirting by the member or by his duly authorized attorney-in-fact. No proxy shall be valid after eleven (11) months from the date of its execution unless otherwise provided in the proxy. No person may act as a proxy unless such person is a member of the DZS. All privileges of membership (other than voting) are subject to such rules and regulations that may be adopted by a majority vote of the entire Board of Directors.

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	The Detroit Zoological Society (DZS) Board governs, develops policies and strategy and oversees all DZS operations and activities. The Executive Committee shall be appointed by the Board Chairperson and ratified by the Board of Trustees. The Committee shall consist of at least five persons, including the Board Chairperson, the Director/Chief Executive Officer and at least two other board members. The chairperson of the committee shall be a member of the Board of Trustees. 1. The Governance and Nominating Committee will be responsible for the recruitment, selection, nominating, orientation and evaluation of board members of the Detroit Zoological Society. 2. Maintain an awareness of the needs of the board and/or its affiliate organizations for executive and board talents. 3. Plan board members' development, including recruitment, orientation, education, and evaluation of their effectiveness. 4. Identify and select candidates for committees of the board using criteria for board service as a guide. 5. Provide an orientation program conducted by management for new board members. 6. Periodically conduct an assessment to determine board educational needs. The Director/Chief Executive Officer will be responsible for researching and updating the committee on educational opportunities. 7. Conduct board self-evaluations. 8. Review the performance of board members prior to re-appointment. 9. Confirm compliance with the DZS conflict of interest policy. 10. Meet quarterly, or as needed.

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7b	See explanation for Form 990, Part VI, Line 7a

Reference	Explanation
	A draft of the IRS Form 990 is prepared by the Detroit Zoological Society's finance department under the direction of the Chief Financial Officer. This draft is sent to the audit firm where a review is performed by the tax staff to ensure accuracy and completeness. After this review a draft is then provided to the Chief Executive Officer and Audit Committee for review. A regular meeting of the Audit Committee is held to discuss the form and address any questions that may result during the Audit Committee's review of the form. The Audit Committee Chair informs the Chief Financial Officer that the Form is to be made available to all Board Members and then can be filed with the IRS on behalf of the organization. A board resolution is not

required in order for the Form 990 to be filed. This final draft is filed with the IRS and State government agencies

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Reference	Explanation
Form 990, Part VI, Section B, Line 12c	The Conflict of Interest Policy is distributed annually to employees and board members. Employees receive a copy during an all employee meeting. Employees are given a week to read the policy and complete the questionnaire. Employees are required to submit the completed information to the Human Resources Department. Board members are given a copy at the annual board retreat which takes place in October when they are asked to read the policy and complete the questionnaire and return it to the Chief Executive Officer's administrative assistant. Disclosure with in the DZS is made to the Board Chair and/or the Chief Executive Officer of the Society, who shall determine whether a conflict exists and is material, and if the matters are material, bring them to the attention of the Board. The Board Chair and/or the Chief Executive Officer shall consider whether a conflict exists and is material, and in the presence of an existing material conflict, whether the contemplated transaction may be authorized as just, fair and reasonable to the DZS. The decision of the Board Chair and/or the Chief Executive Officer of the Society on these matters will rest in their sole discretion, and their concern must be the welfare of the Society and the

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advancement of its purpose

Reference	Explanation
Form 990, Part VI,	The Detroit Zoological Society used the AZA salary survey and engages an independent consultant to prepare a competitive salary analysis of non-union, salaried positions and develop salary structures and ranges for these positions. Job grades and
Section B, Line 15	salary ranges, including minimum, midpoint and maximum, were established for each position. Upon determining a wage for a new hire, an individual's salary is set within the range considering the market value of the position (based on the role's primary responsibilities), individual characteristics (experience, performance, etc.) and internal value. Salary is not to be lower than the minimum established wage of the pay grade and range. If a new hire is to be brought in higher than the established midpoint wage of the pay grade and range, it must be approved by Human Resources and a member of the Executive Leadership Team

A salary is not to exceed the established maximum wage of the pay grade and range. Salary guidelines and wages are review ed by a Compensation Committee of the Board and approval by the Committee is documented in the meeting minutes.

Explanation

Return

Return Reference		Explanation		
	Form 990, Part VI, Section C,	The financial statements are available on the DZS wiebsite, governing documents and conflict of interest policy		
	Line 19	are available to the public upon written request		

Return Reference	Explanation
Form 990, Part IX, Line 11g	Construction Management 17,880,743, General Labor 3,795,415, Skilled Trades 1,921,708, Professional Services 904,793, Janitorial Services 611,894, Service Fees 274,094, Entertainment 137,115