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DLN: 93493130028057 OMB No 1545-0047 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 Department of the Treasur ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u> Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization DETROIT ZOOLOGICAL SOCIETY D Employer identification number B Check if applicable ☐ Address change 38-6027356 ☐ Name change Doing business as ☐ Initial return Fınal ☐eturn/terminated Number and street (or P O $\,$ box if mail is not delivered to street address) 8450 W 10 Mile Road E Telephone number ☐ Amended return (248) 541-5717 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code Royal Oak, MI 48067 **G** Gross receipts \$ 49,415,953 Name and address of principal officer **H(a)** Is this a group return for Ron L Kagan ☐Yes ☑No subordinates? 8450 W 10 Mile Road H(b) Are all subordinates Royal Oak, MI 48067 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► http://www.detroitzoo.org/ L Year of formation 1924 M State of legal domicile MI **K** Form of organization lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities Celebrating and Saving Wildlife - 1 Demonstrate leadership in wildlife conservation and animal welfare 2 Provide a broad audience with outstanding and unique educational opportunities that lead to the appreciation and stewardship of nature 3. Inspire our community with engaging, meaningful and memorable experiences. 4. Provide innovative zoological facilities that contribute to the region's economic vitality. 5. Demonstrate organizational excellence consistent with a commitment to outstanding service, progressive resource management. Activities & Governance and environmental leadership Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 65 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 491 6 1,200 **6** Total number of volunteers (estimate if necessary) . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Current Year **Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 27,618,745 23,780,290 Program service revenue (Part VIII, line 2g) . 19,877,691 21,515,961 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 179,793 433,218 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 480,715 1,011,261 48,156,944 46,740,730 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 559,995 750,087 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 16,708,401 18,354,070 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,309,437 42,273,541 29,248,652 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 59,541,937 48,352,809 19 Revenue less expenses Subtract line 18 from line 12 . -11,384,993 -1,612,079 Net Assets or Fund Balances **Beginning of Current Year End** of **Year** 42,557,327 38,650,101 20 Total assets (Part X, line 16) . 11,878,359 14,688,546 21 Total liabilities (Part X, line 26) . 27,868,781 22 Net assets or fund balances Subtract line 21 from line 20 26,771,742 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2017-05-09 Signature of officer Date Sign Here Gerry VanAcker COO and Acting CFO Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check | If Paid self-employed Fırm's EIN ▶ Firm's name Preparer Firm's address Phone no Use Only ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016) Cat No 11282Y

| Form | 990 (2016) | | | | | Page 2 |
|---------------------|--|--|---|--|---|---|
| Par | t IIII Statemen | t of Program Servi | ce Accomplis | hments | | |
| | ——— Check ıf Sch | edule O contains a resp | onse or note to | any line in this Part III | | 🗆 |
| 1 | Briefly describe the | organization's mission | | | | |
| with enga Dem | outstanding and uniq ging, meaningful and | ue educational opportur memorable experience | nities that lead t s 4 Provide inn | o the appreciation and st ovative zoological faciliti | rvation and animal welfare 2 Providewardship of nature 3 Inspire out es that contribute to the region's etce, progressive resource managen | ir community with economic vitality 5 |
| 2 | Did the organization | n undertake any signific | ant program ser | vices during the year wh | uch were not listed on | |
| | the prior Form 990 | or 990-EZ? | | | | 🗌 Yes 🗹 No |
| | If "Yes," describe th | nese new services on Sc | hedule O | | | |
| 3 | Did the organization | n cease conducting, or n | nake significant | changes in how it condu | cts, any program | |
| | services? | | | | | 🗌 Yes 🗹 No |
| | If "Yes," describe th | nese changes on Schedu | le O | | | |
| 4 | Section 501(c)(3) a | | ons are required | to report the amount of | argest program services, as measi f grants and allocations to others, t | |
| 4a | (Code |) (Expenses \$ | 17,155,070 | ıncludıng grants of \$ | 582,109) (Revenue \$ | 43,230) |
| | anımal care, wildlife co The Detroit Zoological field conservation work Zoo The Detroit Zoolo | onservation and animal welf Society is a leader in specie k through grants and techni gical Society's Center for Zo | are The Detroit Zo is conservation thro cal and/or on-the-go oo Animal Welfare | o had 2,765 individual anima ough its local, national and ii ground assistance, and capti s a resource center for capti | ose of celebrating and saving wildlife by alls representing 264 species in its care a nternational field conservation programs we breeding of threatened and endanger ve animal welfare knowledge, research ter conducting research and training, an | as of December 31, 2016 , its support of partners' ed species at the Detroit and best practices, a |
| 4b | (Code |) (Expenses \$ | 6,059,461 | ıncludıng grants of \$ | 167,978) (Revenue \$ | 210,820) |
| | appreciation and stewa stewardship are fundai storytelling, interactive | ardship of nature. Humane of mental components of educe technology and citizen scie | education, environr ation programming ence - to meet the | nental literacy, responsible r Programs utilize a variety o | ing and unique educational opportunities resource management, conservation, sci of instructional strategies - including inq e community Regional school district pa g and curriculum support | ence literacy and uiry-based learning, |
| 4c | (Code |) (Expenses \$ | 15,634,206 | including grants of \$ |) (Revenue \$ | 21,261,910) |
| | habitats/facilities inclu- Wilderness, and the Na attractions at the Zoo | de the Arctic Ring of Life po ational Amphibian Conserva include the 4-D Theater, the | lar bear/seal habita tion Center In 201 e Wild Adventure S | at, the Great Apes of Haraml 6 the Detroit Zoo welcomed imulator, Giraffe Encounter, | gaging, meaningful and memorable exp bee, the Polk Penguin Conservation Cent almost 17 million visitors In addition t Tauber Family Railroad, Science On a S et Your Best Friend at the Zoo, Run Wild | er, the Cotton Family Wolf o animal experiences, other phere, and the Carousel |
| | (Code |) (Expenses \$ | 2,243,873 | ıncludıng grants of \$ |) (Revenue \$ | 126,139) |
| | management and envi volunteers are commit Greenprint This comp | ronment leadership. The De ted to lessening their enviro | troit Zoological So onmental impact or des our operations | ciety maintains grounds of 1 the Earth The Detroit Zook | n a commitment to outstanding service, 25 acres and 78 different buildings wher ogical Society has developed a unique, o refine and improve our facilities and da | e staff members and green roadmap called the |
| 4d | Other program serv | vices (Describe in Sched | ule O) | | | |

0) (Revenue \$

(Expenses \$

Total program service expenses ▶

4e

2,243,873 including grants of \$

41,092,610

126,139)

Yes

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Form **990** (2016)

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or X as applicable

Section 501(c)(3) organizations.

| 1 | Is the |
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| 2 | Is the |

| Par | t IV |
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| | |
| 1 | Is the |
| | Sched |

Form 990 (2016) Page 3 **Checklist of Required Schedules** Yes No

| ne organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete | _ | ١ |
|--|--------|---|
| edule A 🐿 | 1 | l |
| ne organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? ષ | 2 | l |
| the companies and a division of malurating beautiful and a second of the companies of the c | \neg | ĺ |

| Suited the A 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ı |
|--|---|
| Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ullet | |
| 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 | |
| | |

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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

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

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

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

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

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

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

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

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

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

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

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 for any

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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?

to provide advice on the distribution or investment of amounts in such funds or accounts?

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

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

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

29

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

instructions for applicable filing thresholds, conditions, and exceptions)

| 1 | Checklist of Required Schedules (continued) | |
|---|---|--|
| | | |

| 7 | Checklist of Required Schedules (continued) | |
|---|---|--|
| | | |

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

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? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

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

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

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

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

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

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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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, Part

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

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

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

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

Yes 20a

Nο

Nο

Nο

Nο

No

Nο

No

Nο

No

Nο

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Nο

Nο

Nο

Nο

Nο

Nο

Page 4

No

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22

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24b

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24d

25a

25b

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28a

28b

28c

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35h

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Yes

Form 990 (2016)

Yes

Yes

Yes

| orm | 990 (2016) | | | 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 131 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 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 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| ט | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 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 |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No |
| | , | 5b | | 110 |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 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 | |
| | 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 | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| _ | required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. 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 | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 1 | 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) | | | |
| 2a | 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 | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 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 | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| 4a | bld the organization receive any payments for indoor talking services during the tax year. | | | |

| Form | 990 (2016) | | | Page 6 |
|-------|--|----------|------------|---------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | " respo | nse to li | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | ✓ |
| Se | ction A. Governing Body and Management | | V | N- |
| 1a | Enter the number of voting members of the governing body at the end of the tax year a 1a 65 | | Yes | No |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 65 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more | | | |
| | members of the governing body? | 7a 7b | Yes Yes | |
| | persons other than the governing body? | | | |
| | the following | | ., | |
| | The governing body? | 8a | Yes | |
| Ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| Ь | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| ь | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ MI | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. | | | |
| 19 | Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | | | |

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(A)

Name and Title

(F)

Estimated

Page 7

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"

(B)

Average

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

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W-2/1099organization and Highest compensatemples ee Former Individual trustee or director Office organizations Ē MISC) related Institutional Trust⊷e below dotted organizations employee line) See Additional Data Table

| Form 990 (2016) Page 8 | | | | | | | | | | | | | | |
|---|--|--|-----------------------------------|-----------------------|--|--------------|------------------------------|---------------|---------------|------------------|--|----------|--------------------------------|--|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | | |
| hours per t week (list any hours | | | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) Report competition of the competition (do not check more than one competition of the | | | | | | (D) (E) ortable Reportable compensation from related organizations (W- | | |) ated of other sation the |
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/1099-N | (15C) | 2/1099-MISC |) | organizat relat organiza | ed |
| See | Additional Data Table | | | | | | | | | | | \dashv | | |
| | | | | | | | | - | | | | \dashv | | |
| | | | | | | | | | | | | _ | | |
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| | | | | | | | | | | | | - | | |
| | | | | | | | | - | | | | \dashv | | |
| | | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b 9 | Sub-Total | | | | | | <u> </u> | • | | | • | | | |
| _ | Total from continuation sheets to Pa | • | | • | | • | ▶ _ | | 1,903 | 993 | | 0 | | 255,036 |
| 2 | Total (add lines 1b and 1c) Total number of individuals (including | but not limited | | | | hove | | roc | | | | <u> </u> | | 233,030 |
| 2 | of reportable compensation from the | | | e liste | eu a | DOV | e) wiic | rec | erveu more i | man þi | 00,000 | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i> | | | ee, ke • | ey e | mplo • | oyee, | or hi | ghest compe | ensated • • | employee on | 3 | | No |
| 4 | For any individual listed on line 1a, is organization and related organizations individual | the sum of repositions of the sum | ortable (150,00 | comp 0? <i>If</i> | ensa "Yes | tior ," c | and o | ther te Sc | compensat | ion fron such | n the | 4 | Yes | |
| 5 | Did any person listed on line 1a receiv | e or accrue cor | nnensat | ıon fr | om | anv | unrela | ated | organization | or ind | ividual for | - | 162 | |
| | services rendered to the organization | | | | | | | | | | | 5 | | No |
| Se | ection B. Independent Contract | ors | | | | | | | | | | | | |
| 1 | Complete this table for your five higher from the organization Report comper | | | | | | | | | | | npen | sation | |
| | from the organization. Report comper | (A) | alendar | year | ena | ing | with 0 | T WIL | .nin the orga | mzatio | (B) | | (c |) |
| Studio | Name a ozone LLC dba Integrity Building Group | nd bùsiness addre | :55 | | | | | | Cor | | ription of services n Management | | Comper | |
| | ladison Ave | | | | | | | | | istruction | i Management | | 3 | ,292,406 |
| Detro | it, MI 48226 | | | | | | | | | | | | | |
| | ria Wharton-Smith Joint Venture | | | | | | | | Cor | istructioi | n Management | | 2 | ,397,686 |
| |) Grand River Avenue MI 48374 | | | | | | | | | | | | | |
| Conti | Conti Corporation Construction 644,944 | | | | | | | | | | | | | |
| | Center Drive ng Heights, MI 48312 | | | | | | | | | | | | | |
| | | | | | | | | 605,984 | | | | | | |
| | 511 King St West | | | | | | | | | | | | | |
| | to Ontario, MI 48067 | | | | | | | | | | | | | |
| | Outdoor Service | | | | | | | | Lan | dscape S | Services | | | 570,377 |
| 30850 Brown St Garden City, MI 48135 | | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 21

| Part | у. Ул 1 | I Statement of | Revenue | | | | | | | | | rage 3 |
|--|--|--|---------------------------|----------|---------------------|------------|---------------------|-------------------|--------------------------|---|----|--|
| | | | | a respo | onse or note to any | line in th | nis Part VII | I | | | | 🗆 |
| | | | | • | | (/ | A) evenue | Rela ex fur | (B) Ited or empt | (C) Unrelat busine revenu | ss | (D) Revenue excluded from tax under sections |
| | 1 a | a Federated campaig | ns | 1a | 0 | | | rev | renue | | | 512-514 |
| nts Ints | | b Membership dues | | 1b | 921,782 | | | | | | | |
| ira 10u | | c Fundraising events | | 1c | 475,885 | | | | | | | |
| s, C An | | d Related organizatio | | 1d | 0 | | | | | | | |
| Gifts, Grants ilar Amounts | | e Government grants (co | | 1e | 12,338,675 | | | | | | | |
| S. m | | F All other contributions | | <u> </u> | | | | | | | | |
| tio er S | | and similar amounts n above | | 1f | 10,043,948 | | | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | | g Noncash contribution | | | | | | | | | | |
| Contained (| | | | | <u> </u> | | | | | | | |
| C | _ <u> </u> _h | Total.Add lines 1a-1 | .f | | | | ,780,290 | | | <u> </u> | | |
| nle | 2- | | | | Business | 712130 | 9 . | 476,874 | 9,476 | 5 974 | | 0 0 |
| 4 | _ | Admissions Membership Dues | | | | 712130 | • | 633,977 | 4,633 | | | 0 0 |
| F. H | | Special Events Admissio | n | | | 712130 | · | 283,669 | 3,283 | | | 0 0 |
| J. A. | d | Rides and Attractions | | | | 712130 | 1, | 465,882 | 1,465 | 5,882 | | 0 0 |
| 8 | е | Concessions | | | | 712130 | 2, | 612,329 | 2,612 | 2,329 | | 0 0 |
| Program Service Revenue | f | All other program se | rvice revenue | 2 | | | | 43,230 | 43 | 3,230 | | 0 0 |
| Ρ̈́ | g | Total. Add lines 2a-2f | f | | ▶ 21,! | 515,961 | | | | | | |
| | | Investment Income (II | ncluding divid | lends, ı | nterest, and other | | 207.22 | .4 | | | 0 | 207 224 |
| | | similar amounts) . Income from investme | | | and proceeds |] | 387,32 | 0 | 0 | | 0 | 387,324 0 |
| | | Royalties | | - | | | | 0 | 0 | | 0 | 0 |
| | | noyanies i i | (ı) Rea | | (II) Personal | | | | | | | |
| | 6a | Gross rents | | | | | | | | | | |
| | h | 483,801 0 b Less rental expenses 0 | | | <u>)</u> | | | | | | | |
| | _ | , Less Terred expenses | | | | | | | | | | |
| | C | Rental income or (loss) | 4 | 183,801 | • | 0 | | | | | | |
| | d | Net rental income o | r (loss) | | | 1 | 483,80 | 1 | 0 | | 0 | 483,801 |
| | | | (ı) Securi | ties | (II) Other | | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 2,: | 198,282 | - | | | | | | | |
| | b | Less cost or other basis and sales expenses | 2,: | 152,388 | (| - D | | | | | | |
| | c | Gain or (loss) | | 45,894 | (|] | | | | | | |
| | | Net gain or (loss) | | • | • | | 45,89 | 45,894 | | | 0 | 45,894 |
| Other Revenue | 8a | Gross income from form form form form form for the contributions reported See Part IV, line 18 | 475,885 ed on line 1c) | of | 924,157 | | | | | | | |
| Re | | Less direct expense | | b | 522,835 | | | | | | _ | |
| her | | : Net income or (loss) | | | ents 🕨 | 1 | 401,32 | .2 | | | 0 | 401,322 |
| ot | Уa | i Gross income from g See Part IV, line 19 | | ies | | | | | | | | |
| | | | | а | | | | | | | | |
| | | Less direct expense | | b | | | | | | | | |
| | | : Net income or (loss) Gross sales of invent | | activit | les ▶ | | | | | | | |
| | 10aGross sales of inventory, less returns and allowances a | | | | | | | | | | | |
| | b Less cost of goods sold b | | | | | | | | | | | |
| | C Net income or (loss) from sales of inventory Miscellaneous Revenue Business C | | | | Business Code | | | | | | | |
| | 11 | a Rebates | | | 712136 | 0 | 21,52 | 27 | 21,527 | | O | 0 |
| | b | Claims | | | 712130 | D | 25,87 | 1 | 25,871 | | 0 | 0 |
| | c | Write-Off | | | 712130 | | 11,43 | 12 | 11,432 | | 0 | 0 |
| | d | All other revenue . | | | | + | 67,30 | 18 | 67,308 | | 0 | 0 |
| | e | Total. Add lines 11a | -11d | | • | | 126,13 | Q | | | | |
| | 12 | ! Total revenue. See | Instructions | | | | · · · | | 24.610.55 | | | |
| | | | | | - | | 46,740,73 | ΙU | 21,642,099 | <u> </u> | 0 | 1,318,341 Form 990 (2016) |

IV, line 22

and 16

7b, 8b, 9b, and 10b of Part VIII.

4 Benefits paid to or for members

section 4958(c)(3)(B) . Other salaries and wages

9 Other employee benefits .

a Management . . .

d Lobbying . . .

13 Office expenses .

15 Royalties

16 Occupancy

20 Interest . . 21 Payments to affiliates .

23 Insurance .

a Animal Care

17 Travel .

14 Information technology

11 Fees for services (non-employees)

f Investment management fees .

12 Advertising and promotion .

10 Payroll taxes .

b Legal .

c Accounting

key employees .

 \square

202,950

563,357

19,804

72,802

50,219

0

0

0

0

0

O

6,258

80.859

10,646

213,987

12,801

n

n

0

75,323

1,309,437

Form 990 (2016)

69

362

0

(D)

Fundraisingexpenses

domestic governments See Part IV, line 21

1 Grants and other assistance to domestic organizations and

Grants and other assistance to domestic individuals. See Part

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15

Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401

e Professional fundraising services See Part IV, line 17

g 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

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

federal, state, or local public officials

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

d Special Events Catering & Supplies

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

expenses on Schedule O)

b Wildlife Conservation

c Temporary Exhibits

e All other expenses

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

| Part IX | Statement of Functional Expenses | |
|--------------|---|--|
| Section 501/ | c)(3) and 501(c)(4) organizations must complete all columns | All other organizations must complete column (A) |

Total expenses

542,109

207.978

1,467,399

13,401,605

391,536

1,644,471

1,449,059

195,845

36.065

277,612

16,571,992

1,987,182

332,986

652,672

6,100,260

70.217

728,749

17,593

244,062

530.958

918.210

86.188

302,839

195,222

48,352,809

0

0

0

0

0

0

Program service

expenses

542,109

207,978

638,644

11,226,567

324,830

1,364,667

1,241,086

0

O

8,225

70,333

15,458,920

1,906,323

208.534

107,944

5,607,446

25.556

488,854

244,062

918.210

86,188

302,839

108,542

41,092,610

4,753

0

O

0

Management and

general expenses

625,805

1,611,681

46,902

207,002

157,754

187,620

36,065

207,279

1,106,814

113,806

544,659

278,827

44,299

227,094

12,840

530,958

n

0

O

11,357

5,950,762

O

0

0

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

(B) (C) (A)

Do not include amounts reported on lines 6b,

Form 990 (2016)

11

12

13 14

15

16

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21

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32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments—publicly traded securities .

Intangible assets

Accounts payable and accrued expenses

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

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

Unsecured notes and loans payable to unrelated third parties .

Secured mortgages and notes payable to unrelated third parties . . .

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

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

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

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

| | | | | | (A) Beginning of year | | (B) End of year |
|------|-----|---|--|-----------|---------------------------------|-------------|--------------------|
| | 1 | Cash-non-interest-bearing | | | 75,938 | 1 | 117,357 |
| | 2 | Savings and temporary cash investments . | | [| 11,026,956 | 2 | 2,936,170 |
| | 3 | Pledges and grants receivable, net | | | 1,919,311 | 3 | 3,362,872 |
| | 4 | Accounts receivable, net | | [| 8,773,755 | 4 | 8,956,849 |
| | 5 | Loans and other receivables from current and fo trustees, key employees, and highest compensa II of Schedule L | | 0 | 5 | 0 | |
| s | 6 | Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L | (c)(3)(B), and of section 501(c)(9) | 0 | 6 | 0 | |
| sset | 7 | Notes and loans receivable, net | | | 0 | 7 | 0 |
| SS | 8 | Inventories for sale or use | | | 0 | 8 | 0 |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 716,137 | 9 | 687,080 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 4,142,302 | | | |
| | ь | Less accumulated depreciation | 10b | 3,601,811 | 525,685 | 10 c | 540,491 |

19.519.545

42,557,327

6.841.089

7,036,328

61,129

11

12 0

13

15

16

17

19

21

23

24

25

26

27

28

29

30

31 32

33

34

0 14

0 18

0 20

0 22

0

750 000

14,688,546

18,508,858

2.863.817

6.496.106

27,868,781

42.557.327

22.049.282

38,650,101

4.604.095

7,219,861

54.403

0

0 0

0

0

0

0

0

11,878,359

15,380,709

4,590,272

6.800.761

26,771,742

38.650.101

Form **990** (2016)

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

3a

3h

Nο

Form 990 (2016)

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 16000425

Software Version: v1.00

EIN: 38-6027356

Name: DETROIT ZOOLOGICAL SOCIETY

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0

Tom Lewand

Executive Director Denise J Lewis

Executive Director

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| Form 990 (2016) Form 990, Part VII - Compensation of Compensa | | | | rus | tee | s, Ke | ey E | Employees, Hig | hest | | |
|--|---|-----------------------------------|-------------------------|--------------|----------------------------|------------------------------|---------|---|--|--|--|
| Compensated Employees, and Indep | Average hours per week (list any hours | Positio tha pers | n (do an on on is | e bo botl | t chox, u h an or/tr | nless office ustee) | er) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the organization and | |
| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | related organizations | |
| Lloyd A Semple Chairman | 4 | х | | × | | | | 0 | 0 | 0 | |
| Stephen R Polk Vice Chair | 2 | x | | | | | | 0 | 0 | 0 | |
| John G Sznewajs Treasurer | 2 | х | | x | | | | 0 | 0 | 0 | |
| Gail Warden Chairman Emeritus | 1 0 | х | | | | | | 0 | 0 | 0 | |
| Larry Alexander Executive Director | 0 | х | | | | | | 0 | 0 | 0 | |
| William Conway Executive Director | 1 0 | х | | | | | | 0 | 0 | 0 | |
| Linda Gillum Executive Director | 1 0 | х | | | | | | 0 | 0 | 0 | |
| Alan Kaiter Executive Director | 0 | x | | | | | | О | 0 | 0 | |

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related Individual trustee or director (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Institutional MISC) related organizations MISC) below dotted organizations employee line)

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| Lisa Lis | 1 | x | |
|--------------------|---|---|--|
| Executive Director | 0 | | |
| Shawn Patterson | 1 | x | |

Executive Director

Richard B Platt

Executive Director

Bob Riney

Executive Director

Marian M Roberge

Executive Director
Sean Werdlow

Executive Director

Matthew S Ahearn

N Charles Anderson

Director

Director
Alisha Bell

Director
Thomas C Buhl

Director

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W- 2/1099-Highest compo organization and individual to or director Former key employee Institutional MISC) related organizations MISC) below dotted organizations line)

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

| | | Stee | rustee | | ensated | | | |
|----------------|---|------|--------|--|---------|---|---|--|
| Shery L Cotton | 1 | x | | | | 0 | 0 | |
| Director | 0 | | | | | | Ū | |
| Mary Kay Crain | 1 | v | | | | 0 | 0 | |
| Director | 0 | ^ | | | | 0 | 0 | |

| | | Х | | | l o | 1 0 | |
|------------------|---|----|--|--|-----|-----|--|
| Director | 0 | ,, | | | - | - | |
| Matthew P Cullen | 1 | _ | | | 0 | 0 | |
| Director | 0 | ^ | | | | | |
| Marvin Daitch | 1 | Х | | | 0 | 0 | |

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Director Karen Dumas

Director David E Duprey

Director Matthew B Elliott

Director Charles Ellis

Director John Erb

Director

| That the same of t | | x | | | l n | l o | l o |
|--|---|-----|--|--|-----|-----|-----|
| Director | 0 | , , | | | J | · · | |
| Marvın Daitch | 1 | | | | 0 | 0 | 0 |
| Director | 0 | _ ^ | | | | | |
| Beth Daly | 1 | | | | | | |

| | | X | | | 1 0 | 1 0 | 1 0 | 1 |
|---------------|---|----|--|--|-----|-----|-----|---|
| Director | 0 | ,, | | | | | | |
| Marvın Daitch | 1 | × | | | 0 | 0 | 0 | · |
| Director | 0 | ^ | | | | | Ŭ | |
| Beth Daly | 1 | | | | | | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W- 2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line)

| Burton D Farbman | 1 | × | | | 0 | 0 | | |
|-------------------|---|---|--|--|---|---|--|--|
| Director | О | , | | | 9 | | | |
| Jennıfer Fıscher | 1 | × | | | 0 | 0 | | |
| Director | 0 | , | | | , | | | |
| Marjorie M Furman | 1 | | | | | | | |

| | | X | | | 0 | |
|-------------------|---|---|--|--|---|--|
| urector | 0 | , | | | , | |
| larjorie M Furman | 1 | × | | | 0 | |
| urector | 0 | | | | 0 | |
| ynthia Ford | 1 | × | | | 0 | |
| uractor | | ^ | | | ٩ | |

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Director Terry S Harvill

Director Jeff Hauswirth

Director Doreen Hermelin

Director

Director Paul Huxley

Director

Marina A Houghton

| Marjorie M Furman | 1 | × | | | 0 | 0 | |
|-------------------|---|---|--|--|---|---|--|
| Director | 0 | ^ | | | | Ĭ | |
| Cynthia Ford | 1 | x | | | 0 | 0 | |
| Director | 0 | | | | | | |
| Allan D Gilmour | 1 | | | | | | |

Compensated Employees, and Independent, Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation amount of other person is both an officer from related week (list from the any hours and a director/trustee) organization organizations for related (W-2/1099-(W- 2/1099organization and Highest compensat Former MISC) MISC) organizations employee

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(F)

Estimated

compensation

from the

related

organizations

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

| | below dotted line) | radual trustee director | Stitutional Trustee |
|--------------|-----------------------|----------------------------|---------------------|
| Kelle Ilitch | 1 | ., | |
| Director | | × | |
| | 1 | | \vdash |

Hassan Jaber

George G Johnson

Director Hıram Jackson Director

Director Alan Kaufman

Director Bonnie Larson

Director Dawn Lee-Cotton

Director Daniel Little

Director Victor Martin

Director Isaiah McKinnon

Director

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours organizations and a director/trustee) organization from the for related Individual trustee or director (W-2/1099-(W- 2/1099organization and Highest compensatemployee Former key employee Institutional MISC) MISC) related organizations below dotted organizations line)

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

| | | | 4 | | pet | | | |
|------------------|---|---|---|--|-----|---|---|---|
| Vırınder Moudgil | 1 | × | | | · | 0 | 0 | |
| Director | 0 | ^ | | | | 0 | 3 | |
| Julie Nicholson | 1 | × | | | | 0 | 0 | |
| Director | 0 | ^ | | | | 0 | 0 | |
| Stuart Robbins | 1 | × | | | | 0 | 0 | · |
| Director | 0 | ^ | | | | 0 | 0 | |
| James Rosenthal | 1 | | | | | | | |

| Director | 0 | | | | | | |
|-----------------|---|---|--|--|---|---|---|
| Stuart Robbins | 1 | > | | | 0 | 0 | |
| Director | 0 | ^ | | | | 0 | |
| James Rosenthal | 1 | × | | | 0 | 0 | |
| Director | 0 | ^ | | | | ŭ | L |
| Melissa Rov | 1 | | | | | | _ |

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Director Rick Ruffner

Director Anmar Sarafa

Director Lawrence Scott

Director Grace Shore

Director Andre Spivey

Director

| | · · · · · · | | | | | | | |
|-----------------|-------------|---|---|--|--|---|---|--|
| Stuart Robbins | 1 | × | | | | 0 | 0 | |
| Director | 0 | Α | | | | 3 | 3 | |
| James Rosenthal | 1 | × | | | | 0 | 0 | |
| Director | 0 | | | | | 3 | 9 | |
| Melissa Roy | 1 | × | · | | | 0 | 0 | |

Compensated Employees, and Independent, Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the and a director/trustee) any hours organization organizations

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

| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | D#1 | key employee | Highest compensati employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
|-----------------------------|---|-----------------------------------|-----------------------|-----|--------------|--------------------------------|--------|----------------------|----------------------|--|
| Shirley R Stancato Director | 1 0 | х | | | | 6 | | 0 | 0 | 0 |
| James Tate Director | 1 | × | | | | | | 0 | 0 | 0 |

(F)

Estimated

compensation

from the

17,674

29,428

38,157

27,579

24,671

| Shırley R Stancato | 1 | × | | | 0 | 0 | |
|--------------------|---|---|--|--|---|---|--|
| Director | 0 | | | | | | |
| James Tate | 1 | × | | | 0 | 0 | |
| Director | 0 | , | | | Ç | , | |
| Joel D Tauber | 1 | v | | | 0 | 0 | |

| James Tate | | × | | | 0 | 0 | |
|---------------------|---|---|--|--|---|---|--|
| Director | 0 | ^ | | | 3 | | |
| Joel D Tauber | 1 | x | | | 0 | 0 | |
| Director | 0 | | | | , | | |
| Jeffrey K Willemain | 1 | | | | | | |

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415,379

222,038

192,269

175,371

168,082

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50

50

50

50

50

Director

Director

Ron L Kagan

Gerry VanAcker

Scott F Carter

Jane Alessandrını

John F Krueger

William M Wolfson

Executive Director/CEO

Chief Operations Officer

Chief Life Sciences Officer

Chief Development Officer

Chief Financial Officer

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations for related (W-2/1099-(W-2/1099organization and y ©I n MICC MICC

(F)

Estimated

from the

12,994

25,001

24,643

24,472

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

| | organizations below dotted line) | ndiwdual trustee or director | Institutional Trustee | Officer | sey employee | Highest compensated amptionee | Former | `MISC) | `MISC) | related organizations |
|-----------------------|--|---------------------------------|-----------------------|---------|--------------|-------------------------------|--------|---------|--------|--------------------------|
| Diane Miller | 50 | | | x | | | | 143,759 | 0 | 12,99 |
| Chief Program Officer | 0 | | | ^ | | | | 143,/39 | 0 | 12,99 |
| | 40 | | | | | | | | | |

| | | | | Pē | | | |
|-----------------------|----|--|----|----|---------|---|--|
| Diane Miller | 50 | | Х | | 143,759 | 0 | |
| Chief Program Officer | 0 | | ^, | | 113,733 | 3 | |
| Richard Friday | 40 | | | × | 137,124 | 0 | |
| Director of Marketing | 0 | | | ^ | 137,124 | 5 | |
| | 40 | | | | | | |

| Chief Program Officer | 0 | | ^ | | 143,739 | 0 | |
|-----------------------|----|--|---|---|---------|---|--|
| Richard Friday | 40 | | | v | 137,124 | 0 | |
| Director of Marketing | 0 | | | ^ | 137,124 | 5 | |
| Thomas Guajardo | 40 | | | x | 131 602 | 0 | |

| Kichard Friday | | | | x | 137,124 | 0 | 21,567 |
|-----------------------------|----|--|--|----|---------|---|--------|
| Director of Marketing | 0 | | | Λ. | 137,121 | 0 | 21,507 |
| Thomas Guajardo | 40 | | | × | 131,602 | 0 | 8,850 |
| Director of Human Resources | 0 | | | ^ | 131,002 | 0 | 0,030 |

| Director of Flanketing | 0 | | | | | 1 | |
|-----------------------------|----|--|--|---|---------|---|--|
| Thomas Guajardo | 40 | | | | | | |
| Director of Human Resources | 0 | | | Х | 131,602 | 0 | |
| Ann Duncan | 40 | | | | | | |

| Director of Human Resources | 0 | | | Х | 131,602 | 0 | |
|-----------------------------|----|--|--|---|---------|-----|--|
| Ann Duncan | 40 | | | X | 114,457 | 0 | |
| Director of Animal Health | | | | ^ | 114,437 | · · | |

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Х

102,760

101,042

40

40

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Patricia Janeway

Robert Schumaker

Director of Finance

Director of Communications

| | GKA | PHIC Prin | nt - DO NOT | PROCESS | As Filed Data - | | | DLN: 9 | 3493130028057 |
|------------|------------|-------------------------------------|------------------------------------|---|--|---------------------------------|-----------------------------------|--|--|
| SCHI | EDI | ULE A | | Public C | harity Statu | s and Pub | olic Supp | ort | OMB No 1545-0047 |
| Form | 990 | | Comp | | ganization is a sect | | | | 2016 |
| 990EZ | <i>(</i>) | | | 7 | 4947(a)(1) nonexe ▶ Attach to Form 9 | | | | 2010 |
| - | | he Treasury | ► Info | rmation about | Schedule A (Form | 990 or 990-EZ | | ıctions is at | Open to Public Inspection |
| lame o | of th | le Service e organiza | | | <u>www.irs.go</u> | ov/form990. | | Employer identific | <u>_</u> |
| ETROIT | ZOOI | LOGICAL SOC | IETY | | | | | 38-6027356 | |
| Part | | | | | s (All organizations | | | | |
| ne orga | anıza | | • | | t is (For lines 1 thro | • | | | |
| 1 [| | A church, c | onvention of c | hurches, or ass | ociation of churches o | described in sect | tion 170(b)(1) | (A)(i). | |
| 2 | | A school de | scribed in sec | tion 170(b)(1 |)(A)(ii). (Attach Sch | iedule E (Form 9 | 90 or 990-EZ)) | | |
| 3 | | A hospital c | or a cooperativ | e hospital servi | ce organization descr | ibed in section | 170(b)(1)(A)(| iii). | |
| 4 [| | name, city, | and state | | | - | | 170(b)(1)(A)(iii). E | · |
| 5 | | | ation operated (iv). (Complet | | of a college or univer | sity owned or op | perated by a gov | ernmental unit descri | bed in section 170 |
| 6 | | A federal, s | tate, or local o | government or o | governmental unit de | scribed in sectio | on 170(b)(1)(A | ۱)(v). | |
| 7 [| | | | nally receives a /i). (Complete I | | s support from a | governmental ι | ınıt or from the gener | al public described in |
| 8 | | A communi | ty trust descri | bed in section | 170(b)(1)(A)(vi) | (Complete Part I | Ι) | | |
| 9 [| | | | | cribed in 170(b)(1) e instructions Enter t | | | with a land-grant coll college or university | ege or university or a |
| 0 [| ✓ | from activit investment | ies related to income and u | its éxempt func nrelated busine | tions—subject to cert | aın exceptions, a | and (2) no more | s, membership fees, a than 331/3% of its su sses acquired by the c | pport from gross |
| .1 | 1 | • | | | exclusively to test for | public safety S | ee section 509 | (a)(4). | |
| .2 | | An organiza more public | ation organized tly supported o | d and operated organizations de | exclusively for the be | nefit of, to perfo | rm the function ction 509(a)(2 | s of, or to carry out th | |
| аг | 7 | | - | | | _ | | zation(s), typically by | giving the supported |
| _ | | | | to regularly apions A and B. | point or elect a majo | rity of the direct | ors or trustees | of the supporting orga | nization You must |
| ь [| | Type II. A manageme | supporting or nt of the supp | ganization supe orting organizat | ion vested in the san | | | organization(s), by ha ge the supported orga | |
| c [| | Type III fo | unctionally in | | ipporting organizatioi | | | nd functionally integra | ted with, its |
| d [| ¬ | | • | • | ns) You must comp . A supporting organi | | | i ng E. th its supported orgar | nization(s) that is not |
| L | | functionally | ıntegrated Ti | ne organization | generally must satisf | y a distribution i | | an attentiveness req | |
| e [| 7 | | • | - | IV, Sections A and ed a written determin | - | RS that it is a Tv | pe I, Type II, Type II | I functionally |
| _ | | ${\tt integrated},$ | or Type III no | n-functionally ii | ntegrated supporting | | | | ··• , |
| | | | of supported | - | | | | _ | |
| | | | organization | n about the sup | ported organization(: (iii) Type of | s) (iv | <i>(</i>) | (v) | (vi) |
| (T) Turi | 10 01 | зарропса с | organizacion | (II)ZIN | organization (described on lines 1- 10 above (see instructions)) | Is the organiz your governin | ation listed in | Amount of monetary support (see instructions) | Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| | | | | | | 103 | | | |
| | | | | | | | | | |
| Γotal | | | | | | | | | 1 |

| Sch | edule A (Form 990 or 990-EZ) 2016 | | | | | | Page 2 |
|-------------|---|---------------------|----------------------|-----------------------|---------------------|--------------------|----------------|
| P | art II Support Schedule for ((Complete only if you che III. If the organization fa | ecked the box o | n line 5, 7, 8, o | r 9 of Part I or | if the organization | on failed to quali | |
| | Section A. Public Support | no to quanty arr | 441 1110 10010 110 | tou bolom, plou | se complete i ai | | |
| | Calendar year | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| | (or fiscal year beginning in) ▶ | (a)2012 | (0)2013 | (0)2014 | (4)2013 | (e)2010 | (T)TOTAL |
| 1 | Gifts, grants, contributions, and membership fees received (Do not | | | | | | |
| | include any "unusual grant ") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| 3 | to or expended on its behalf The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | 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 | | | | | | |
| 6 | shown on line 11, column (f) Public support. Subtract line 5 from | | | | | | |
| • | line 4 | | | | | | |
| | Section B. Total Support | | | | | | |
| | Calendar year | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 7 | (or fiscal year beginning in) ► Amounts from line 4 | . , | , , | , , | `` | , , | |
| 8 | Gross income from interest. | | | | + | | |
| 0 | 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 | | | | | | |
| 10 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 11 | (Explain in Part VI) Total support. Add lines 7 through | | | | | | |
| | 10 | | | | | | |
| 12 | Gross receipts from related activities, e | tc (see instruction | ns) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization | 's first, second, th | urd, fourth, or fifth | h tax year as a sec | tion 501(c)(3) org | anization, |
| | check this box and stop here | | | | | ▶ [| |
| -5 | ection C. Computation of Public | | | | | | |
| | Public support percentage for 2016 (lin | • • | _ | column (f)) | | 14 | |
| | Public support percentage for 2015 Sch | | | | | 15 | |
| | 33 1/3% support test—2016. If the | | | on line 13, and lir | ne 14 is 33 1/3% o | | box |
| | and stop here. The organization qualif | | | | , | , | ▶ □ |
| ŀ | | | | | and line 15 is 33 i | 1/3% or more, chec | |
| _ | box and stop here. The organization | qualifies as a pub | licly supported or | ganization | | | ▶ □ |
| 17 a | 10%-facts-and-circumstances test | • | | - | ne 13, 16a, or 16b | o, and line 14 | |
| | is 10% or more, and if the organization | | | | | | |
| | in Part VI how the organization meets t | the "facts-and-circ | cumstances" test | The organization | qualifies as a publ | licly supported | _ |
| | organization | | | | | | ▶ □ |
| b | 10%-facts-and-circumstances tes | | | | | | |
| | 15 is 10% or more, and if the organization Explain in Part VI how the organization | | | | | | |
| | • | Theets the race | , and encomplant | .cs test the orga | amedion qualines | as a pasiicly | ►□ |
| 10 | supported organization Private foundation. If the organization | in did not check a | box on line 13-1 | 6a. 16b. 17a or 1 | 17b, check this box | x and see | ▶ ⊔ |
| 10 | instructions | sia not check a | 22X 311 IIIIC 13, 1 | , 100, 1/0, 01 1 | , encer and box | | ▶□ |
| | mad actions | | | | Schodu | le A (Form 990 o | r 990-F7\ 2016 |

Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

| 3 | ction A. Public Support | | | | | | |
|-----|--|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) ⊤otal |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 9,347,742 | 9,397,896 | 18,003,113 | 20,311,687 | 16,873,020 | 73,933,458 |
| 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 | 11,184,159 | 11,880,057 | 12,686,284 | 16,028,809 | 17,450,673 | 69,229,982 |
| 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 | 11,054,651 | 11,134,855 | 11,051,527 | 11,566,980 | 11,768,675 | 56,576,688 |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Total. Add lines 1 through 5 | 31,586,552 | 32,412,808 | 41,740,924 | 47,907,476 | 46,092,368 | 199,740,128 |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | 1,226,620 | 507,116 | 815,197 | 443,397 | 529,320 | 3,521,650 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | o | 0 | 0 | o | 0 | 0 |
| С | Add lines 7a and 7b | 1,226,620 | 507,116 | 815,197 | 443,397 | 529,320 | 3,521,650 |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | 196,218,478 |
| Se | ction B. Total Support | · · | | | | · · | |
| | Calendar year (or fiscal year beginning in) | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | 31,586,552 | 32,412,808 | 41,740,924 | 47,907,476 | 46,092,368 | 199,740,128 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,173,575 | 680,383 | 1,085,708 | 346,637 | 387,324 | 3,673,627 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0 | 0 | 0 | 0 | 0 | 0 |
| С | Add lines 10a and 10b | 1,173,575 | 680,383 | 1,085,708 | 346,637 | 387,324 | 3,673,627 |
| 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) | 475,018 | 475,018 | 570,000 | 570,000 | 570,000 | 2,660,036 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 33,235,145 | 33,568,209 | 43,396,632 | 48,824,113 | 47,049,692 | 206,073,791 |

| Se | ection C. Computation of Public Support Percentage |
|----|--|
| | check this box and stop here |
| 14 | First five years. If the Form 990 is for the organization's first, second, |

Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))

15 Public support percentage from 2015 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage

20

for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

▶□

95 218 %

16

15

2 108 %

17 18

94 749 % 1 783 %

Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2015 Schedule A, Part III, line 17

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—2015. 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

19a 331/3% support tests—2016. 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

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 Schedule A (Form 990 or 990-EZ) 2016

5a

6

7

8

10a

supervised by or in connection with its supported organizations

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Page 4

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

| | | | res | NO |
|---|---|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, | | | |
| | describe the designation If historic and continuing relationship, explain | 1 | | |

| If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, | 1 | |
|---|---|--|
| describe the designation If historic and continuing relationship, explain | 1 | |
| Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described | | |
| in section $509(a)(1)$ or (2) | 2 | |
| | | |

| | The describe in that the supported organizations are designated in designated by class or purpose, | | i . |
|----|---|----|-----|
| | describe the designation If historic and continuing relationship, explain | 1 | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described | | |
| | ın section 509(a)(1) or (2) | 2 | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) | | |
| | below | 3a | |

| 3а | 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 Part VI when and how the organization made the | | |
| | determination | 3b | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3c | |
| _ | the state of the s | | |

| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | |
|----|--|----|--|
| | determination | 3b | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3с | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | |
| | checked 12a or 12b ın 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 | 4h | |

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

Substitutions only. Was the substitution the result of an event beyond the organization's control?

| Par | Supporting Organizations (continued) | | | |
|----------------|--|----------|---------|----|
| | | | Yes | No |
| 11 | 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 | | |
| Se | ction B. Type I Supporting Organizations | | | |
| | ction by Type a supporting organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Par VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the | t | | |
| | organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | | | |
| | organization | 2 | | |
| Se | ction C. Type II Supporting Organizations | | | |
| | ction c. Type 11 Supporting Organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | f | | |
| | | | | |
| | | 1 | | |
| Se | ction D. All Type III Supporting Organizations | | | |
| | // 11 2 2 | | 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | e | | |
| | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | |
| | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | | | |
| | | | | |
| <u>Se</u> 1 | ction E. Type III Functionally-Integrated Supporting Organizations | <u></u> | | |
| т а | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the organization satisfied the Activities Test Complete line 2 below | tions) | | |
| | | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| С | The organization supported a governmental entity Describe in Part VI how you supported a government entity (se | e ınstru | ctions) |) |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of the activities. | 22 | | |
| h | substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the | 2a | | |
| U | organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| 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 | | |

| 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 | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| | Section B - Minimum Asset Amount | | (A) Prior Year | ` ' |
| 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 | | |
| _ | Average monthly value of securities | 1a | | |
| d | Average monthly value of securities | 14 | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors | | | |

| 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 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1 b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 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 | | |
| Net value of non-evempt-use assets (subtract line 4 from line 3) | 5 | | |

| _ | tax year or assets held for part of year) | 1 | |
|---|---|----|--------------|
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| е | Discount 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 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |

Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions)

c Excess from 2014.

e Excess from 2016. . . .

Excess from 2015.

| Schedule A (Form 990 or 990-EZ) 2016 Page 8 | | | | | | | | |
|--|---------------------------------|--|--|--|--|--|--|--|
| 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 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 II, 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 part for any additional information. (See instructions). | | | | | | | | |
| Facts And Circumstances Test | | | | | | | | |
| | | | | | | | | |
| 990 Schedule A, Supple | nental Information | | | | | | | |
| Return Reference | Explanation | | | | | | | |
| Schedule A, Part III, Line 12 | Income from the City of Detroit | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2016

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

Political Campaign and Lobbying Activities

nizations Example From Income Tax Under section 501(s) and so

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

www.irs.gov/form990.

2016

OMB No 1545-0047

DLN: 93493130028057

Open to Public Inspection

Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number DETROIT ZOOLOGICAL SOCIETY 38-6027356 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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 Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5

64,500

250,000

66,000

250,000

53,500

250,000

277,612

250,000

207,279

Schedule C (Form 990 or 990-EZ) 2016

461,612

1,000,000

1.500.000

207,279

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

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

Grassroots lobbying expenditures

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

SCHEDULE D

Supplemental Financial Statements

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

► Attach to Form 990.

2016

DLN: 93493130028057 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

| Nai | me of the organization ROIT ZOOLOGICAL SOCIETY | | | Empl | loyer identificatior | numbe | er | |
|-----|--|----------------------------------|---------------------|---------------------|-------------------------------|-----------|-------------|--|
| DLI | NOTE ZOOLOGICAL SOCILIT | | | 38-60 | 027356 | | | |
| Pa | rt I Organizations Maintaining Donor Complete if the organization answere | | | ds or Acco | ounts. | | | |
| | · · · · · · · | (a) Donor advised fun | ds | (b)F | unds and other acco | ounts | | |
| 1 | Total number at end of year | | | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | | |
| 4 | Aggregate value at end of year | | | | | | | |
| 5 | Did the organization inform all donors and donor a funds are the organization's property, subject to t | | | or advised | | Yes | □ No | |
| 6 | Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit? | | | | | Yes | □ No | |
| Pai | t II Conservation Easements. Complet | e if the organization answ | ered "Yes" on I | Form 990, | Part IV, line 7. | | | |
| 1 | Purpose(s) of conservation easements held by the | organization (check all that | apply) | | | | | |
| | \square Preservation of land for public use (e g , rec | reation or education) | Preservation o | f an historic | cally important land | area | | |
| | Protection of natural habitat | | Preservation o | of a certified | historic structure | | | |
| | Preservation of open space | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization heasement on the last day of the tax year | neld a qualified conservation (| contribution in the | e form of a | conservation Held at the End | of the Y | ear | |
| а | Total number of conservation easements | | | 2a | | | | |
| b | Total acreage restricted by conservation easement | TS . | | 2b | | | | |
| С | Number of conservation easements on a certified | historic structure included in | (a) | 2c | | | | |
| d | Number of conservation easements included in (c) structure listed in the National Register | acquired after 8/17/06, and | not on a historic | 2d | | | | |
| 3 | Number of conservation easements modified, trantax year ▶ | sferred, released, extinguish | ed, or terminated | l by the orga | anızatıon durıng the | | | |
| 4 | Number of states where property subject to conse | ervation easement is located t | • | | | | | |
| 5 | Does the organization have a written policy regard | ding the periodic monitoring, | inspection, handl | — ling of violat | ions, | | | |
| | and enforcement of the conservation easements if | | | | ☐ Yes | □ No | | |
| 6 | Staff and volunteer hours devoted to monitoring, • | inspecting, handling of violati | ions, and enforcir | ng conserva | tion easements durii | ng the ye | ear | |
| 7 | Amount of expenses incurred in monitoring, insper ▶ \$ | cting, handling of violations, | and enforcing cor | nservation e | asements during the | e year | | |
| 8 | Does each conservation easement reported on line | e 2(d) above satisfy the requ | rements of section | on 170(h)(4 | ·)(B)(ı) | | | |
| | and section 170(h)(4)(B)(II)? | | | | ☐ Yes | □ No | • | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements | | | | | | | |
| Par | Organizations Maintaining Collect Complete if the organization answere | | | Other Sim | nilar Assets. | | | |
| 1a | If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to its | ld for public exhibition, educa- | ation, or research | ın furthera | | | | |
| b | If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items | AS 116 (ASC 958), to report | ın ıts revenue sta | atement and | | | | |
| (| i) Revenue included on Form 990, Part VIII, line 1 | | | | ▶ \$ | | | |
| (i | i)Assets included in Form 990, Part X | | | | ▶ \$ | | _ | |
| 2 | If the organization received or held works of art, he following amounts required to be reported under the second s | | | fınancıal ga | in, provide the | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | . , , | | | ▶ \$ | | 0 | |
| ь | Assets included in Form 990, Part X | | | | ► \$ | | | |
| | | | | | | | | |

 ${f d}$ Equipment .

Page **2**

| • | - | Organizations M | anitaning Con | ections of | AIL, II | 131011 | cai ii | casi | uics, oi v | Juliei . | Sillillai A | 33CL3 (COII) | unueu) | |
|--------|---|--|-------------------------------|---------------------------------------|--------------------|---------------|----------|---------------------------|--|--------------------|---------------|---------------------|--------------|----------------|
| 3 | | g the organization's acq s (check all that apply) | uisition, accession | , and other r | ecords, | check a | any of | the fo | ollowing tha | at are a | sıgnıfıcant ı | use of its co | llection | |
| а | ✓ | Public exhibition | | | | d | | Loan or exchange programs | | | | | | |
| b | ✓ | Scholarly research | | | | e | | Othe | er | | | | | |
| С | ✓ | Preservation for future | e generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII | | | | | | | | | | | | | |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No | | | | | | | | | | | | | |
| Pai | t IV | Escrow and Cust Complete if the or X, line 21. | | | on Forr | n 990, | , Part | IV, I | ine 9, or r | eporte | d an amou | unt on For | m 990, Pa | art |
| 1a | | e organization an agent ded on Form 990, Part I | | an or other in | itermedia | ary for | contri | bution | ns or other | assets r | not | ☐ Yes | ☑ No | |
| ь | If "Ye | es," explain the arrange | ement in Part XIII | and complete | e the fol | lowina | table | | | | Α | mount | | |
| c | | nning balance | | and complet | | | | | | 1c | | | | |
| d | _ | ions during the year | | | | | | | | 1d | | | | |
| e | | butions during the year | r | | | | | | | 1e | | | | |
| f | | ng balance | | | | | | | | 1f | | | | |
| 2a | | he organization include | an amount on For | rm 990. Part | X. line 2 | 1. for e | escrow | or cu | ∟∟ ustodial acc | count lia | bility? | | | |
| b | | es," explain the arrange | ement in Part XIII | Check here | ıf the ex | planatio | on has | s been | n provided i | n Part > | (III | | □ No | |
| Pa | rt V | Endowment Fun | ds. Complete ıf | | | | | | | | | | | |
| | _ | | | (a)Current | | (b) Pr | or yea | | (c)Two year | | (d)Three year | | Four years b | |
| | - | ning of year balance . | | · · · · · · · · · · · · · · · · · · · | 47,212 | | 14,366 | | · | 732,661 | 12, | ,094,581 | | 1,017 |
| | | outions | | | 553,977 989,607 | | 1,282 | 1,692 | | 323,692 627,590 | 1 | 379,117 ,554,387 | | 5,434 3,457 |
| | | vestment earnings, gair | | 9 | | | -3/1 | | | | 1, | | 92. | |
| | | or scholarships | | | 0 | | | 0 | | 0 | | 0 | | 0 |
| | | expenditures for facilitions of the contract o | es | 2 | 80,400 | | 267 | 7,000 | | 246,300 | | 227,000 | 182 | 2,390 |
| f | Admını | istrative expenses . | | | 44,370 | | 63 | 3,680 | | 70,934 | | 68,424 | 52 | 2,937 |
| g | End of | year balance | | 16,1 | .66,026 | | 14,947 | 7,212 | 14, | 366,709 | 13, | ,732,661 | 12,094 | 4,581 |
| 2 a | | de the estimated perce d designated or quasi-e | = | nt year end l 58 % | balance (| (line 1g | j, colu | mn (a | i)) held as | | | | | |
| b | Perm | anent endowment 🕨 | 42 % | | | | | | | | | | | |
| С | Temp | oorarily restricted endov | wment ▶ 0 | % | | | | | | | | | | |
| - | | percentages on lines 2a | | d equal 100% | % | | | | | | | | | |
| 3а | Are tl | here endowment funds nization by | | • | | on that | are h | eld ar | nd administ | ered for | the | | Yes N | No |
| | (i) uı | nrelated organizations | | | | | | | | | | 3a(i) | Yes | |
| b | (ii) related organizations | | | | | | | | | | | | | |
| 4 | | ribe in Part XIII the inte | - | | | | | | | | | | 1 1 | |
| Pai | t VI | Land, Buildings, | and Equipmen | nt. | | | | | | | | | | |
| | | Complete if the or | ganization answ | ered 'Yes' o | | | | | | | | | | |
| | Descri | iption of property | (a) Cost or oth (investmen | | (b) Cost o | or other l | basis (d | other) | (c)Accum | nulated d | epreciation | (d)E | Book value | |
| 1a | Land | | | 0 | | | | 0 | | | | | | 0 |
| | Buildin | | | 0 | | | 11 | 18,647 | | | 118,647 | | | 0 |
| | | old improvements | | 0 | | | | 0 | | | ٥ | | | 0 |

0

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

4,023,655

540,491

540,491

3,483,164

| Part VII | Investments—Other Securities. Complete if the or | nanization answere | ed 'Yes' on Form 990 | Page 3 |
|--------------|---|------------------------|-------------------------|-----------------------------------|
| | See Form 990, Part X, line 12. (a) Description of security or category | (b)Book | | |
| | (including name of security) | value | | of valuation vear market value |
| (2)Closely-l | l derivatives | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | nn (b) must equal Form 990, Part X, col (B) line 12) | > | | |
| Part VIII | Investments—Program Related. Complete if the of See Form 990, Part X, line 13. | organization answe | red 'Yes' on Form 990 |), Part IV, line 11c. |
| | (a) Description of investment | (b) Book value | | of valuation vear market value |
| (1) | | | • | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | | • | | |
| Part IX | Other Assets. Complete if the organization answered 'Yes (a) Description | ' on Form 990, Part I\ | V, line 11d See Form 99 | 0, Part X, line 15 (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | umn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer | ered 'Ves' on Form | 990 Part IV line 116 | or 11f |
| | See Form 990, Part X, line 25. (a) Description of liability | (b) Book | | . 01 1111 |
| (1) Federal | income taxes | (b) Book | value | |
| | | | 0 | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | on (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text of the | footnote to the organ | 0 | ents that reports the |
| | a's liability for uncertain tax positions under FIN 48 (ASC 740) | | | |

Schedule D (Form 990) 2016

Part XI

а

b

5

1

2

а

b

d

е 3

а

b

c

Part XIII

5

4

Part XII

Net unrealized gains (losses) on investments . . . 2a 515.040 Donated services and use of facilities . 2b 2c 0

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Recoveries of prior year grants . . . Other (Describe in Part XIII) . 2d 2e

c d е Add lines 2a through 2d

3 Subtract line 2e from line 1 . 4 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 expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

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

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 .

Other (Describe in Part XIII)

Supplemental Information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4a 4b

2a

2b 2c

2d

4a 4b

Explanation

-354.857

522,835

167.978

2e

3

4c

5

0

4c

3

n

Page 4

47,610,627

515,040

-354,857

46,740,730

48,707,666

522,835

167,978

48,352,809

Schedule D (Form 990) 2015

48.184.831

47,095,587

| Page 5 | | D (Form 990) 2015 | Schedule D (Fo |
|---------------|----------------------|-------------------|----------------|
| | ormation (continued) | Supplemental Info | Part XIII |
| | Explanation | Return Reference | Ret |
| | | | |
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Schedule D (Form 990) 2016

Additional Data

Software Version: v1.00

EIN: 38-6027356

Name: DETROIT ZOOLOGICAL SOCIETY

Supplemental Information

Return Reference

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

Schedule D, Part III, Line 1

The Society maintains numerous works of fine art accumulated over the years Consistent with financial statement presentations followed by other institutions, primarily museums, the Society excludes the value of its works of fine art from the statements of financial position. The works of art are held for educational and exhibition purposes.

| Supplemental Information | |
|------------------------------|--|
| Return Reference | Explanation |
| Schedule D, Part III, Line 4 | The Detroit Zoo is the only zoo in the world with a permanent fine art collection from art ists in multiple mediums acquired for the purpose of interpreting the relationship of huma in with animals through various cultures and times. The collection was begun in 1987 with the understanding that art is a visual communication that records feelings, beliefs, and is deas which reflect the cultural context in which it was made, hence artist interpretations were chosen over literal depictions. In the antiquities wall case in the Wildlife Interpretive Gallery, one contemporary piece is a transfer image of cave paintings done by the earliest known artists some 40,000 years ago. Michigan artists in the Wildlife Interpretive Gallery collection are. Rich Branstrom, Susie Colquitt, Laura Ford, Peter Hackett, Cathy Peet, and Ia Moua Yang. The artists possibly most readily recognized are Larry Rivers and Alexis Rockman. |

| Supplemental Information | |
|------------------------------|--|
| 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 Detroit Zoo staff are activ e members in this organization |

Sι

| Supplemental Information | | | | |
|----------------------------|---|--|--|--|
| Return Reference | Explanation | | | |
| Schedule D, Part V, Line 4 | The Detroit Zoological Society (Society) endowments were established to provide a stable s ource of funding to help underwrite the programs and facilities of the Detroit Zoo and Bel le Isle Nature Center Monies placed in endowments are invested, with interest, and only distributed as dictated by the Society's endowment governing policy. Funds may be established by donors within each endowment. A named fund requires a minimum investment of \$100,000 and the revenue may be restricted by the donors. The Society's endowments consist of thir teen 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 was established September 13, 2001 by Madeleine and Mandell L. Berman. The purpose of the endowment is to support operational costs associated with human electroity of purposes of the John S. and James L. Knight Fund was established December 13, 1999 by the John S. and James L. Knight Foundation. The purpose of the fund is to support research and education programs of the Detroit Zoological Society. The Society determined that it would be most beneficial as a component of the Humane Education Endowment. The Adelyn B. Devereaux Fund was established December 28, 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. The purpose of the endowment is to purchase and maintain works of art, including sculpture, at the Detroit Zoological Park. In addition, earnings will support educational programs and projects focusing on the interpretation of art that explores the relationship between humans and animals. | | | |

| Supplemental Information | |
|----------------------------|---|
| Return Reference | Explanation |
| Schedule D, Part X, Line 2 | Summary of Significant Accounting Policies - Federal Income Taxes - The Society has been r ecognized by the Internal Revenue Service as an organization exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code (the Code) The Society is a public c harity by reason of being described in the Code Section 509(a)(2) The Society is exempt f rom federal income taxes except to the extent of income derived from unrelated business ac tivities. 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, a nd determined that no amounts were required to be recognized in the financial statements a t December 31, 2016 or 2015 |

| Supplemental Information | |
|------------------------------|---|
| Return Reference | Explanation |
| Schedule D, Part XI, Line 4b | Other adjustments to audited financial statement review include donations received for CO NAPAC of \$167,978, and direct fundraising expenses of \$522,835, for a net total of \$354,85 7 |

S

| plemental Information | | | |
|----------------------------|--|-------------|--|
| Return Reference | | Explanation | |
| edule D. Part XII. Line 2d | Direct fundraising expenses of \$522,835 | | |

Supp

| plemental Information | | |
|----------------------------|---|-------------|
| Return Reference | | Explanation |
| edule D, Part XII, Line 4b | Donations received for CONAPAC of \$167,978 | |

| efile GRAPHIC print | - DO NOT I | PROCESS A | As Filed Data | - | | DLN: | 93493130028057 | |
|---|---|--------------------|-------------------|-------------------------------|--------------------|--|--------------------|--|
| SCHEDULE F (Form 990) | Julien Statement of Activities Outside the United States | | | OMB No 1545-0047 | | | | |
| (1 01111 330) | ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. | | | | | | 2016 | |
| | | ► Atta | | See separate instructions. | | | Open to Public | |
| Department of the Treasury Internal Revenue Service | ▶ Informa | tion about Scheo | lule F (Form 990) | and its instructions is at wi | | | | |
| Name of the organization | | | | | | Employer iden | ntification number | |
| DETROIT ZOOLOGICAL SO | CIETY | | | | | | | |
| | | | | | | 38-6027356 | | |
| Part I General In Form 990, F | | | Outside the | United States. Comple | ete if the | organization a | inswered "Yes" to | |
| 1 For grantmakers. | Does the org | ganızatıon maır | ntain records to | substantiate the amount | of its gra | ints and | | |
| other assistance, th | ne grantees' | eligibility for th | ne grants or assi | stance, and the selection | criteria i | used | | |
| to award the grants | s or assistan | ce? | | | | | ☑ Yes 🗌 No | |
| 2 For grantmakers. outside the United S | | Part V the orga | anızatıon's proce | edures for monitoring the | use of it | s grants and ot | her assistance | |
| 3 Activites per Region | (The following | ng Part I, line 3 | table can be dupl | icated if additional space is | s needed) | | | |
| (a) Region | | | | | | (f) Total expenditures for and investments in region | | |
| South America | | | | Grantmakıng | Education supplies | and school | 167,97 | |
| Europe (including Icel Greenland) | and and | | | Grantmakıng | Conservat | ion Support | 30,00 | |
| East Asia and the Pac | ıfıc | | | Grantmakıng | Conservat | ion Support | 10,00 | |
| 3a Sub-total b Total from continuation | on sheets to | | | | | | | |
| Part I | and 3h) | C |) (|) | | | 207,97 | |
| c Totals (add lines 3a a | | | | | | | | |

| | | ssistance to Organ cipient who received (c) Region | | | | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------|-----------------|--|--|---------|---------------|--|---|
| | аррисавіе) | | Environmental education and supplies | 167,978 | Wire Transfer | | appraisal, other) |
| | | Iceland and Greenland) | Grantmaking to support mission-driven activities | 30,000 | Wire Transfer | | |
| | | Pacific | Grantmaking to support mission-driven activities | 10,000 | Wire Transfer | | |
| | | | | | | | |
| | | t organizations listed ch the grantee or cou | | | | • | 4 |
| 3 Enter total num | ber of other or | ganizations or entities | 5 | | | • | 1 |

Schedule F (Form 990) 2016

| - | | | | | | duplicated if addit | |
|---|--|---|------------------------------------|-----------------------------|--------------------------|---------------------|-----------------------------|
| (h) Method of valuation (book, FMV, appraisal, other | (g) Description of non-cash assistance | (f) Amount of non-cash assistance | (e) Manner of cash disbursement | (d) Amount of cash grant | (c) Number of recipients | (b) Region | Type of grant or assistance |
| | | | | | | | |
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| Sche | dule F (Form 990) 2016 | | Page 4 |
|------|---|---------------|---------------|
| Par | t 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) | Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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) | | |
| | | ☐ 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) | | |
| | Corporations (see Instructions for Form 54/1) | \square 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) | ☐Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | | |
| | (See Instructions for Form 6005) | ☐ Yes | ✓ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form | □Yes | √ No |
| | 5713) | ∟ Yes | IATI MO |

| Schedule F (Form 990) 2016 | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| Provide the inforr amounts of inves method); and Par any additional inf | Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). 290 Schedule F, Supplemental Information | | | | | | | | | |
| Schedule F, Suppleme | 990 Schedule F, Supplemental Information | | | | | | | | | |
| Return Reference | Explanation | | | | | | | | | |
| Schedule F, Part I, Line 2 | The Adopt-A-School program receives international support. The Detroit Zoological Society accepts donations from supporters worldwide and transfers the funds in their entirety to o ur partners in Peru. A representative from the Detroit Zoological Society participates in the delivery of school supplies each April, providing a first-hand account of the purchase d supplies and their distribution. For grants provided, a representative from the Detroit Zoological Society stays in contact with leaders from the organizations to ensure that the ir activities continue to support their mission-driven purpose. | | | | | | | | | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130028057 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Name of the organization **Employer identification number** DETROIT ZOOLOGICAL SOCIETY 38-6027356 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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 e Solicitation of non-government grants ☐ Solicitation of government grants Internet and email solicitations 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 services? ☐ 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to individual fundraiser have from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col (i) contributions? No Yes Total 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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2016

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events Sunset at the Zoo **PPCC Gala** (add col (a) through (event type) (total number) col (c)) (event type) Revenue 1 Gross receipts. 936.731 281,187 182,124 1,400,042 2 Less Contributions. 442,385 33,500 475,885 3 Gross income (line 1 minus 494,346 281,187 148,624 924,157 line 2) 4 Cash prizes 0 5 Noncash prizes 0 0 Expenses Rent/facility costs 69,093 12,324 5,237 86,654 7 Food and beverages 14,400 121,733 21,020 157,153 8 Entertainment 36,953 4,660 30,693 72,306 9 Other direct expenses 171,122 5,458 30,142 206,722 **10** Direct expense summary Add lines 4 through 9 in column (d) 522,835 11 Net income summary Subtract line 10 from line 3, column (d) 401,322 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue Expenses 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ Yes ☐ No If "Yes," explain .

| sche | dule G (Form 990 or 990-EZ) 2016 | | | | | F | Page | | | | |
|---|---|---|---|----------|------------|---------|------|--|--|--|--|
| L1 | Does the organization conduct gaming | activities with nonmember | s? | | ☐ Yes | □No | | | | | |
| L 2 | Is the organization a grantor, beneficial formed to administer charitable gamin | | member of a partnership or other entity | | □Yes | □No | | | | | |
| L3 | Indicate the percentage of gaming act | ivity conducted in | | | | | | | | | |
| а | The organization's facility | | | 13a | | | | | | | |
| b | An outside facility | | | 13b | | | | | | | |
| .4 | Enter the name and address of the pe | rson who prepares the orga | nization's gaming/special events books and re | cords | | | | | | | |
| | Name | | | | | | | | | | |
| | Address • | ····· | | | | | | | | | |
| .5a | Does the organization have a contract revenue? | with a third party from who | om the organization receives gaming | | □Yes | □No | | | | | |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the | | | | | | | | | | | |
| | amount of gaming revenue retained by | y the third party $ hildsymbol{\blacktriangleright}$ \$ | | | | | | | | | |
| С | If "Yes," enter name and address of the | ie third party | | | | | | | | | |
| | Name ► | | | | | | | | | | |
| | Address ▶ | | | | | | | | | | |
| 6 | Gaming manager information | | | | | | | | | | |
| | Name ▶ | | | | | | | | | | |
| | Gaming manager compensation ▶ \$ | | | | | | | | | | |
| | Description of services provided ▶ | | | | | | | | | | |
| | ☐ Director/officer | ☐ Employee | ☐ Independent contractor | | | | | | | | |
| 7 | Mandatory distributions | | | | | | | | | | |
| а | Is the organization required under star retain the state gaming license? | te law to make charitable di | stributions from the gaming proceeds to | | П., | П., | | | | | |
| b | | ured under state law distribi | uted to other exempt organizations or spent | | ☐ Yes | ∐ No | | | | | |
| | in the organization's own exempt activ | | | | | | | | | | |
| Par | t IV Supplemental Information | on. Provide the explanat .5c, 16, and 17b, as app | cions required by Part I, line 2b, column licable. Also complete this part to provid | | | | _ | | | | |
| | Return Reference | | Explanation | | | | | | | | |
| | | | <u>'</u> | ule G (F | orm 990 or | 990-F7) | 20 | | | | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130028057 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 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 □ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance See Additional Data Table (1)(2)(3)(4)(6)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 22 Schedule I (Form 990) 2016 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P

| Schedule I (Form 990) 2016 | | | | | | Page 2 | |
|--|---------------|---|--------------------------|-----------------------------------|---|--|--|
| | | Domestic Individua nal space is needed | als. Complete If the org | ganızatıon answered "Yes' | on Form 990, Part IV, line 22 | | |
| (a) Type of grant or a | | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| Part IV Supplemen | tal Informati | on. Provide the inf | ormation required in | Part I, line 2, Part III | , column (b), and any other ac | lditional information. | |
| Return Reference Explanation | | | | | | | |
| Schedule I, Part I, Line 2 The Detroit Zoological Society monitors the use of funds through direct observation, reporting from the receiving organization, and participation by DZS activities | | | | | | | |

Schedule I (Form 990) 2016

Additional Data

(a) Name and address of

organization

Cumberland Center, ME 04021 Polar Oceans Research Group

PO Box 334

PO Box 368 Sheridan, MT 59749 (b) EIN

81-0536140

Software ID: 16000425
Software Version: v1.00
EIN: 38-6027356
Name: DETROIT ZOOLOGICAL SOCIETY

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

501(c)(3)

(d) Amount of cash

grant

(c) IRC section

ıf applıcable

| or government | | | | assistance | other) | |
|---|------------|-----------|---------|------------|--------|----------------------|
| Association of Zoos and Aquariums 8403 Colesville Road Suite 710 Silver Springs, MD 20910 | 55-0526930 | 501(c)(3) | 110,000 | | | Conservation Support |
| Gorilla Rehabilitation and Conservation Education Center Inc | 46-2308758 | 501(c)(3) | 63,710 | | | Conservation Support |

57,679

(e) Amount of non-

cash

(f) Method of valuation

(book, FMV, appraisal,

(q) Description of

non-cash assistance

(h) Purpose of grant

Conservation Support

or assistance

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 26-2887967 501(c)(3) 20,000 Amphibian Survival Alliance Conservation Support PO Box 129 Austin, TX 78767 94-2474731 501(c)(3) 20.000 Conservation Support

The Jane Goodall Institute 1595 Sprina Hill Rd Suite 500 Vienna, VA 22182 International Union for 52-1443147 501(c)(3) 15,000 Conservation Support Conservation of Nature and Natural Resources

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

1630 Connecticut Ave NW Washington, DC 20009

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

Conservation Support

Conservation Support

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

501(6)(3)

501(c)(3)

| Terrorining Amina Wenare | J4 J00J1J/ | 301(0)(3) | 13,000 | | Conservation Support |
|-------------------------------|------------|-----------|--------|--|----------------------|
| Society | | | · | | |
| PO Box 849 | | | | | |
| Galt, CA 95632 | | | | | |
| Wildlife Conservation Network | 30-0108469 | 501(c)(3) | 15,000 | | Conservation Support |

15 000

22,500

Inc 209 Mississippi Street San Francisco, CA 94107

PO Box 790290 Saint Louis, MO 63179

Saint Louis Zoo Association

Performing Animal Welfare

94-3005157

43-1727309

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) African Floobant Concorvation 22-6610626 501/61/31 10.000 Concorvation Support

| Trust 10 State Street Newport, MA 01950 | 23-0010030 | 301(c)(3) | 10,000 | | Conservation Support |
|---|------------|-----------|--------|--|----------------------|
| Bat Conservation International Inc | 74-2553144 | 501(c)(3) | 10,000 | | Conservation Support |

| Newport, MA 01950 | | | | | |
|--|------------|-----------|--------|--|--------|
| Bat Conservation International Inc PO Box 162603 Austin, TX 78716 | 74-2553144 | 501(c)(3) | 10,000 | | Conse |
| CGF-AZA Conservation Grants Fund-Association Zoos and | 68-0480736 | 501(c)(3) | 10,000 | | Consei |

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

PO Box 79863 Baltimore, MD 21279

| PO Box 162603 Austin, TX 78716 | | | | | |
|---|------------|-----------|--------|--|----------------------|
| CGF-AZA Conservation Grants Fund-Association Zoos and Aguariums | 68-0480736 | 501(c)(3) | 10,000 | | Conservation Support |

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) CONAPAC 38-6017356 501(c)(3) 10.000 Conservation Support c/o Detroit Zoo 8450 W 10 Mile Road

| Royal Oak, MI 48067 | | | | | |
|---|------------|-----------|--------|--|----------------------|
| Gıraffe Conservation Foundation USA PO Box 24246 Cleveland. OH 44124 | 81-2749463 | 501(c)(3) | 10,000 | | 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

20-0785702 501(c)(3) 10,000 Conservation Support Turtle Survival Alliance Fort Worth Zoo

(b) EIN (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) University of Minnesota 41-6042488 501(c)(3) 10,000 Conservation Support

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

501(c)(3)

38-1554664

| Foundation 200 Oak St SE McNamara Alumni Center Minneapolis, MN 55405 | | | | |
|--|------------|--------|--|---------------------------------------|
| US Geological Survey Alaska Science Center | 14-0001849 | 10,000 | | Environmental Conservation Support |

Conservation Support

10,000

4210 University Drive Anchorage, AK 99508 Wolf-Moose Research

Michigan Tech Fund 1400 Townsend Drive Houghton, MI 49931

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 91-6070005 501(c)(3) 10,000 Woodland Park Zoological Conservation Support Society Tree Kangaroo Conservation Project

| Seattle, WA 98036 | | | | | |
|--|------------|-----------|--------|--|----------------------|
| World Conservation Monitoring Centre 1615 Riverside Avenue | 26-0035224 | 501(c)(3) | 10,000 | | Conservation Support |

Jacksonville, FL 32204

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

1 Campus Drive 201 Lake Michigan Hall Allendale, MI 49401

38-1684280 501(c)(3) 7,500 Grand Valley State University

Conservation Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance The Science and Conservation 81-0539631 501(c)(3) 7.500 Conservation Support Center Inc.

6.000

| Center Inc |
|--------------------|
| 2100 S Shiloh Rd |
| Billings, MT 59106 |
| The Peregrine Fund |

5668 W Flying Hawk Ln Boise, ID 83709 23-1969973

Inc | Shiloh Rd | ,MT 59106

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

501(c)(3)

Conservation Support

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493130028057 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2016 Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at Open to Public Department of the Treasury www.irs.gov/form990. Inspection Internal Revenue Service **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 **1**b Yes 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 3 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 $\overline{\mathbf{v}}$ Compensation committee Written employment contract $\overline{\mathbf{V}}$ Independent compensation consultant Compensation survey or study $\overline{\mathbf{v}}$ 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? 4a No 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes 4c Participate in, or receive payment from, an equity-based compensation arrangement? No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of No The organization? 5a 5b No Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of The organization? 6a No Any related organization? 6b No If "Yes," on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2016 Cat No 50053T

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

| Hote. The sum of column | 13 (0) | (1)-(11) for each fisted inc | arvidual must equal the to | car amount of Form 330, | Tare VII, Section A, mic | Ta, applicable column (D) | and (L) amounts for the | - marviadar |
|---|-------------------|--|--------------------------------|-------------------------------|--|---------------------------------|------------------------------------|--|
| (A) Name and Title | | | of W-2 and/or 1099-MIS | C compensation (iii) | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
| | | (i) Base compensation | Bonus & incentive compensation | Other reportable compensation | | 2 3 11 3 11 3 | | |
| 1 Ron L Kagan Executive Director/CEO | (i) | 385,718 | 22,461 | 7,200 | 10,600 | 7,074 | 433,053 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Gerry VanAcker Chief Operations Officer | (i) | 198,143 | 19,095 | 4,800 | 9,192 | 20,236 | 251,466 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Scott F Carter Chief Life Sciences Officer | (i) | 168,874 | 18,595 | 4,800 | 17,921 | 20,236 | 230,426 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Jane Alessandrını Chief Development Officer | (i) | 167,249 | 6,922 | 1,200 | 7,343 | 20,236 | 202,950 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 John F Krueger Chief Financial Officer | (i) | 156,423 | 6,859 | 4,800 | 7,004 | 17,667 | 192,753 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Richard Friday Director of Marketing | (i) | 128,471 | 2,653 | 6,000 | 5,638 | 15,929 | 158,691 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 Diane Miller Chief Program Officer | (i) | 138,959 | 0 | 4,800 | 5,920 | 7,074 | 156,753 | 0 |
| omer magnam omes. | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| See Additional Data Table | | | | | • | | | |
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Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation The land, buildings, and animals of the Detroit Zoo are owned by the City of Detroit. A residential home is located on the grounds of the Detroit Zoo and the Schedule J, Part I, Line 1a Executive Director is required to live in this residence Schedule J. Part I. Line 3 The Detroit Zoological Society uses the Association of Zoos & Aguariums salary survey and also engages an independent compensation consultant to prepare a

Page 3

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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 DZS maintains an unfunded supplemental retirement plan (the "Plan") for selected members of management. The Chief Life Sciences Officer qualified for the plan with a commencement date of December 7, 2012 He received a credit of \$50,000 as of the commencement date and receives additional credits of \$10,000

annually from 2013 through 2017 (\$100,000 total), with the total amount vesting on December 31, 2017 The credits have been reported in Part II, Column C as deferred compensation in the year each credit was awarded. There are no plans to add any additional members of management to the plan

| efil | e GRAPHIC pr | int - DO NOT PF | ROCESS | As Filed Data - | | DLN: | 9349313 | 0028 | 057 |
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| | IEDULE M | | , | Ioncash Contri | hutions | | OMB No 1 | 545-0 | 047 |
| (For | m 990) | ▶Complete if the | | ons answered "Yes" on Fo | | 9 or 30. | 20 | 16 | -) |
| | | ▶ Attach to Form | 990. | | | | | | |
| • | tment of the Treasury al Revenue Service | ▶Information abo | out Schedu | le M (Form 990) and its i | nstructions is at <u>www.irs</u> | a.gov/form990 | Open to Inspe | | |
| | e of the organizat OIT ZOOLOGICAL SO | | | | | Employer ident | tification n | ımber | |
| DEIN | SIT ZOOLOGICAL SC | CIETT | | | | 38-6027356 | | | |
| Pa | rt I Types | of Property | | | <u>'</u> | | | | |
| | | | (a) Check ıf applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | | (d) d of determin ontribution a | | s |
| 1 | Art—Works of art | t | | | | | | | |
| 2 | Art—Historical tro | | | | | | | | |
| 3 | Art—Fractional in | | | | | | | | |
| 4 5 | Books and public Clothing and hou | sehold | | | | | | | |
| 6 | goods Cars and other v | ehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual prope | erty | | | | | | | |
| 9 | Securities—Public | | Х | 9 | 133,548 | Market Value | | | |
| | Securities—Close | | | | | | | | |
| 11 | Securities—Partr or trust interest | | | | | | | | |
| 12 | Securities—Misce | | | | | | | | |
| 13 | Qualified conserve contribution—Hi structures | vation istoric | | | | | | | |
| 14 | Qualified conserv | /ation | | | | | | | |
| 15 | Real estate—Res | idential . | | | | | | | |
| 16 | Real estate—Con | nmercial | | | | | | | |
| 17 | Real estate—Oth | er | | | | | | | |
| 18 | Collectibles . | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medic | al supplies . | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| | Scientific specim | | | | | | | | |
| | Archeological art | | | | | | | | |
| | Other ► (r - Auction Items |) | Х | 155 | 111,439 | Market Value | | | |
| 26 | Other ► (r - Supplies) | | Х | 29 | 44,277 | Market Value | | | |
| | Other ► (ities Materials) | _ _ | Х | 1 | 236,042 | Market Value | | | |
| 28 | Other ▶ (|) | | | | | | | |
| 29 | | | | tion during the tax year for 3, Part IV, Donee Acknowled | | 29 | | | 0 |
| 20 | Dummar History | al. al. al. a | | | and the second second second second second | | | Yes | No |
| 30a | J , | | , | contribution any property i | | , | | | |
| | it must hold for | at least three years | from the da | ate of the initial contribution | , and which is not required t | to be used | | | |
| | for exempt purp | oses for the entire l | nolding perio | od? | | | 30a | | No |
| b | If "Yes," describ | e the arrangement | ın Part II | | | | | | |
| 31 | Does the organi | zation have a gift ac | ceptance po | olicy that requires the review | v of any non-standard contr | ibutions? | 31 | Yes | |
| 32a | | zation hire or use th | | or related organizations to s | | | 32a | | No |
| | _ | on dıd not report ar | ı amount ın | column (c) for a type of pro | perty for which column (a) | ıs checked, | | | |
| B | describe in Part | II | Tacturction | - f F 000 | Cat No. 512271 | Caba | tule M (Form | 000) (| 2016) |

| schedule M (Form 990) | (2016) | Page 2 | | | |
|-----------------------|--|---|--|--|--|
| Part III Suppl | lemental Info | rmation. | | | |
| Provide | Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in | | | | |
| I, colu | ımn (b), the nu | imber of contributions, the number of items received, or a combination of both. Also complete | | | |
| this pa | art for any add | itional information. | | | |
| Return Refer | rence | Explanation | | | |
| | | Schedule M (Form 990) (2016) | | | |

| efile GRAPH | IC print - DO NOT PROCESS As Filed Data - | DLN | l: 93493130028057 | |
|------------------------------------|---|---|-------------------|--|
| SCHEDUL (Form 990 or EZ) | 990- Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional information about Schedule O (Form 990 or 990-EZ) and it www.irs.gov/form990. | Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | | |
| Name of the org DETROIT ZOOLOGI | | Employer iden 38-6027356 | tification number | |
| Return Reference | Explanation | | | |
| Form 990, Part I, Line 19 | The Detroit Zoological Society made significant progress on its Physical Master P 16, completing construction of the Polk Penguin Conservation Center. The majorit aising for this project occurred in 2013, 2014, and into 2015, with spending for corion occurring primarily in 2015 and into 2016. This timing led to revenues exceedings in 2013 and 2014, and expenses exceeding revenues in 2015 and 2016. In act Polk Penguin Conservation Center, the Society did substantial work on other capitots, including the Anaerobic Digester and habitat barrier improvements. See the for Part IX, Line 11g, which breaks out the spending on construction services. | ry of fundr nstruct ng expen ddition to the tal proje | | |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section A, Line 6 | 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 shops, and a tax deduction to the extent allowed by law. Classes of memberships include the following individual (\$53/\$75), single parent/single grandpar ent/dual (\$75), family/grandparent (\$75/\$89), 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 fix ed by the Board of Directors or by the Executive Committee within the second quarter of earch 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 Societ y, each member shall be entitled to cast one vote on each matter submitted for membership action, this vote may be by proxy executed in writing by the member or by his duly authori zed attorney-in-fact. No proxy shall be valid after eleven (11) months from the date of it is execution unless otherwise provided in the proxy. No person may act as a proxy unless suich person is a member of the Society. All privileges of membership (other than voting) are subject to such rules and regulations that may be adopted by a majority vote of the entir e. |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section A, Line 7a | The Detroit Zoological Society Board governs, develops policies and strategy and oversees all Society operations and activities. The committee shall be appointed by the Board Chair person 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 Boar d 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 affilia te organizations for executive and board talents. 3. Plan board members' development, including recruitment, orientation, education, and evaluation of their effectiveness. 4. Ident ify 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/C hief Executive Officer will be responsible for researching and updating the committee on e ducational 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 Explanation

Form 990,
Part VI,
Section A,
Line 7b

Part VI. Section B.

| Return Reference | Explanation |
|-----------------------|--|
| Form 990, Part VI, | A draft of the IRS Form 990 is prepared by the Detroit Zoological Society's finance depart ment under the direction of the Chief Financial Officer This draft is sent to the audit f |

Line 11b r 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 addre ss any questions that may result during the Audit Committee's review of the form. The Audi t Committee Chair informs the Chief Financial Officer that the Form is to be made available e 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

irm where a review is performed by the tax staff to ensure accuracy and completeness. Afte

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section B, Line 12c | The Conflict of Interest Policy is distributed annually to employees and board members. Em ployees 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 annua I board retreat in October, where they are asked to read the policy, complete the question naire and return it to the Chief Executive Officer's administrative assistant. Disclosure within the Society 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 a re 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 prese noce of an existing material conflict, whether the contemplated transaction may be authorized as just, fair and reasonable to the Society. 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 advancement of its purpose. |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, Line 15 | The Detroit Zoological Society uses the AZA salary survey and engages an independent consultant to prepare a competitive salary analysis of non-union, salaried positions and develo pisalary structures and ranges for these positions. Job grades and salary ranges, includin giminimum, midpoint and maximum, were established for each position. Upon determining a waige for a new hire, an individual's salary is set within the range considering the market vialue 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 excee different the established maximum wage of the pay grade and range. Salary guidelines and wages are reviewed by the Compensation Committee of the Board and approval by the Committee is documented in meeting minutes. |

Funlandian

990 Schedule O, Supplemental Information

Return Explanation

Reference

Line 19

Form 990,
Part VI,
Section C.

The financial statements, governing documents, and conflict of interest policy are available to the public upon written request

Return Explanation

11g

e Fees \$354,528, Entertainment \$41,294

Form 990, Contracted & Construction Services \$8,167,183, General Labor & Services \$3,943,590, Skille
Part IX. Line d Labor \$1,868,896, Professional Services \$1,477,477, Janitorial Services \$719,024, Service