DLN: 93493134048468 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 www.irs.gov/form990 Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 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 ☐ Final return/terminated E Telephone number Number and street (or P O $\,$ box if mail is not delivered to street address) 8450 W 10 Mile Road ☐ Amended return ☐ Application pending (248) 541-5717 City or town, state or province, country, and ZIP or foreign postal code Royal Oak, MI 48067 G Gross receipts \$ 49,904,031 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 □ 527 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 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) . . . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 66 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 493 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 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 23,780,290 24,002,745 Program service revenue (Part VIII, line 2g) . 21,515,961 20,458,068 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 433,218 1,037,430 1,011,261 710,235 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 46,740,730 46,208,478 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 750,087 809,923 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,354,070 19,250,365 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,113,366 20,631,102 29,248,652 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 40,691,390 48,352,809 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -1,612,079 5,517,088 Net Assets or Fund Balances **Beginning of Current Year** End of Year 38,650,101 45,046,690 20 Total assets (Part X, line 16) . 11,878,359 11,046,412 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 26,771,742 34,000,278 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 2018-05-11 Signature of officer Date Sign Here Jeffrey Evans Chief Financial Officer Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check | If Paid self-employed Firm'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 (2017) Cat No 11282Y

| Form | 990 (20 | 17) | | | | | Page 2 |
|---------------------|-------------------------------|--|--|--|--|--|---|
| Par | t III | Statement | of Program Service | e Accomplis | hments | | |
| | | Check of Scheo | dule O contains a respo | onse or note to | any line in this Part III | | 🗆 |
| 1 | Briefly | describe the o | rganızatıon's mıssıon | | | | |
| with enga Dem | outstand ging, me | ing and unique aningful and r | e educational opportun nemorable experiences | ities that lead to 4 Provide inn | o the appreciation and s ovative zoological facilit | rvation and animal welfare 2 Pr stewardship of nature 3 Inspire lies that contribute to the region' lice, progressive resource manag | our community with s economic vitality 5 |
| 2 | Dıd the | organization | undertake any significa | int program ser | vices during the year wi | nich were not listed on | |
| | the prio | or Form 990 or | r 990-EZ? | | | | 🗌 Yes 🗹 No |
| | If "Yes, | " describe the | se new services on Sch | nedule O | | | |
| 3 | Did the | organization | cease conducting, or m | ake significant | changes in how it condu | ıcts, any program | |
| | service | s? | | | | | 🗌 Yes 🗹 No |
| | If "Yes, | " describe the | se changes on Schedul | e O | | | |
| 4 | Section | 501(c)(3) and | | ons are required | to report the amount o | largest program services, as mea f grants and allocations to others | |
| 4a | (Code | |) (Expenses \$ | 10,759,832 | including grants of \$ | 632,800) (Revenue \$ | 38,639) |
| | See Add | litional Data | | | | | |
| 4b | (Code | |) (Expenses \$ | 5,745,461 | including grants of \$ | 177,123) (Revenue \$ | 239,054) |
| | See Add | litional Data | | | | | |
| 4c | (Code | |) (Expenses \$ | 14,897,209 | ıncludıng grants of \$ |) (Revenue \$ | 20,147,742) |
| | See Add | litional Data | | | | | |
| | (Code | |) (Expenses \$ | 2,205,388 | ıncludıng grants of \$ |) (Revenue \$ | 70,110) |
| | manage voluntee Greenpr | ment and enviro ers are committe int This compre | nment leadership. The Det d to lessening their enviro | roit Zoological Soo nmental impact or les our operations | ciety maintains grounds of 1 In the Earth The Detroit Zoo | h a commitment to outstanding servic .25 acres and 78 different buildings wh logical Society has developed a unique e refine and improve our facilities and | here staff members and e, green roadmap called the |
| 4d | Other p | program servic | tes (Describe in Schedi | ıle O) | | | |
| | (Expen | _ | | uding grants of | \$ | 0) (Revenue \$ | 70,110) |
| 4e | Total p | orogram serv | rice expenses ▶ | 33,607,8 | 90 | | |

or X as applicable

Checklist of Required Schedules

Page 3

No

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,

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

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 🕏

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,"

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,

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

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

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

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?

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Nο

Nο

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Form **990** (2017)

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No

Page 4

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

instructions for applicable filing thresholds, conditions, and exceptions)

Part IV Checklist of Required Schedules (continued)

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 . . .

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

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

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

20a 20b 21

22

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24c

24d

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25b

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Yes

Form 990 (2017)

Yes

Yes

Yes

Yes

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Nο

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Nο

| orm | 990 (2017) | | | Page |
|------------|---|------------|-----|------|
| Par | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | Ш |
| | Enterthe growth and are not a first that the first | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 127 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 | |
| U | Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a | 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? | 5b | | No |
| | | 50 | | |
| 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 | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| 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 | | |
| Qa | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | 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 | | | |
| | Gross income from members or shareholders | | | |
| | 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 | | |
| | 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. | | | |
| | 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 Enter the amount of reserves the organization is required to maintain by the states in | 13a | | |
| | which the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| .4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | | | | |

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|------------|--|----------------|-----------|------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | "No" respo | nse to li | nes |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | ✓ |
| Se | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 66 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 66 | | |
| 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? | er 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervisor 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 momembers of the governing body? | | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 7b | Yes | |
| 8 | persons other than the governing body? | by | | |
| а | The governing body? | 8 a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | 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? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Reve | nue Code | <u> </u> | |
| | | | Yes | No |
| 0a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes? | s, 10 b | | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th form? | e 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 2a | 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 | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in | 12c | Yes | |
| _ | | | | |
| .3 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 4 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| .5 | 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? | c | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| .6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemptions. | on | | |
| | 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 | | | |
| L 8 | 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. | ly) | | |
| | | | | |
| | Own website Another's website Upon request Other (explain in Schedule O) | | | |
| L9 | 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 | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records > Jeffrey Evans Chief Financial Officer Detroit Zoological Society 8450 W 10 Mile Road Royal Oak, MI 48067 (248) 54 | 41-5717 | | |

compensated employees, and former such persons

Part VII

 $\overline{\mathbf{V}}$

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

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

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

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

- 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

(A) (C) (F) (B) (D) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average than one how unless nerson amount of other

| | hours per week (list any hours | week (list is both an officer and a any hours director/trustee) org | | compensation from the organization (W- 2/1099-MISC) | compensation from related organizations (W- 2/1099- | amount of other compensation from the | | | | |
|---------------------------|--|---|-----------------------|--|--|---------------------------------------|--------|--------------|----------------------|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1033-MI3C) | (W- 2/1099- MISC) | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
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| Form | 990 (2017) | | | | | | | | | | | | Page 8 |
|--------|---|--|-------------|--|---------------------------|---------------------------------|------------------------------|----------------|--|--|---------------|--|-----------------------------------|
| Pari | t VIII Section A. Officers, Direct | tors, Trustees | s, Key I | Empl | | | , and | High | nest Compensat | ed Employees | (con | tinued) | |
| | (A) Name and Title | (B) Average hours per week (list any hours for related | than o | one bo | ox, u an off tor/tr | t che unles ficer rust | | rson a | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (\) 2/1099-MISC | n I [W- | (F) Estima amount o compens from t organizati | ated of other sation the |
| | | ror related organizations below dotted line) | | Institutional Trustee | Officei | key employee | Highest compensated employee | Former | 2/1035-Fig.3C, | 2/1099 11120 | , | organizat relate organiza | ed |
| See / | Additional Data Table | † · · · · · · | | | | | | | | | \top | | |
| | | | | | | | | | | | \top | - | |
| | | + | | \vdash | $\mid \uparrow \mid$ | | + | + | | | \top | | |
| | | + | | | \vdash | | + | +- | | | + | | |
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| | | + | - | | \vdash | \vdash | + | +-' | | | + | | |
| | | ! | | | \vdash | | + | | | | \dashv | | |
| | | ! | | <u> </u> | \sqcup | | + | | | | \dashv | | |
| | | <u> </u> | 1 | <u> </u> | \coprod | <u> </u> | | <u></u> | | | \dashv | | |
| .— | | <u> </u> | <u> </u> | <u> </u> | igsquare | _ | | <u></u> ' | | | \dashv | | |
| | | | <u> </u> | | $oxed{oxed}$ | | <u></u> | ' | | | | | |
| | Sub-Total | | | | | _ | * * | | | | + | | |
| | Total (add lines 1b and 1c) | • | | | | _ | • | _ | 2,054,203 | | 0 | | 250,453 |
| 2 | Total number of individuals (including of reportable compensation from the | g but not limited | to thos | | | | e) who |) rec | eived more than \$1 | 100,000 | _ | | |
| 1 | | | | | | _ | | | | | _ | Yes | No |
| 3 | Did the organization list any former line 1a? <i>If "Yes," complete Schedule 3</i> | | | tee, ke | | mplo • | oyee, d | or his | ghest compensated | i employee on | 3 | . | No |
| 4 | For any individual listed on line 1a, is organization and related organization individual | the sum of reposits greater than \$ | ortable o | comp 0? <i>If</i> | ensa <i>"Yes</i> | ition ;," ci | n and complet | other te Sc | compensation fror | n the | | \ | |
| 5 | Did any person listed on line 1a receive | we or accrue co | mnensa | tion f | rom | - anv | · unrel | -ted | organization or inc | dwadual for | 4 | Yes | |
| | services rendered to the organization | | | | | | | | | | 5 | , | No |
| | ection B. Independent Contract | | | _ | _ | _ | | | | | <u>—</u> | | |
| 1 | Complete this table for your five high- from the organization Report comper | | | | | | | | | | nper | isation | |
| | <u> </u> | (A) and business addre | | 1 - | | | **** | • | | (B) scription of services | | (C) | |
| Studic | ozone LLC dba Integrity Building Group | ind pusitiess acc | :55 | | | | | | | on Management | | | 2,104,440 |
| | Madison Ave | | | | | | | | | | | | |
| | oit, MI 48226 Corporation | | | | | | | | Facilities Ma | aintenance | | | 930,090 |
| | Center Drive | | | | | | | | | | | | |
| | ng Heights, MI 48312 Janney Elstner Associates | | | | | — | | | | g and Architectural | | | 439,316 |
| | 0 Telegraph Road | | | | | | | | Services | | | | |
| | nam Farms, MI 48025 Raitt Heur Weiss | | | | | — | | | Legal Servic | ıces | | | 434,224 |
| | 7 Franklin Road | | | | | | | | | | | | |
| - | nfield, MI 48086 5 Outdoor Service | | | | | | | | Landscape S | Services | | - | 349,060 |
| 30850 | 0 Brown St | | | | | | | | | | | | |
| | en City, MI 48135 | | | | | | liata d | | wa) who recoved r | nore than \$100.00 | 00.0 | | |

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 ▶ 13

| Part | VII | I Statement of | Revenue | | | | | | | | | rage 3 |
|---|------|---|--------------------------|-----------|---|------------------|---------------------|----------------------|---------------------------------------|------------------|--------------------------------------|--|
| | | Check if Schedul | e O contains | a respo | onse or note to any | line in th | nis Part VII | | | | | 🗆 |
| | | | | | | | A) evenue | Relat exe fund | B) ted or empt ction | Ь | (C) nrelated usiness evenue | (D) Revenue excluded from tax under sections |
| | 1a | Federated campaign | ns | 1a | 0 | | I | revi | enue | | | 512-514 |
| ributions, Gifts, Grants Other Similar Amounts | | b Membership dues . | | 1b | 1,146,840 | | | | | | | |
| 3ra not | ١, | c Fundraising events | | 1c | 595,069 | | | | | | | |
| IS, (| | d Related organization | | 1d | 0 | | | | | | | |
| Gifts, nilar A | | e Government grants (co | | 1e | 12,994,949 | | | | | | | |
| S. III | | F All other contributions, | gifts, grants, | | <u>, , , </u> | | | | | | | |
| tio S Z | | and similar amounts no above | ot included | 1f | 9,265,887 | | | | | | | |
| ig # | ۱, | g Noncash contribution | ns included | | | | | | | | | |
| Contributions, and Other Sim | | · | | | <u>,716</u> | | | | | | | |
| <u>ت</u> ت | _ _h | Total.Add lines 1a-1 | f | | <u> </u> | 24 | ,002,745 | | | | | |
| e L | | | | | Business | Code | | | | | | |
| ven | | Admissions | | | | 712130 | | 505,758 | · · · · · · | 5,758 | | 0 0 |
| o <u>∓</u> | | Membership Dues | | | | 712130 712130 | | 019,926 | · · · · · · · · · · · · · · · · · · · | .9,926 .5,077 | | 0 0 |
| Š | | Special Events Admission Rides and Attractions | n | | | 712130 | <u>_</u> | 520,059 | | 0,059 | | 0 0 |
| ₹. | | Concessions | | | | 712130 | | 248,609 | | 8,609 | | 0 0 |
| ram | f | All other program ser | rvice revenue | | | | | 38,639 | 3 | 8,639 | | 0 0 |
| Program Service Revenue | | Total.Add lines 2a-2f | | | 20,4 | 158,068 | | | | | | |
| | | | | | | 1 | | | | 1 | | |
| | | Investment income (ir similar amounts) . | | | miterest, and other | | 789,36 | 8 | (| 0 | 0 | 789,368 |
| | 4 | Income from investme | ent of tax-exe | mpt b | ond proceeds > | | | 0 | | 0 | 0 | 0 |
| | 5 | Royalties | | | • | | - | 0 | (| 0 | 0 | 0 |
| | 63 | Gross rents | (ı) Rea | l | (II) Personal | - | | | | | | |
| | Va | Gross remes | 5 | 19,413 | C |) | | | | | | |
| | b | Less rental expenses | | 0 | (| | | | | | | |
| | c | ; Rental income or | 5 | 19,413 | (| <u> </u> | | | | | | |
| | | (loss) | | | | | E10.41 | | | | | 510.440 |
| | d | Net rental income or | | | (1) Other | ļ | 519,41 | 3 | | 0 | 0 | 519,413 |
| | 7a | Gross amount from sales of assets other than inventory | (ı) Securit | 36,373 | (II) Other |) | | | | | | |
| | | Less cost or other basis and sales expenses | | 88,311 | (| | | | | | | |
| | | Gain or (loss) Net gain or (loss) | | 48,062 | | <u>'</u>] | 248,06 | 2 | (| 0 | 0 | 248,062 |
| | | Gross income from fu | undraising ev | • ents | • | 1 | 210,00 | | | | | |
| Other Revenue | | (not including \$ | 595,069 d on line 1c) | of | 660,587 507,242 | | | | | | | |
| ř | | : Net income or (loss) | | | · | _ | 153,34 | 5 | | | 0 | 153,345 |
|)the | | Gross income from g | amıng actıvıtı | | | | | | | | | |
| O | | See Part IV, line 19 | | а | } | | | | | | | |
| | b | Less direct expenses | s | b | | 1 | | | | | | |
| | | : Net income or (loss) | | | les | _ | | | | | | |
| | 10a | Gross sales of invent returns and allowanc | | a | | | | | | | | |
| | ь | Less cost of goods s | old | b | | 1 | | | | | | |
| | c | Net income or (loss) | from sales of | invent | tory ► | | | | | | | |
| | | Miscellaneous | Revenue | | Business Code | | | | | | | |
| | 11 | a Rebates | | | 712130 | | 16,52 | 0 | 16,520 | | 0 | 0 |
| | b | Volunteer Uniforms | | | 712130 | | 7,55 | 7 | 7,55 | 7 | 0 | 0 |
| | c | Claims | | | 712130 | | 4,20 | 0 | 4,200 | 0 | 0 | 0 |
| | d | All other revenue . | | | | | 9,20 | 0 | 9,200 | 0 | 0 | 0 |
| | e | Total. Add lines 11a | –11d | | > | | 37,47 | 7 | | | | |
| | 12 | Total revenue. See | Instructions | | | | 46,208,47 | | 20,495,54 | 5 | 0 | 1 710 100 |
| | | | | | | | 70,200,47 | <u>~I</u> | 20,433,34 | <u>-1</u> | U | 1,710,188 Form 990 (2017) |

IV. line 22

and 16

b Legal .

c Accounting

4 Benefits paid to or for members

section 4958(c)(3)(B) . 7 Other salaries and wages

9 Other employee benefits .

a Management

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

14 Information technology

20 Interest

23 Insurance . .

a Animal Care

c Exhibits

e Professional fundraising services See Part IV, line 17

10 Payroll taxes . . . 11 Fees for services (non-employees)

key employees .

2 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

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

18 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 .

22 Depreciation, depletion, and amortization .

d Special Events Catering and 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)

19 Conferences, conventions, and meetings

21 Payments to affiliates . . .

expenses on Schedule O)

b Wildlife Conservation

e All other expenses

(k) and 403(b) employer contributions)

216.113

599,893

20,973

83,688

52,911

0

0

0

0

0

Ω

11,271

54,374

1,188

45,455

11,382

167

0

0

0

0

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n

n

n

0

15,951

1,113,366

Form 990 (2017)

0

0

| 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) | | | | | | | | | | |
|--|------------------------|------------------------------------|---|----------------------------|--|--|--|--|--|--|
| Check if Schedule O contains a response or note to any | y line in this Part IX | | | 🗹 | | | | | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses | | | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 562,800 | 562,800 | | | | | | | | |
| 2 Grants and other assistance to domestic individuals. See Part | 0 | 0 | | | | | | | | |

247,123

1,575,634

13,908,809

439,265

1,792,116

1,534,541

466,278

27,575

68.000

10,259,919

1,826,291

317,278

496,226

4,158,343

64.391

547,250

518,113

990.633

117,467

284,090

248.310

40,691,390

9,306

0 231,632

0

0

0

0

0

0

0

247,123

675,458

11,675,477

362,603

1,480,244

1,336,057

9,169

68.000

9,155,261

1,771,917

196,484

57,878

3,861,086

28.569

269,491

231,632

990,633

117,467

284,090

226,451

33,607,890

n

0

0

O

0

0

684,063

1,633,439

55,689

228,184 145,573

457,109

27,575

1,093,387

119,606

438,348

251,802

35.655

266,377

518.113

9,306

0

n

0

O

5,908

5,970,134

0

n

n

3

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

(B) End of year

(A)

Beginning of year

117,357

2.936.170

3,362,872

8,956,849

0 5

0 6

0 7

0 8

٥

0 14

0 18

0 20

0 22

0

0

0 25

11,878,359

15.380.709

4.590.272

6.800.761

26,771,742

38.650.101

9

10c

11 12

13

15

16

17

19

21

23

24

29

30

31

32

33

34

687.080

540,491

22.049.282

38,650,101

4,604,095

7,219,861

54.403

1

2

3

4

Page **11**

113,312

7.854.746

2,030,767

9,785,838

0

0

0

0

0

0

0

0

0

0

7.725.784

34,000,278

45.046.690

Form **990** (2017)

654.036

760,484

23.847.507

45.046.690

3,165,431

7,798,167

82.814

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

rest-bearing . Savings and temporary cash investments . . . Pledges and grants receivable, net . . .

4,593,927

3,833,443

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

II of Schedule L Part II of Schedule L . . . Assets Notes and loans receivable, net . . Inventories for sale or use .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D

10a Less accumulated depreciation 10b Investments—publicly traded securities . Investments—other securities See Part IV, line 11 . . .

11 12 13 Investments—program-related See Part IV, line 11 . 14 Intangible assets 15 Other assets See Part IV, line 11

16 17 Accounts payable and accrued expenses

Total assets.Add lines 1 through 15 (must equal line 34) . . . 18 Grants payable . . . 19

Deferred revenue Tax-exempt bond liabilities 20

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L .

21 Liabilities 22 23

Secured mortgages and notes payable to unrelated third parties . . . and other liabilities not included on lines 17-24)

Complete Part X of Schedule D

24 25 26 Total liabilities. Add lines 17 through 25 . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

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

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

Unsecured notes and loans payable to unrelated third parties .

26

27 28

11,046,412 20,646,196 5,628,298

Page **12**

No

No

Form 990 (2017)

2a

2b

2c

3a

3b

Yes

Yes

Form 990 (2017)

Schedule O

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 40,691,39 |
|---|---|---|-----------|
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 5,517,08 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 26,771,74 |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,711,44 |
| 6 | Donated services and use of facilities | 6 | |

| 5 | Net unrealized gains (losses) on investments | • | • | • | | • | • | • | • | • | • | • | • | • | 5 | 1,711,448 |
|---|--|----------|---|---|-------|---|------|---|---|---|---|---|---|---|---------------|-----------|
| 6 | Donated services and use of facilities | | | | | | | | | | | | | | 6 | 0 |
| 7 | Investment expenses | | | | | | | | | | | | | | 7 | 0 |
| 8 | Prior period adjustments | | | | | | | | | | | | | | 8 | 0 |
| ^ | Other shares in wat accept an fixed balances | <i>(</i> | | | C _ l | | - 01 | | | | | | | | $\overline{}$ | • |

| 6 | Donated services and use of facilities | 6 | 0 |
|----|---|----|------------|
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 34,000,278 |

| 7 | Investment expenses | 7 | 0 |
|-----|---|----|------------|
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 34,000,278 |
| Par | XII Financial Statements and Reporting | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | \square |

| | | | res | NO |
|------|---|----|---------|----------|
| | | | Yes | No |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | |
| Pari | XII Financial Statements and Reporting | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 34 | .000,278 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 0 |
| 8 | Prior period adjustments | 8 | | 0 |
| 7 | Investment expenses | 7 | | 0 |

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

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

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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

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

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

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

Consolidated basis

Consolidated basis

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

☐ Cash ☑ Accrual ☐ Other

Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID: 17005980

Software Version: v1.00

EIN: 38-6027356

Name: DETROIT ZOOLOGICAL SOCIETY

Form 990 (2017)

Form 990, Part III, Line 4a:

ANIMAL CARE, WELFARE AND CONSERVATION The Detroit Zoological Society continues its purpose of celebrating and saving wildlife by demonstrating leadership in animal care, wildlife conservation and animal welfare. The Detroit Zoo had 2,810 individual animals representing 247 species in its care as of December 31, 2017. The Detroit Zoological Society is a leader in species conservation through its local, national and international field conservation programs, its support of partners' field conservation work

through grants and technical and/or on-the-ground assistance, and captive breeding of threatened and endangered species at the Detroit Zoo The Detroit Zoological Society's Center for Zoo and Aquarium Animal Welfare and Ethics is a resource center for captive animal welfare knowledge, research and best practices, a convener and forum for exotic animal welfare science, practice and policy discussions, and a center conducting research and training, and recognizing advances in exotic animal welfare Form 990, Part III, Line 4b:

EDUCATION The Detroit Zoological Society continues to provide a broad audience with outstanding and unique educational opportunities that lead to the appreciation and stewardship of nature. Humane education, environmental literacy, responsible resource management, conservation, science literacy and stewardship are fundamental.

components of education programming. Programs utilize a variety of instructional strategies – including inquiry-based learning, storytelling, interactive technology and citizen science – to meet the various learning styles of the community. Regional school district partnerships enhance humane education and life science experiences in the classroom

through onsite programs, teacher training and curriculum support

GUEST ENGAGEMENT The Detroit Zoological Society continues to inspire the community with engaging, meaningful and memorable experiences Significant animal habitats/facilities include the Arctic Ring of Life polar bear/seal habitat, the Great Apes of Harambee, the Polk Penguin Conservation Center, the Cotton Family Wolf

Wilderness, and the National Amphibian Conservation Center In 2017 the Detroit Zoo welcomed almost 1 6 million visitors. In addition to animal experiences, other attractions at the Zoo include the 4-D Theater, the Wild Adventure Simulator, Giraffe Encounter, Tauber Family Railroad, Science On a Sphere, and the Carousel Visitors can

also participate in Zoo-sponsored events including Greenfest, Sunset at the Zoo, Meet Your Best Friend at the Zoo, Run Wild, Zoo Boo and Wild Lights

Form 990, Part III, Line 4c:

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

| | any hours | and | a dır | ecto | or/tr | ustee) | | organization | organizations | from the | |
|----------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | 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) | organization and related organizations | |
| Lloyd A Semple Chairman | | × | | x | | | | 0 | 0 | 0 | |
| Stephen R Polk Vice Chair | 2 | х | | х | | | | 0 | 0 | 0 | |
| John G Sznewajs Treasurer | 0 | х | | х | | | | 0 | 0 | 0 | |
| Gail Warden Chairman Emeritus | 0 | X | | | | | | 0 | 0 | 0 | |
| Larry Alexander | 1 | × | | | | | | 0 | 0 | 0 | |

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| reasurer |
|--------------------|
| Gail Warden |
| Chairman Emeritus |
| Larry Alexander |
| Executive Director |

William Conway

Executive Director Cynthia Ford

Executive Director Alan Kalter

Executive Director Tom Lewand

Executive Director Denise J Lewis

Executive Director

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

| | any hours | and | a dır | recto | r/tr | ustee |) | organization | organizations | from the | |
|------------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | 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) | organization and related organizations | |
| Lisa Lis Executive Director | 0 | x | | | | | | 0 | 0 | 0 | |
| Shawn Patterson Executive Director | 0 | x | | | | | | 0 | 0 | 0 | |
| Richard B Platt Executive Director | 1 0 | х | | | | | | 0 | 0 | 0 | |
| Bob Riney Executive Director | 1 0 | х | | | | | | 0 | 0 | 0 | |
| | | I | ı | 1 | 1 | ı | | I | | 1 | |

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| Bob Riney |
|--------------------|
| Executive Director |
| Sean Werdlow |
| Executive Director |

Matthew S Ahearn

N Charles Anderson

Director

Director Alısha Bell

Director Thomas C Buhl

Director Shery L Cotton

Director

and Independent Contractors

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

| | 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) | organization and related organizations |
|----------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| Mary Kay Crain Director | 0 | х | | | | | | 0 | 0 | 0 |
| Matthew P Cullen Director | 0 | х | | | | | | 0 | 0 | 0 |
| Marvin Daitch Director | 0 | х | | | | | | 0 | 0 | 0 |
| Beth Daly Director | 0 | × | | | | | | 0 | 0 | 0 |

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Karen Dumas

Director David E Duprev

Director Matthew B Elliott

Director Charles Ellis

Director John Erb

Director

Director

Burton D Farbman

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

Jeff Hauswirth

Marina A Houghton

Doreen Hermelin
Director

Director
Paul Huxley

Director

Kelle Ilitch

Director
Hassan Jaber

Director

| | any hours | and | a dır | ecto | r/tr | ustee) |) | organization | organizations | from the | |
|--------------------------|---|-----------------------------------|-----------------------|------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | 10 | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| Marjorie M Furman | 1 | × | | | | | | 0 | 0 | 0 | |
| Director | 0 | | | | | | | | | | |
| Linda Gillum Director | 1 0 | x | | | | | | 0 | 0 | 0 | |
| | | | | | | | | | | | |

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| Linua Ginum | | × | | | | | 0 | 0 | |
|-----------------|---|----|---|---|--|---|---|--|---|
| Director | 0 | | | | | | | | |
| Allan D Gilmour | 1 | × | | | | | 0 | 0 | |
| Director | 0 | ,, | | | | | J | , and the second | |
| Terry S Harvill | 1 | × | | | | | 0 | 0 | |
| Director | 0 | | | | | | , | , and the second | |
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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

Director Daniel Little

Director Victor Martin

Director Isaiah McKinnon

Director Candice Miller

Director

Director - Start 9/17 Virinder Moudqil

| | any hours | | | | | ustee) | | organization | organizations | from the |
|------------------|---|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| Hıram Jackson | 1 | × | | | | | | 0 | 0 | 0 |
| Director | 0 | | | | | | | 3 | , | |
| George G Johnson | 1 | × | | | | | | 0 | 0 | 0 |
| Director | 0 | _ ^ | | | | | | | J | |
| Alan Kaufman | 1 | × | | | | | | 0 | 0 | 0 |
| Director | 0 | ^ | | | | | | 9 | | |
| Bonnie Larson | 1 | | | | | | | | _ | |

| | | | | | | | 1 |
|-----------------|---|----|------|--|---|---|---|
| Alan Kaufman | 1 | × | | | 0 | 0 | |
| Director | 0 | χ. | | | 3 | • | |
| Bonnie Larson | 1 | × | | | C | 0 | |
| Director | 0 | ^ | | | 9 | 3 | |
| Dawn Lee-Cotton | 1 | V | | | 0 | 0 | |

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(A) (B) (D) (E) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

and Independent Contractors

Director Anmar Sarafa

Director Lawrence Scott

Director Grace Shore

Director Andre Spivey

Director

| | any hours | and | a dir | ecto | r/tr | ustee) |) | organization | organizations | from the |
|-----------------------------|---|-----------------------------------|-----------------------|------|--------------|----------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | key employee | ee voldme Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| Julie Nicholson Director | 0 | × | | | | | | 0 | 0 | 0 |
| Stuart Robbins Director | 1 | × | | | | | | 0 | 0 | 0 |
| Marian Roberge | 1 | | | | | | | | | |

| Stuart Robbins | 1 | l _x | | | n | 0 | |
|--------------------------|---|----------------|--|--|---|---|--|
| Director | 0 | _ ^ | | | 9 | 3 | |
| Marian Roberge | 1 | × | | | n | 0 | |
| Director - Term End 9/17 | 0 | ^ | | | 9 | 3 | |
| James Rosenthal | 1 | × | | | 0 | 0 | |
| Director | 0 | | | | | 9 | |
| | | | | | | | |

| папап корегуе | | l x | | | 0 | 0 | | |
|--------------------------|---|-----|--|--|---|---|---|--|
| Director - Term End 9/17 | 0 | ^ | | | , | 3 | İ | |
| James Rosenthal | 1 | × | | | 0 | 0 | | |
| Director | 0 | ^ | | | 0 | 0 | | |
| Melissa Roy | 1 | _ | | | n | 0 | | |
| Director | О | _ ^ | | | 0 | 0 | | |

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| Director - Term End 9/17 | 0 | | | | | | |
|--------------------------|---|-----|--|--|---|---|---|
| James Rosenthal | 1 | × | | | n | 0 | 0 |
| Director | 0 | | | | | 9 | |
| Melissa Roy | 1 | × | | | n | 0 | 0 |
| Director | 0 | _ ^ | | | | 3 | |
| Rick Ruffner | 1 | | | | | | |

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| Dırector - Term End 9/17 | 0 | ^ | | | Ū | 0 | 0 |
|--------------------------|---|---|--|--|---|---|---|
| James Rosenthal | 1 | × | | | n | 0 | 0 |
| Director | 0 | * | | | | 3 | |
| Melissa Roy | 1 | × | | | 0 | 0 | 0 |
| Director | 0 | | | | ľ | ŭ | ŭ |

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

| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
|-----------------------------|---|----|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| Shirley R Stancato Director | 1 | × | | | | | | 0 | 0 | 0 |
| James Tate Director | 1 | x | | | | | | 0 | 0 | 0 |
| Joel D Tauber | 1 | ., | | | | | | | | |

| James Tate | 1 | l _x | | | 0 | |
|---------------------|---|----------------|--|--|---|--|
| Director | 0 | ^ | | | | |
| Joel D Tauber | 1 | V | | | 0 | |
| Director | 0 | ^ | | | | |
| Jeffrey K Willemain | 1 | | | | | |
| Director | 0 | ^ | | | | |

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439,414

88,227

118,507

17,672

9,182

11,061

0

50

50

50

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and Independent Contractors

Larry Wolfe

Jennifer Fischer

Director

Ron L Kagan

John F Krueger

Jeffrey Evans

Executive Director/CEO

Chief Financial Officer

Chief Financial Officer - Term 5/17

Director - Start 9/17
William M Wolfson

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

and Independent Contractors

Richard Friday

Director of Marketing

Director of Human Resources

Thomas Guajardo

Robert Schumaker

Director of Finance

Director of Animal Health

Director of Communications

Ann Duncan

Patricia Janeway

| | week (list any hours | | | | | office ustee) | | from the organization | from related organizations | compensation from the organization and | |
|--|---|-----------------------------------|-----------------------|----|--------------|---------------------|--------|-----------------------|-------------------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | 10 | Key employee | Highest compensated | Former | (W- 2/1099- MISC) | | related organizations | |
| Gerry VanAcker Chief Operations Officer | 50 | | | х | | | | 239,747 | 0 | 29,120 | |
| Scott F Carter Chief Life Science Officer | 50 | | | х | | | | 205,772 | 0 | 37,837 | |
| Jane Alessandrını Chief Development Officer | 50 | | | × | | | | 188,557 | 0 | 27,556 | |
| Diane Miller | 50 | | | х | | | | 149,756 | 0 | 13,225 | |

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142,061

137,827

120,512

117,111

106,712

21,744

8,684

25,246

24,790

24,336

| Chief Life Science Officer | 0 | | | | , | |
|----------------------------|----|--|---|--|---------|--|
| Jane Alessandrını | 50 | | х | | 188,557 | |
| Chief Development Officer | 0 | | < | | 100,337 | |
| Diane Miller | 50 | | х | | 149,756 | |
| Chief Program Officer | 0 | | ^ | | 149,736 | |
| | | | | | | |

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| efil | e GR/ | APHIC pri | nt - <u>DO N</u> O | T PROCESS | CESS As Filed Data - DLN: 93493134048 | | | | | | | | | |
|--------|--------------|--|--------------------------------|---|--|---|-------------------------------------|------------------------------|--|--|--|--|--|--|
| SCI | HED m 990 | ULE A | | Public (| Charity Staturganization is a sect | ion 501(c)(3) o empt charitable | organization or trust. | ort | 2017 | | | | | |
| Depart | ment of | the Treasury | ▶ Infe | ormation abou | ► Attach to Form it Schedule A (Form www.irs.a | | | ictions is at | Open to Public Inspection | | | | | |
| Nam | e of th | nie Service h e organiza DLOGICAL SOC | | | | , | | Employer identific | ation number | | | | | |
| | | | | | | | | 38-6027356 | | | | | | |
| | rt I | | | | us (All organization : it is (For lines 1 thro | | | See instructions. | | | | | | |
| 1 | ga≥ | | • | | sociation of churches | 3 , | , | (A)(i) | | | | | | |
| _ | | • | | | | | | | | | | | | |
| 2 | | | | | 1)(A)(ii). (Attach Scl | • | • • | | | | | | | |
| 3 | Ш | · | · | · | vice organization desc | | | • | | | | | | |
| 4 | | name, city, | and state _ | | ed in conjunction with | | | | | | | | | |
| 5 | | (b)(1)(A) | (iv). (Comple | ete Part II) | t of a college or unive | | | | oed in section 170 | | | | | |
| 6 | Ш | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | | | | | |
| 7 | | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) | | | | | | | | | | | | |
| 8 | | A communi | ty trust desci | ribed in section | 170(b)(1)(A)(vi) | (Complete Part I | I) | | | | | | | |
| 9 | | | | | escribed in 170(b)(1) ee instructions Enter | | | | ege or university or a | | | | | |
| 10 | ✓ | | | | | | | | | | | | | |
| 11 | | An organiza | ition organize | ed and operated | exclusively to test fo | r public safety S | ee section 509 | (a)(4). | | | | | | |
| 12 | | more public | ly supported | organizations of | d exclusively for the bedescribed in section 5 the type of supporting | i09(a)(1) or se d | ction 509(a)(2 |). See section 509(a | e purposes of one or)(3). Check the box | | | | | |
| а | | Type I. A so | supporting or n(s) the pow | ganization oper er to regularly a | ated, supervised, or c appoint or elect a majo | ontrolled by its s | upported organi | zation(s), typically by | | | | | | |
| b | | Type II. A manageme | supporting on nt of the sup | porting organiza | ervised or controlled i | | | | | | | | | |
| C | | Type III f | unctionally i | | supporting organizatio | | | | ted with, its | | | | | |
| d | | Type III n functionally | on-function integrated | ally integrate The organization | ons) You must com d. A supporting organ n generally must satis | ization operated fy a distribution i | ın connection wi requirement and | th its supported orgar | | | | | | |
| e | | Check this | box if the org | anızatıon receiv | t IV, Sections A and ved a written determine | nation from the II | | pe I, Type II, Type II | I functionally | | | | | |
| f | Enter | | | on-functionally l organizations | integrated supporting | organization | | | | | | | | |
| g | | | | - | ipported organization(| 'c) | | | | | | | | |
| | | Name of supports | orted | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | in your governing document? monetary support other support (see instructions) instructions) | | | | | | | | |
| | | | | | | Yes | No | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | | |
| Tota | I | | | | | | | | | | | | | |

| (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part | | | | | | | | | | | |
|---|----------|-----------------|----------|----------|-----------------|-----------|--|--|--|--|--|
| III. If the organization fails to qualify under the tests listed below, please complete Part III.) | | | | | | | | | | | |
| Section A. Public Support | | | | | | _ | | | | | |
| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | | | |
| Gifts, grants, contributions, and | | | | | | | | | | | |

| 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 to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from | | | | | | |
| | line 4 | | | | | | |
| _ \$ | Section B. Total Support | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c)2015 | (d)2016 | (e) 2017 | (f)Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | - · | | | | | | |
| 11 | Total support. Add lines 7 through | | | | | | |

| | line 4 | | | | | | |
|----|--|--------------------|----------------------|-----------------------|---------------------|-------------------|-------------|
| S | ection B. Total Support | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f)Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, e | tc (see instructio | ns) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization | 's fırst, second, th | ırd, fourth, or fıfth | n tax year as a sec | tion 501(c)(3) or | ganızatıon, |
| | check this box and stop here | | | | | 🕨 | |
| S | ection C. Computation of Public | | | _ | • | • | |
| 14 | Public support percentage for 2017 (line | e 6, column (f) dı | vided by line 11, o | olumn (f)) | | 14 | |

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017 Part III

210,190,039

212,739,743

3,289,420

3,289,420

2,755,018

218,784,181

96 072 %

95 218 %

1 503 %

1 783 %

▶ | |

(f) Total

| | the organization fails t | to qualify under | the tests listed | below, please c | omplete Part II | .) | |
|--------|--|------------------|------------------|-----------------|-----------------|-----------------|-------------|
| Sec | tion A. Public Support | | | | | | |
| ((| Calendar year or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 9,397,896 | 18,003,113 | 20,311,687 | 16,873,020 | 15,513,056 | 80,098,772 |
| | 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 | 11,880,057 | 12,686,284 | 16,028,809 | 17,450,673 | 16,993,162 | 75,038,985 |
| - | Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | 0 | 0 | 0 | 0 |
| - (| Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 11,134,855 | 11,051,527 | 11,566,980 | 11,768,675 | 12,079,949 | 57,601,986 |
| 1 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total. Add lines 1 through 5 | 32,412,808 | 41,740,924 | 47,907,476 | 46,092,368 | 44,586,167 | 212,739,743 |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | 507,116 | 815,197 | 443,397 | 529,320 | 254,674 | 2,549,704 |
| - (| 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 | 0 | 0 | 0 | 0 | 0 | 0 |
| C / | Add lines 7a and 7b | 507,116 | 815,197 | 443,397 | 529,320 | 254,674 | 2,549,704 |

(b) 2014

41,740,924

1,085,708

1,085,708

570,000

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization.

43,396,632

19a 331/3% support tests-2017. 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

b 33 1/3% support tests—2016. 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

0

(c) 2015

47,907,476

346,637

346,637

570,000

48,824,113

(d) 2016

46,092,368

387,324

387,324

570,000

47,049,692

(e) 2017

44,586,167

789,368

789,368

570,000

45,945,535

15

16

17

18

Schedule A (Form 990 or 990-EZ) 2017

0

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

Support Schedule for Organizations Described in Section 509(a)(2)

| Se | ction B. Total Support | | | | |
|-------------------------------------|--------------------------------|--|--|--|--|
| | from line 6) | | | | |
| 8 Public support. (Subtract line 7c | | | | | |
| С | Add lines 7a and 7b | | | | |
| | amount on line 13 for the year | | | | |

q

С

11

12

14

17

18

20

1975

11, and 12)

10a

Calendar year

(or fiscal year beginning in) ▶

Gross income from interest, dividends, payments received on

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from

businesses acquired after June 30,

business activities not included in line 10b, whether or not the business is regularly carried on

Other income Do not include gain

or loss from the sale of capital assets (Explain in Part VI) **Total support.** (Add lines 9, 10c,

check this box and stop here

Amounts from line 6

Add lines 10a and 10b

Net income from unrelated

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2016 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2016 Schedule A, Part III, line 17

(a) 2013

32,412,808

680,383

680,383

475,018

33,568,209

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

0

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

Yes

5b

5c

7

8

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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 | İ | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | | | |
| | in section 309(a)(1) or (2) | 2 | | |
| 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 | İ | |
| 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 | | |

| 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 | | | |
| 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 | | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | |
| | checked 12a or 12b in Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | |

| | | | | 3. |
|----|---|----|---------------|----|
| 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 | | | |
| 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 | | \rightarrow | |
| | supervised by or in connection with its supported organizations | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections | | | |
| | 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support | | | |
| | to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | | $\overline{}$ | |
| | | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and | | | |

| | | | , , | |
|----|--|----|-----|--|
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below | | | |
| | cnecked 12a or 12b in Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | |
| | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support | | | |
| | to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the | | | |
| | organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a | | |

| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone othe than (i) its supported organizations, (ii) 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 | | | |
|---|---|--|--|--|
| | organization's supported organizations? If "Yes," provide detail in Part VI. | | | |
| 7 | 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 | | | |
| | substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | | | |

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

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

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,"

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

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

organization's organizing document?

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

the organization had excess business holdings)

8

10a

answer line 10b below

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
    provide detail in Part VI.
                                                                                                                                  9a
b
```

| Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting | | |
|--|----|---|
| organization had an interest? If "Yes," provide detail in Part VI. | 9b | Γ |

| Pa | rt IV Supporting Organizations (continued) | | | -9 |
|----|---|-----|---------|----|
| | | | 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 | | |
| | 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 | | |
| | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | | | |
| _ | | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization | | | |
| 5 | ection C. Type II Supporting Organizations | | | |
| | cetion 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) | 1 | | |
| S | ection D. All Type III Supporting Organizations | | | |
| 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? | | Yes | No |
| | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | |
| | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |
| s | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | | 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 its activities | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | a 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? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard | 3b | | |

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

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

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

| See instructions | | |
|--|--|--|
| 3 Excess distributions carryover, if any, to 2017 | | |
| a | | |
| b From 2013 | | |
| c From 2014 | | |
| d From 2015 | | |
| e From 2016 | | |
| f Total of lines 3a through e | | |
| g Applied to underdistributions of prior years | | |
| h Applied to 2017 distributable amount | | |
| Carryover from 2012 not applied (see instructions) | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | |
| 4 Distributions for 2017 from Section D, line 7 | | |
| <u> \$ </u> | | |
| Applied to underdistributions of prior years | | |
| | | |

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

| Schedule A (I | Form 990 or 990-EZ) |) 2017 Page 8 |
|---------------|--|---|
| Part VI | Section A, lines 1, 2 Part IV, Section D, I | ormation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, ines 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 is, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See |
| | | Facts And Circumstances Test |
| | | |
| 990 Sched | ule A, Suppleme | ental Information |
| Retu | urn Reference | Explanation |
| Schedule A, | Part III, Line 12 | Income from the City of Detroit |

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Political Campaign and Lobbying Activities

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

Schedule C (Form 990 or 990-EZ) 2017

Cat No 50084S

DLN: 93493134048468

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ 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.

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

Inspection

| | | ou1(c)(3)) organizations. Complete Par | ts I-A and C below | Do not complete Par | t I-B | | |
|----------|---|--|--|---|---------------|---|---|
| | Section 527 organizations Comple | | 000 EZ Dard VI III | 47 (l . h.hin A | | \ 4h a.u | |
| | | n Form 990, Part IV, Line 4, or Form t have filed Form 5768 (election under | | | | | R |
| | | t have NOT filed Form 5768 (election u | | | | | |
| f the | e organization answered "Yes" o | n Form 990, Part IV, Line 5 (Proxy Ta | | | | | |
| | xy Tax) (see separate instruction | | | | | | |
| | Section 501(c)(4), (5), or (6) organiz | zations Complete Part III | | le | | | |
| | me of the organization TROIT ZOOLOGICAL SOCIETY | | | Employei | · iaeni | tification nur | nper |
| | | | | 38-60273 | 56 | | |
| Par | t I-A Complete if the orga | nization is exempt under secti | on 501(c) or is | a section 527 or | ganiz | ation. | |
| 1 | Provide a description of the orgar "political campaign activities") | nization's direct and indirect political ca | mpaign activities in | n Part IV (see instruct | ions fo | or definition of | : |
| 2 | Political campaign activity expend | ditures (see instructions) | | • | | \$ | |
| 3 | Volunteer hours for political camp | paign activities (see instructions) | | | | | |
| Par | t I-B Complete if the orga | nization is exempt under secti | on 501(c)(3). | | | _ | |
| 1 | Enter the amount of any excise to | ax incurred by the organization under s | section 4955 | ı | > 9 | \$ | |
| 2 | Enter the amount of any excise to | ax incurred by organization managers i | under section 4955 | · | ▶ 9 | \$ | |
| 3 | • | tion 4955 tax, did it file Form 4720 for | | | | Yes | □ No |
| 4a | Was a correction made? | ,, | , | | | □ Yes | □ No |
| | 75 IV | | | | | ⊔ Yes | □ No |
| b Par | | nization is exempt under secti | on 501(c) exc | ent section 501/c | 1(3) | | |
| | <u> </u> | <u> </u> | | | | | |
| 1 | | led by the filing organization for section | • | | ٦ | \$ | |
| 2 | function activities | anization's funds contributed to other | organizations for se | ection 527 exempt | \$ | \$ | |
| 3 | Total exempt function expenditur | es Add lines 1 and 2 Enter here and o | on Form 1120-POL, | line 17b ► | 9 | \$ | |
| 4 | Did the filing organization file For | rm 1120-POL for this year? | | | | ☐ Yes | □ No |
| 5 | organization made payments For of political contributions received | employer identification number (EIN) of reach organization listed, enter the am that were promptly and directly delive ee (PAC) If additional space is needed | nount paid from the red to a separate p | e filing organization's roolitical organization, s | funds | Also enter the | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid filing organization funds If none, en | n's | (e) Amount contribution and prom directly delir separate organization | s received ptly and vered to a political n If none, |
| 1 | | | | | | enter | -0- |
| 2 | | | 1 | | | | |
| | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

(a) 2014

1,000,000

66,000

250,000

(b) 2015

1,000,000

53.500

250,000

(c) 2016

1,000,000

277,612

250,000

207,279

(d) 2017

1,000,000

68,000

250,000

Schedule C (Form 990 or 990-EZ) 2017

(e) Total

4,000,000

6,000,000

465,112

1,000,000

1,500,000

207,279

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

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

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

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

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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)? 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? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 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 С 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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**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.

DLN: 93493134048468 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

| | me of the organization ROIT ZOOLOGICAL SOCIETY | | Employer identificat | ion number |
|-------------|--|---|-------------------------------------|----------------|
| <i>-</i> LI | NOTE EDUCATION SOCIETY | | 38-6027356 | |
| Pa | rt I Organizations Maintaining Donor Adv Complete if the organization answered "Y | | r Accounts. | |
| | | (a) Donor advised funds | (b)Funds and oth | er accounts |
| | Total number at end of year | | | |
| | Aggregate value of contributions to (during year) | | | |
| | Aggregate value of grants from (during year) | | | |
| | Aggregate value at end of year | | | |
| | Did the organization inform all donors and donor advisorganization's property, subject to the organization's e | | vised funds are the | ☐ Yes ☐ No |
| , | Did the organization inform all grantees, donors, and ocharitable purposes and not for the benefit of the dono private benefit? | | | ☐ Yes ☐ No |
| Pa I | rt III Conservation Easements. Complete if t | the organization answered "Yes" on Form | n 990, Part IV, line 7. | |
| | Purpose(s) of conservation easements held by the org. | anızatıon (check all that apply) | | |
| | Preservation of land for public use (e.g., recreation | on or education) \Box Preservation of an | historically important lar | nd area |
| | Protection of natural habitat | Preservation of a c | ertified historic structure | |
| | Preservation of open space | | | |
| | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year | a qualified conservation contribution in the for | m of a conservation Held at the En | d of the Year |
| а | Total number of conservation easements | | 2a | d of the real |
| b | Total acreage restricted by conservation easements | | 2b | |
| С | Number of conservation easements on a certified histo | ric structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquistructure listed in the National Register | uired after 8/17/06, and not on a historic | 2d | |
| ı | Number of conservation easements modified, transferr | red, released, extinguished, or terminated by t | the organization during t | he |
| | Number of states where property subject to conservat | ion easement is located > | | |
| 5 | Does the organization have a written policy regarding and enforcement of the conservation easements it hold | | of violations, | □ No |
| • | Staff and volunteer hours devoted to monitoring, inspec | ecting, handling of violations, and enforcing co | inservation easements d | uring the year |
| , | Amount of expenses incurred in monitoring, inspecting | , handling of violations, and enforcing conserv | ation easements during | the year |
| 3 | Does each conservation easement reported on line 2(c and section $170(h)(4)(B)(II)^7$ | d) above satisfy the requirements of section 17 | 70(h)(4)(B)(ı) | □ No |
|) | In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme | e footnote to the organization's financial state | | |
| ar | t III Organizations Maintaining Collections Complete if the organization answered "Y | s of Art, Historical Treasures, or Othe | er Similar Assets. | |
| .a | If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final | .16 (ASC 958), not to report in its revenue sta or public exhibition, education, or research in fu | | |
| b | If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items | .16 (ASC 958), to report in its revenue statem | | |
| (| i) Revenue included on Form 990, Part VIII, line 1 | | > \$ | |
| - | i)Assets included in Form 990, Part X | | | |
| : | If the organization received or held works of art, historical following amounts required to be reported under SFAS | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | , <u> </u> | ▶ \$ | 0 |
| | Assets included in Form 990, Part X | | ▶ \$ | 0 |

d Equipment

| | edule D (Form 990) 2017 | | | | | | | | | Page 2 |
|--------|---|--|-----------------|---------------------------------|--------|-----------------|-----------|-------------------------------|--------|----------------------------------|
| Par | t IIII Organizations Ma | aintaining Collections o | of Art, His | storical Tr | easu | ires, or | Other | Similar Asse | ts (co | ontinued) |
| 3 | Using the organization's acq items (check all that apply) | uisition, accession, and other | r records, c | heck any of t | he fo | llowing th | at are a | significant use | of its | collection |
| а | ✓ Public exhibition | | | d 🗌 | Loan | or exchar | nge prog | rams | | |
| b | Scholarly research | | | e 🗌 | Othe | r | | | | |
| С | ✓ Preservation for future | e generations | | | | | | | | |
| 4 | Provide a description of the Part XIII | organization's collections and | d explain ho | ow they furth | er the | e organiza | tion's ex | kempt purpose i | n | |
| 5 | | anızatıon solıcıt or receive do nds rather than to be maintai | | | | | | ular |] Yes | i ☑ No |
| Pa | | codial Arrangements. ganızatıon answered "Yes | " on Form | 990, Part | IV, ∣ı | ne 9, or | reporte | ed an amount | on Fo | orm 990, Part |
| 1a | Is the organization an agent included on Form 990, Part i | t, trustee, custodian or other X? | ıntermedia | ry for contrib | ution | s or other | assets | not | Yes | s ☑ No |
| b | If "Yes " evoluin the arrange | ement in Part XIII and comple | ete the follo | owina table | | Γ | | Amo | unt | |
| c | Beginning balance | Amone in Fare Attrana comple | ere the folio | Janie Cable | | | 1c | 7.110 | | |
| d | Additions during the year | | | | | F | 1d | | | |
| е | Distributions during the year | r | | | | F | 1e | | | |
| f | Ending balance | | | | | F | 1f | | | |
| 2a | • | an amount on Form 990, Par | rt X. line 21 | L. for escrow | or cu | ∟ stodial ac | count lia | ability? | Yes | |
| _ | - | · | • | | | | | | | |
| b | ir res, explain the arrange | ement in Part XIII Check here | <u> </u> | | | • | | | • • | . 🗹 |
| Pa | rt V Endowment Fund | ds. Complete if the organ | | | | | | | | |
| 1-2 | Beginning of year balance . | (a)Currer | 1,166,026 | (b) Prior year 14,947 | _ | (c)Two yea | ,366,709 | (d)Three years b 13,732 | | (e)Four years back 12,094,581 |
| | Contributions | | 744,564 | 553 | _ | | ,282,875 | · | ,692 | 379,117 |
| | Net investment earnings, gair | ns and losses 2 | ,689,641 | 989 | | | -371,692 | | ,590 | 1,554,387 |
| | Grants or scholarships | 13, 4110 103363 | , , | | 0 | | | | 0 | |
| | Other expenditures for facilities and programs | | 284,200 | 280 | 400 | | 267,000 | 246 | ,300 | 227,000 |
| f | Administrative expenses . | | 0 | 44 | 370 | | 63,680 | 70 | ,934 | 68,424 |
| | End of year balance | | ,316,031 | 16,166 | | 14 | ,947,212 | | | 13,732,661 |
| э 2 | , | ntage of the current year end | | | | | ,, | , | | |
| ے a | Board designated or quasi-e | - | Dalance (1 | ine 19, colui | III (a |)) Held as | | | | |
| | Permanent endowment ► | 40 % | | | | | | | | |
| b | Temporarily restricted endov | | | | | | | | | |
| С | ' ' | , 2b, and 2c should equal 100 | 0% | | | | | | | |
| 3а | | not in the possession of the | | n that are he | ıld an | d adminis | tered fo | r the | | Yes No |
| | (i) unrelated organizations | | | | | | | | За | (i) Yes |
| b | (ii) related organizations . If "Yes" on 3a(II), are the rel | | required on | Schedule R | • • | • • • | | | 3a(| |
| 4 | Describe in Part XIII the inte | ended uses of the organizatio | n's endowr | ment funds | | | | | | |
| Pa | rt VI Land, Buildings, | | | | | | | | | |
| | • | ganization answered "Yes (a) Cost or other basis | | 1 990, Part other basis (o | | | | m 990, Part) lepreciation | | e 10. I) Book value |
| | Description of property | (a) Cost or other basis (investment) | (b) Cost or | other dasis (0 | шег) | (C) Accur | nuiated c | repreciation | (a |) book value |
| 12 | Land | 0 | | | 0 | | | | | 0 |
| | Buildings | 0 | | 11 | 8,647 | | | 118,647 | | 0 |
| | Leasehold improvements | 0 | | | 0 | | | 0 | | 0 |
| • | | | | | - | • | | ٠, | | |

760,484

760,484

3,714,796

4,475,280

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

| | See Form 990, Part X, line 12. | | | | Part IV, line 11b. |
|--|---|----------|----------------------|--------------------------------|----------------------------------|
| | (a) Description of security or category (including name of security) | | (b) Book value | (c) Method Cost or end-of-y | of valuation ear market value |
| L) Financial | derivatives | | | | |
| ?) Closely-h B)Other | neld equity interests | <u>·</u> | | | |
| .) | | | | | |
|) | | | | | |
|) | | | | | |
|) | | | | | |
|) | | | | | |
|) | | | | | |
| i) | | | | | |
| 1) | | | | | |
| otal. (Columi | n (b) must equal Form 990, Part X, col (B) line 12) | • | | | |
| art VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Form 9 | 990, Pa | art IV, lı | ne 11c. See Form 990, Pa | art X, line 13. |
| | - | | ok value | (c) Method | |
|) | | | | COSC OF CHU-OF-Y | La. market value |
| 2) | | | | | |
| ;) | | | | | |
| I) | | | | | |
| 5) | | | | | |
|) | | | | | |
| ·) | | | | | |
| 3) | | | | | |
|)) | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 13) | | | | |
| Part IX | Other Assets. Complete if the organization answered 'Yes' of | on Forr | n 990, Pa | rt IV, line 11d See Form 99 | |
| L) | (a) Description | | | | (b) Book value |
| · :) | | | | | |
|) | | | | | |
| <u>, </u> | | | | | |
|) | | | | | |
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| , | | | | | |
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|) | | | | | |
|) | | | | | |
|) | mp (h) must equal Form 990. Part Y, col (R) line 15.) | | | | |
|))) otal. (Colur | mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer | red 'Ye | s' on Fo | | ▶ or 11f. |
|))) otal. (<i>Colur</i> Part X | | | | | |
|))) otal. <i>(Colur</i> Part X | Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. | | | rm 990, Part IV, line 11e | |
|) ptal. (Colur Part X) Federal I | Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | | rm 990, Part IV, line 11e | |
|) ptal. (Colum Part X) Federal in | Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | | rm 990, Part IV, line 11e | |
|) ptal. (Colum Part X) Federal in | Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | | rm 990, Part IV, line 11e | |
|) ptal. (Column part X) Federal in) | Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | | rm 990, Part IV, line 11e | |
|) part X) Federal in) | Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | | rm 990, Part IV, line 11e | |
| part X) Federal in) | Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | | rm 990, Part IV, line 11e | |
|)) ptal. (Column Part X) Federal in)))) | Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | | rm 990, Part IV, line 11e | |
| otal. (Colur | Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | | rm 990, Part IV, line 11e | |
| part X (Columnation (Columnati | Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | | rm 990, Part IV, line 11e | |

Page 4

48,250,045

330,119

40,691,390

40,691,390

Schedule D (Form 990) 2017

1

330,119

2e

3

4c

d Other (Describe in Part XIII) 330.119 2e 3

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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 . . .

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

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

Other (Describe in Part XIII)

Supplemental Information

Other (Describe in Part XIII)

Add lines 2a through 2d

Add lines 4a and 4b . .

Return Reference

Schedule D (Form 990) 2017

Part XI

1

2

3

4

c 5

Part XIII

See Additional Data Table

а

2.041.567 46,208,478 Amounts included on Form 990, Part VIII, line 12, but not on line 1

4 Investment expenses not included on Form 990, Part VIII, line 7b. b 4b

4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 46,208,478 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2a

2b 2c

2d

4b

Explanation

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 41,021,509 1

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

| Page 5 | | Schedule D (Form 990) 2017 | | |
|---------------|----------------------|-----------------------------|--|--|
| | ormation (continued) | Part XIII Supplemental Info | | |
| | Explanation | Return Reference | | |
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Schedule D (Form 990) 2017

Additional Data

Software ID: 17005980

Software Version: v1.00 **EIN:** 38-6027356

Name: DETROIT ZOOLOGICAL SOCIETY

| Suppl | lemental | Information |
|-------|----------|-------------|
| | | |

| | Evolopotion |
|--|-------------|

Return Reference Explanation

Schedule D, Part III, Line 1 The Society owns numerous works of art accumulated over the years Consistent with financi al statement presentations followed by other institutions, primarily museums, the Society excludes the value of its works of art from the statements of financial position. The work s 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 art collection from artists in multiple mediums acquired for the purpose of interpreting the relationship of humans with animals through various cultures and times. The Zoo's first Wildlife Art Committee was created in 1987 by then-director Steve Graham who felt outdoor sculptures of wildlife coull denhance visitors' enjoyment of the Zoo. The collection was begun with the understanding that art is a visual communication that records feelings, beliefs, and ideas 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 Society holds funds for the Eastern Mas sasauga Rattlesnake Species Survival Plan organization and DZS curators are active members in this organization |

Sı

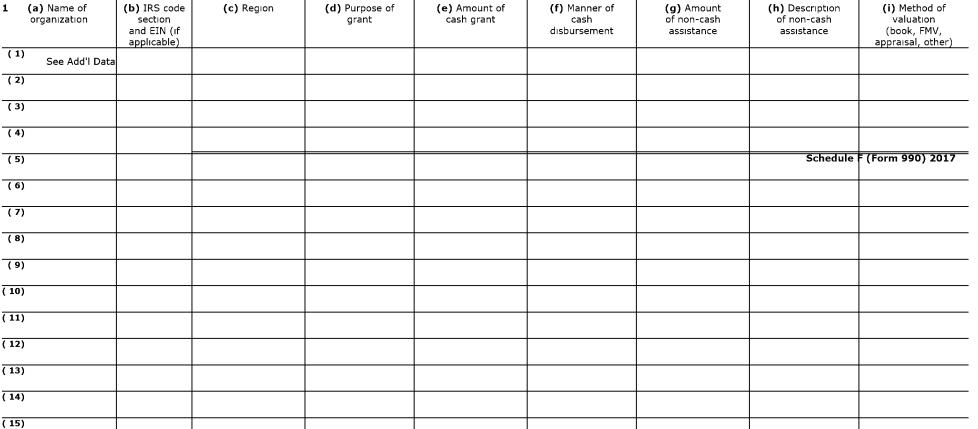
| Supplemental Information | |
|----------------------------|---|
| Return Reference | Explanation |
| Schedule D, Part V, Line 4 | The Detroit Zoological Society (Society) endowments were established to provide a stable s ource of funding to help underwrite the programs and facilities of the Detroit Zoo and Bel le Isle Nature Center Monies placed in endowments are invested, with interest, and only d istributed 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 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 the Berman Academy for Humane Education Endowment 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 humane education programs at the Detroit Zoo. The John S. and James L. Knight Fund the 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's trust agreement. The purpose of the fund is to benefit the Detroit Zoological Society's endowment fund. The Society determined that it would be most beneficial as a component of the Humane Education Endowment. The Richard and Jane Manoogian Endowment for Wildlife Art and Interpretation the Richard and Jane Manoogian Endowment for Wildlife Art and Interpretation the Richard and Jane Manoogian Endowment for Unidlife Art and Interpretation was established May 6, 2002 by Richard A. Manoogian. The purpose of the endowment is to purchase |

| 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 Socie ty 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, 2017 or 2016 |

Supplemental Information Return Reference Explanation Other adjustments to audited financial statements include donations to CONAPAC of \$177,12 Schedule D, Part XI, Line 2d 3, and direct fundraising expenses of \$507,242, for total of \$330,119

Supplemental Information Return Reference Explanation Other adjustments to audited financial statements include donations to CONAPAC of \$177,12 Schedule D, Part XII, Line 2d 3, and direct fundraising expenses of \$507,242, for total of \$330,119

| SCHEDULE F | State | ment of A | Activities (| Outside the Uni | ted Sta | tes | OMB No 1545-0047 | |
|--|------------------------------|--|---|--|------------------------|--|--|--|
| (Form 990) | ► Comple | elete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Attach to Form 990 and its instructions is at www.irs.gov/form990. | | | | | 2017 | |
| Department of the Treasury Internal Revenue Service | ▶ Informat | | | | | | Open to Public Inspection | |
| Name of the organization | O.E.T./ | | | | E | nployer ider | ntification number | |
| DETROIT ZOOLOGICAL SO | CIEIY | | | | 38 | 3-6027356 | | |
| | formation of Part IV, line : | | Outside the U | Jnited States. Comple | te if the or | ganızatıon a | enswered "Yes" to | |
| _ | - | | | substantiate the amount | _ | | | |
| to award the grants | - | | e grants or assi | stance, and the selection | criteria use | iu | ☑ Yes ☐ No | |
| 2 For grantmakers. outside the United S | | Part V the orga | inization's proce | dures for monitoring the | use of its g | rants and ot | her assistance | |
| 3 Activites per Region | (The following | g Part I, line 3 t | able can be dupli | cated if additional space is | needed) | | | |
| (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | program sei specifi | listed in (d) is a vice, describe c type of) in region | (f) Total expenditures for and investments in region | |
| (1) See Add'l Data | | | | - | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| 3a Sub-total b Total from continuation Part I | on sheets to | | | | | | | |
| c Totals (add lines 3a a | and 3h) | C |) (| | | | 247,12 | |



 $\overline{(14)}$ (15) (16)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Part III

(12)

(13) (14)

(15) (16)

(17) (18) Page 3

Schedule F (Form 990) 2017

| Part III can be duplicated if additional space is needed. | | | | | | | | |
|---|------------|--------------------------|-------------------------------------|------------------------------------|---|--|---|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) | |
| (1) | | | | | | | | |

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

(2)

(3) (4) (5)

(6) (7)

(8) (9) (10) (11)

| Sche | dule F (Form 990) 2017 | | Page 4 |
|------|---|-------------|---------------|
| Pai | 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, do not file with Form 990) | Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) | Yes | ✓ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, 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) | □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 5713, do not file with Form 990) | ☐Yes | ✓ No |
| | Schedul | e F (Form 9 | 990) 2017 |

| Schedule F (Form 990) 2017 | | | | | | |
|----------------------------|-----------------|--|--|--|--|--|
| Part V | Pro am me | pplemental Information vide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; ounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting thod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide additional information (see instructions). | | | | |
| | arry | additional information (see instructions). | | | | |
| Return Referenc | Í | Explanation | | | | |

Society participates in the delivery of school supplies each April, providing a first-hand account of the purchased supplies and their distribution. This representative also stays in contact with leaders of the organizations to ensure their activities continue to support their mission

Additional Data

East Asia and the Pacific

Software ID: 17005980
Software Version: v1.00

EIN: 38-6027356

Name: DETROIT ZOOLOGICAL SOCIETY

Conservation support

20,000

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | | | | | |
|---|---|--|---|---|--------------------------------------|--|--|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | | |
| Europe (including Iceland and Greenland) | 0 | 0 | Grantmakıng | Conservation support | 50,000 | | | | |

0 Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) South America 177.123 0 |Grantmaking Educational support

(i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV. non-cash cash and EIN(If organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 30,000 Wire Transfer Europe Conservation (ıncludına Isupport Iceland and Greenland)



Iceland and (Greenland

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant organization and EIN(If grant non-cash disbursement assistance appraisal, applicable) assistance other) 10.000 Wire Transfer Europe Conservation (ıncludına support Iceland and Greenland)

10.000

Wire Transfer

| | | _ |
|--|--|---|
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| | | |
| | | |

East Asia and

the Pacific

Conservation

Isupport

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region cash non-cash (book, FMV, and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 10,000 Wire transfer Conservation Ithe Pacific Isupport South America Educational 177.123 Wire Transfer support

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134048468 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. **Employer identification number** Name of the organization 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 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 individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

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. (b) Event #2 (c)Other events (a)Event #1 (d) Total events Sunset at the Zoo Run Wild (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 1,005,442 138,860 111,354 1,255,656 2 Less Contributions. 534,869 21,200 39,000 595,069 3 Gross income (line 1 minus 470,573 117,660 72,354 line 2) 660,587 4 Cash prizes 0 5 Noncash prizes 0 Expenses Rent/facility costs 77,163 5,994 5,000 88,157 7 Food and beverages 94,269 7,033 13,293 114,595 8 Entertainment 39,696 27,171 7,410 74,277 Other direct expenses 188,033 34,673 7,507 230,213 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ 507,242 11 Net income summary Subtract line 10 from line 3, column (d) 153,345 Part III 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 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 . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

| Sche | dule G (Form 990 or 990-EZ) 2017 | | | | | F | Page 3 |
|------|---|------------------------------------|---|--------|------|-----|---------|
| 11 | Does the organization conduct gaming | activities with nonmembers? | | | □Yes | □No | |
| 12 | Is the organization a grantor, beneficia formed to administer charitable gaming | | per of a partnership or other entity | | □Yes | | |
| 13 | Indicate the percentage of gaming activ | vity conducted in | | | | | |
| а | The organization's facility | | | 13a | | | % |
| b | An outside facility | | | 13b | | | % |
| L4 | Enter the name and address of the pers | son who prepares the organizatio | n's gaming/special events books and r | ecords | | | |
| | Name ► | | | | | | |
| | Address ► | | | | | | |
| | Does the organization have a contract virevenue? | . , | | | □Yes | □No | |
| b | If "Yes," enter the amount of gaming re amount of gaming revenue retained by | | | he | | | |
| С | If "Yes," enter name and address of the | e 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 state retain the state gaming license? | e law to make charitable distribut | ions from the gaming proceeds to | | □Yes | Пио | |
| b | Enter the amount of distributions required in the organization's own exempt activities. | | other exempt organizations or spent | | | 0 | |
| Par | t IV Supplemental Informatio | n. Provide the explanations i | equired by Part I, line 2b, columre. Also provide any additional info | | | | s). |
| | Return Reference | | Explanation | | | | |

Schedule G (Form 990 or 990-EZ) 2017

| efile GRAPHIC print - D | O NOT PROCESS | As Filed Data - | | | | | DLI | N: 934931340 |)48468 |
|---|--|---------------------------------|---|--|---|--------------------------|------------------------|--------------------------------|---------|
| Schedule I (Form 990) | | | Other Assistan | _ | · · | | 0 | 2017 | 47 |
| Department of the Treasury Internal Revenue Service | Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 . | | | | | | | | |
| Name of the organization DETROIT ZOOLOGICAL SOCIE | TY | | | | | Emplo | yer ıdentıfic | ation number | |
| | | | | | | 38-60 | 27356 | | |
| Does the organization m the selection criteria use | ed to award the grants | estantiate the amount of | the grants or assistance, | | for the grants or assistant | ce, and | | ✓ Yes | □ No |
| Part II Grants and Othe | | | and Domestic Governme ditional space is needed | ents. Complete if the o | rganization answered "Yes | " on Form 990, I | Part IV, line | 21, for any recip | ient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Descri noncash as | | (h) Purpose o or assistance | f grant |
| (1) See Additional Data | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| | | - | s listed in the line 1 table | | | | ▶ . ▶ | | 28 |
| For Paperwork Reduction Act No | | | | Cat No 50055 | | | Sch | edule I (Form 990 |) 2017 |

| Schedule I (Form 990) 2017 | | | | | | Page 2 |
|--|---------------|----------------------------|--------------------------|----------------------------------|---|--|
| Part III Grants and Other A Part III can be duplic | | | als. Complete if the org | anization answered "Yes" | " on Form 990, Part IV, line 22 | |
| (a) Type of grant or assis | tance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| Part IV Supplemental | Information | on. Provide the inf | ormation required in | Part I, line 2; Part III | I, column (b); and any other ac | dditional information. |
| Return Reference | Explanatio | on | | | | |
| Schedule I, Part I, Line 2 | The Detroit i | Zoological Society m | onitors the use of funds | through direct observati | on, reporting from the organization | on, and participation by DZS staff in research |

Schedule I (Form 990) 2017

Additional Data

Polar Oceans Research Group

Inc PO Box 368 Sheridan, MT 59749

Software ID: 17005980 **Software Version:** v1.00 **EIN:** 38-6027356 Name: DETROIT ZOOLOGICAL SOCIETY

81-0536140

| Form 990,Schedule I, Part | II, Grants and | Other Assistance to | Domestic Organiza | tions and Domesti | ic Governments. | |
|---------------------------|----------------|---------------------|--------------------|--------------------|-------------------------|--|
| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation | |

| organization or government | | іт арріісавіе | grant | assistance | other) | r |
|-------------------------------|------------|---------------|--------|------------|--------|------------|
| Association of Zoos and | 55-0526930 | 501(c)(3) | 80,000 | | | |

501(c)(3)

Aqua 8403

| Association of Zoos and Aquariums 8403 Colesville Road Suite 710 Silver Springs, MD 20910 | 55-0526930 | 501(c)(3) | 80,000 | | |
|--|------------|-----------|--------|--|--|

(g) Description of (h) Purpose of grant (c) INC section (d) Amount or cash (e) Amount or non- (f) Method or Valuation (hook, EMV, approprial non-cash assistance or assistance

50,000

Conservation Support

Conservation Support

(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 organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance nservation Support

| The Jane Goodall Institute 1595 Spring Hill Rd Ste 500 Vienna, VA 22182 | 94-2474731 | 501(c)(3) | 35,000 | | Cons |
|---|------------|-----------|--------|--|------|
| | | | | | |

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

8450 W 10 Mile Road Royal Oak, MI 48067

CONAPAC 38-6017356 501(c)(3) 25,000 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, non-cash assistance organization grant cash or assistance or government other) assistance 46-2308758 501(c)(3) 25.000 Gorilla Rehabilitation and Conservation Support Conservation Education Center

20,000

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

501(c)(3)

26-2887967

| Inc PO Box 334 | |
|--------------------------|-------|
| Cumberland Center, ME | 04021 |
| Amphibian Survival Allia | nce |

PO Box 129 Austin, TX 78767

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance US Geological Survey Alaska 14-0001849 20.000 Govt Agency Conservation Support Science Center

15.000

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

501(c)(3)

91-1144119

4210 University Drive Anchorage, AK 99508 Snow Leopard Trust

75 Boyes Blvd Sonoma, CA 95476

(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 organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| Wildlife Conservation Network | 30-0108469 | 501(c)(3) | 15,000 | | Conservation Support |
|-------------------------------|------------|-----------|--------|--|----------------------|
| 209 Mississippi Street | | | | | |
| San Francisco, CA 94107 | | | | | |

12,500

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

501(c)(3)

Wildlife Conservation Society

2300 Southern Blvd Bronx, NY 10460 13-1740011

(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 other) assistance African Elephant Conservation 23-6610636 501(c)(3) 10.000 Conservation Support

Trust 10 State Street Newport, MA 01950 Bat Conservation International 74-2553144 501(c)(3) 10.000 Conservation Support

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

Inc PO Box 162603

Austin, TX 78716

(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 other) assistance Giraffe Conservation 81-2749463 501(c)(3) 10.000 Conservation Support Foundation USA PO Box 24246 Cleveland, OH 44124

10.000

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

501(c)(3)

Grand Valley State University

1 Campus Drive 201 Lake Michigan Hall Allendale, MI 49401 38-1684280

(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 organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ation Support

| MGVP Inc Gorilla Doctors | 06-1752363 | 501(c)(3) | 10,000 | | Conservation |
|--------------------------|------------|-----------|--------|--|--------------|
| PO Box 356 | | | | | |
| Davis, CA 95617 | | | | | |

10,000

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

501(c)(3)

Red Panda Network

1859 Powell St Ste 100 San Francisco, CA 94133 26-1103671

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 38-6006309 501(c)(3) 10.000 Environmental Conservation Support

Regents of the University of Michigan Department of Anthropology 1085 South University Avenue

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

1 Government Drive St Louis, MO 63110

Ann Arbor, MI 48109 501(c)(3) St Louis Zoo Association 43-1727309 17,500 Conservation Support

(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 organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ion Support

| The Conservation Agency 67 Howland Avenue Jamestown, RI 02835 | 05-0392995 | 501(c)(3) | 10,000 | | Conservation Support |
|---|------------|-----------|--------|--|----------------------|
| The Ocean Foundation | 71-0863908 | 501(c)(3) | 10,000 | | Conservation Support |

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

PO Box 2506 Providence, RI 02906

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 23-1969973 501(c)(3) 10.000 The Peregrine Fund Conservation Support 5668 W Flying Hawk Ln Boise, ID 83709

Conservation Support

10,000

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

501(c)(3)

The Science and Conservation

Center Inc 2100 S Shiloh Rd Billings, MT 59106 81-0539631

(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 organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance servation Support

Conservation support

| The Wild Animal Sanctuary | 84-1351483 | 501(c)(3) | 10,000 | | Conse |
|---------------------------|------------|-----------|--------|--|-------|
| 1946 County Road 53 | | | | | |
| Keenesburg, CO 80643 | | | | | |

10,000

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

501(c)(3)

Turtle Survival Alliance 20-0785702

1989 Colonial Parkway Fort Worth, TX 76110

(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 ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(c)(3) 10.000 University of Minnesota 41-6042488 Conservation support

Conservation support

10.000

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

| 200 Oak St SE Ste 500 Minneapolis, MN 55405 | | |
|--|------------|-----------|
| Wolf-Moose Research | 38-1554664 | 501(c)(3) |

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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-0035224 501(c)(3) 10.000 World Conservation Monitoring Conservation support

Centre 1615 Riverside Avenue Jacksonville, FL 32204 27-4151541

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

Fort Worth, TX 76110

Caribbean Wildlife Alliance 501(c)(3) 6.000 Conservation support PRCT SSP 1989 Colonial Parkway

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 84-0502539 501(c)(3) 6.000 Denver Zoological Foundation Conservation support 2300 Steele St

Denver, CO 80205

| Compensation Information Compensation Information | efil | e GRAPHIC pr | int - DO NOT PROCESS | As Filed Data | a - | DLN: 934 | 9313 | 34048 | 468 |
|--|------------|--------------------|---|---------------------------------------|---|-------------------------|------------|--------|------|
| Part I Questions Regarding Compensated Employees Name of the organization answered "Yes" on Form 990, Part IV, line 23. Part I Questions Regarding Compensated Employees Name of the organization Employer identification number | Sch | edule J | C | ompensati | ion Information | OM | IB No | 1545-0 | 0047 |
| Department of the Treasur Information about Schedule 2 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Information and Information appropriate Info | (Form 990) | | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23 | | | | | | |
| Department of the Treasun Information about Schedule 2 (Form 990) and its instructions is at Information about Schedule 3 (Form 990) and its instructions is at Inspection Inspec | | | | | | | | | 7 |
| Internal Revenue Www.lirs.gov/form990. Employer identification number | | | - | ► Attach | to Form 990. | | | | |
| Part I Questions Regarding Compensation | • | | ► Information a | | | ıs at | | | |
| Part 1 Questions Regarding Compensation Yes No | Nan | ne of the organiza | | | | Employer identificat | | | |
| 1a Check the appropiate 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 Payments for business use of personal residence Tax idemnification and gross-up payments Payments for business use of personal residence Tax idemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) | DET | ROIT ZOOLOGICAL S | SOCIETY | | | 38-6027356 | | | |
| 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 Payments for business use of personal residence Payment or reimbursonal residence Payment or reimbursonal residence Payment or reimbursonal residence Payment sort used used used used used used used used | Pa | rt I Questi | ons Regarding Compensa | ation | | | | | |
| 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 Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Discretionary spending account Payments for business use of personal residence Discretionary spending account Payments for lowers used uses of personal residence Discretionary spending account Payments for business used uses of personal residence Discretionary spending account Payments for personal residence Discretionary spending account Payments for personal residence Discretionary spending account Payments for personal residence Discretionary spending account Payments for personal residence Discretionary spending account Payments for personal residence Discretionary spending account Payments for personal services (e.g., maid, chauffer) | | | | | | | | Yes | No |
| Travel for companions | 1a | | | | | | | | |
| Tax idemnification and gross-up payments | | First-class | or charter travel | \mathbf{Z} | Housing allowance or residence for | personal use | | | |
| Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 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 Compensation committee | | _ | • | 님 | • | | | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 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 2 Compensation committee 3 Independent compensation consultant 4 Compensation survey or study 5 Form 990 of other organizations 4 Approval by the board or compensation committee 4 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 a Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5 Participate in, or receive payment from, an equity-based compensation arrangement? 6 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 6 Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | | ts 📙 | | | | | |
| or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimburising or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Independent compensation consultant Original than 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? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 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 compensation contingent on the revenues of | | ☐ Discretion | ary spending account | Ш | Personal services (e g , maid, chaut | rreur, cher) | | | |
| directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 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 | b | | | | | nent or reimbursement | 1b | Yes | |
| Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Independent compensation consultant 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? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | 2 | | | | | . 1.2 | 2 | Yes | |
| organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent 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? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | directors, truste | es, officers, including the CEO/ | executive Directo | r, regarding the items checked in line | e la' | | | |
| used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Independent compensation consultant 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? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 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 compensation contingent on the revenues of | 3 | | | | | he | | | |
| ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Approval by the board or compensation committee ☐ Approval by the board or compensation committee ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | | _ | • | 117 | • | ın Part III | | | |
| Independent compensation consultant 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? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? The participate in, or receive payment from, an equity-based compensation arrangement? Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | - | | | | | | |
| 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? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 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 compensation contingent on the revenues of | | | | | • • | | | | |
| 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 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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 compensation contingent on the revenues of | | | · · | _ | · · · · · · · · · · · · · · · · · · · | ition committee | | | |
| related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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 compensation contingent on the revenues of | | | - | _ | | | | | |
| a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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 compensation contingent on the revenues of | 4 | | | 990, Part VII, Se | ction A, line 1a, with respect to the f | iling organization or a | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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 compensation contingent on the revenues of | а | _ | | ntrol navment? | | | 4 a | | No |
| c Participate in, or receive payment from, an equity-based compensation arrangement? 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 compensation contingent on the revenues of | | | · · · | | ified retirement plan? | | | Yes | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | С | | | • | · · | | 4c | | No |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | If "Yes" to any o | of lines 4a-c, list the persons ar | nd provide the app | olicable amounts for each item in Par | t III | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | 0l. 504(-)/2 | \ F04(-\/4\ F04(-\/20 | · · · · · · · · · · · · · · · · · · · | | | | | |
| compensation contingent on the revenues of | 5 | | | | | | | | |
| a The organization? | • | | | | the organization pay or accrue any | | | | |
| a the organization. | а | The organization | 17 | | | | 5a | | No |
| b Any related organization? 5b No | b | Any related orga | anization? | | | | 5b | | No |
| If "Yes," on line 5a or 5b, describe in Part III | | 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 compensation contingent on the net earnings of | 6 | | | | the organization pay or accrue any | | | | |
| a The organization? 6a No | а | The organization | ٦٦ | | | | 6 a | | No |
| b Any related organization? | b | | | | | | 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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No | 7 | | | | | d | 7 | | No |
| 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 in Part III | 8 | subject to the in | | | | escribe | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section | 9 | If "Yes" on line | 8, did the organization also folk | ow the rebuttable | presumption procedure described in | Regulations section | 8 | | No_ |
| 53 4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule 1 (Form 990) 2017 | | | | | | | | | 201= |

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 (E) Total of columns (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(ı)-(D) column (B) reported (ii) Bonus & incentive (iii) Other (i) Base

| | | compensation | compensation | reportable compensation | compensation | 561161116 | | as deferred on prior Form 990 |
|--|----------|--------------|--------------|----------------------------|--------------|-----------|----------|----------------------------------|
| 1 Ron L Kagan Executive Director/CEO | (i) | 397,417 | 34,797 | 7,200 | 10,600 | 7,072 | 457,086 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Gerry VanAcker Chief Operations Officer | (i) | 213,883 | 20,964 | 4,900 | 8,883 | 20,237 | 268,867 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Scott F Carter Chief Life Science Officer | (i) | 181,567 | 19,305 | 4,900 | 17,624 | 20,213 | 243,609 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Jane Alessandrini Chief Development Officer | (i) | 172,698 | 14,259 | 1,600 | 7,343 | 20,213 | 216,113 | 0 |
| · | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 Diane Miller Chief Program Officer | (i) | 143,402 | 1,454 | 4,900 | 6,160 | 7,065 | 162,981 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Richard Friday Director of Marketing | (i) | 132,575 | 3,486 | 6,000 | 5,835 | 15,909 | 163,805 | 0 |
| y | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| - | | | | | | | Schedule | J (Form 990) 2017 |

| Part III Supplemental Information | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Provide the information, explanation, o | 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 | | | | | | | |
| Schedule J, Part I, Line 1a | 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 Executive Director is required to live in this residence. The residence is not considered taxable to the Executive Director, given that it is a requirement of the position. | | | | | | | |
| Schedule J, Part I, Line 3 | The Detroit Zoological Society uses the Association of Zoos & Aquariums salary survey and also engages an independent compensation consultant to prepare a competitive salary analysis of all non-union, salaried positions and recommend salary structures and ranges for these positions to the Board Compensation Committee Job grades and salary ranges - including minimum, midpoint and maximum - are established for each position. Upon determining a wage for a new | | | | | | | |

Page 3

Schedule J (Form 990) 2017

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 Board Compensation Committee and approval by the Committee is documented in the minutes

Schedule J (Form 990) 2017

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 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 at commencement and received additional credits of \$10,000 annually for five

years (\$100,000 total), which fully vested on December 31, 2017 As of December 31, 2017, the CLSO has been awarded \$100,000. The credits received 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

| efil | e GRAPHIC pr | int - DO NOT PF | ROCESS | As Filed Data - | | | DLN: | 9349313 | 4048 | 468 |
|----------|--|------------------------|---------------|--|--|---------|----------------------|------------------|-----------|----------------|
| | IEDULE M | | | loncash Contri | hutions | | | OMB No 1 | .545-0 | 047 |
| (For | m 990) | l - | organizati | ons answered "Yes" on Fo | | 9 or 30 |). | 20 | 17 | 7 |
| | | ► Attach to Form | | le M (Form 990) and its in | nstructions is at www.irs | aov/ | form990 | 0 | | |
| • | tment of the Treasury al Revenue Service | Pilliormation abo | out Schedu | ile M (1 of ili 990) and its il | nisti uctions is at <u>www.ii.s</u> | .gov/ | 01111990 | Open to Inspe | | |
| Nam | e of the organizat | | | | | Emplo | yer identi | | | |
| DETR | OIT ZOOLOGICAL SO | DCIETY | | | | 38-602 | 7356 | | | |
| Pa | rt I Types | of Property | | | | 30-002 | ./330 | | | |
| | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | (a) | (b) | (c) | | | (d) | | |
| | | | | Number of contributions or items contributed | Noncash contribution amounts reported on Form 990, Part VIII, line 1g | n | Method oncash cor | of determi | | :s |
| 1 | Art—Works of art | t | | | - | | | | | |
| 2 | Art—Historical tr | | | | | | | | | |
| 3 | Art—Fractional in | | | | | | | | | |
| 4 | Books and public | | | | | | | | | |
| 5 | Clothing and hou goods | | | | | | | | | |
| 6 | Cars and other v | | | | | | | | | |
| 7 | Boats and planes | s | | | | | | | | |
| 8 | Intellectual prope | • | | | | | | | | |
| 9 | Securities—Public | | X | 11 | 333,538 | Marke | t Value | | | |
| 10 | Securities—Close Securities—Partr | • | | | | | | | | |
| | or trust interest | 1 ' ' | | | | | | | | |
| 12 | Securities—Misce | ellaneous | | | | | | | | |
| 13 | Qualified conserve contribution—Histructures | istoric | | | | | | | | |
| 14 | Qualified conserve contribution—Of | vation | | | | | | | | |
| 15 | Real estate—Res | | | | | | | | | |
| 16 | Real estate—Cor | | | | | | | | | |
| 17 | Real estate—Oth | | | | | | | | | |
| 18 19 | Collectibles . Food inventory | | | | | | | | | |
| 20 | Drugs and medic | | | | | | | | | |
| 21 | Taxidermy . | | | | | | | | | |
| 22 | Historical artifact | ts | | | | | | | | |
| 23 | Scientific specim | ens | | | | | | | | |
| 24 | Archeological art | ifacts | | | | | | | | |
| | Other ► (r - Supplies) | | X | 17 | 31,009 | Marke | t Value | | | |
| | Other ► (| | X | 150 | 136,169 | Marke | t Value | | | |
| | r - Auction Items | | | | | | | | | |
| 27 | Other ▶ (| • | | | | | | | | |
| | Other ▶ (| | | | | | | | | |
| 29 | | | _ | ition during the tax year for B, Part IV, Donee Acknowled | | 29 | | | Yes | 0 No |
| 30a | During the year | , did the organization | n receive by | contribution any property r | eported in Part I. lines 1 th | rouah 1 | 28. that it | | 162 | 140 |
| | must hold for at | | om the date | e of the initial contribution, a | | | | pt 30a | | No |
| b | If "Yes," describ | e the arrangement | ın Part II | | | | | 300 | | |
| 31 | Does the organi | zation have a gift ac | ceptance p | olicy that requires the review | v of any nonstandard contril | butions | ? | 31 | Yes | |
| 32a | Does the organi contributions? | | ird parties | or related organizations to so | olicit, process, or sell nonca | sh • | | 32a | | No |
| b | If "Yes," describ | e ın Part II | | | | | | | | |
| 33 | If the organizati | | amount in | column (c) for a type of pro | perty for which column (a) | s checl | ked, | | | |
| For B | | on Act Notice, see the | - Instruction | es for Form 990 | Cat No. 512271 | | Schodu | ıle M (Form | 000) | 2017) |

| Schedule M (Fo | rm 990) (2017) | Page 2 |
|----------------|-----------------------|---|
| Part II | Supplemental Info | rmation. |
| | Provide the informat | ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part |
| | I, column (b), the nu | imber of contributions, the number of items received, or a combination of both. Also complete |
| | this part for any add | itional information. |
| Ret | urn Reference | Explanation |
| | | Schedule M (Form 990) (2017) |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134048468 OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Department of the Treasury Inspection www.irs.gov/form990. Name of the organization **Employer identification number** DETROIT ZOOLOGICAL SOCIETY 38-6027356 990 Schedule O, Supplemental Information Return **Explanation** Reference Form 990. Paying Detroit Zoological Society members receive benefits including free admission to the Part VI. Detroit Zoo, discounted admission to participating zoos and aquariums across the country, Section A. 10% discount in the gift shop, and a tax deduction to the extent allowed by law Classes Line 6 of memberships include the following individual (\$58/\$79), single parent (\$79), family/gr andparent (\$79), supporter (\$200), and renaissance circle (\$1,500+) In addition to the be nefits received by the paying members, the members also have certain voting and decision-m aking rights. This includes the ability to attend the annual meeting and call special meet ings. The annual meeting of the members is held on a date fixed by the Board of Directors or by the Executive Committee within the second quarter of each fiscal year. Special meeti ngs of the members may also be called by the Chairman of the Board, the President, a major ity 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 Society, each member shall be entit led to cast one vote on each matter submitted for membership action, this vote may be by p roxy executed in writing by the member or by his duly authorized attorney-in-fact. No prox y shall be valid after eleven (11) months from the date of its execution unless otherwise provided in the proxy. No person may act as a proxy unless such person is a member of the Society All privileges of membership (other than voting) are subject to such rules and re gulations that may be adopted by a majority vote of the entire Board of Directors

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section A, Line 7a | The Detroit Zoological Society Board governs, develops policies and strategy and oversees all Society operations and activities. The Governance and Nominating Committee shall be appointed by the Board Chairperson and ratified by the Board of Trustees. This Committee shall liconsist of at least five persons, including the Board Chairperson, the Director/Chief Executive Officer and at least two other board members. The chairperson of the committee shall be a member of the Board of Trustees. The Governance and Nominating Committee will be responsible for the recruitment, selection, nominating, orientation and evaluation of board members of the Detroit Zoological Society. Maintain an awareness of the needs of the board and/or its affiliate organizations for executive and board talents. Plan board members' development, including recruitment, orientation, education, and evaluation of their effectiveness. Identify and select candidates for committees of the board using criteria for board service as a guide. Provide an orientation program conducted by managem ent for new board members. Provide an orientation program conducted by managem ent for new board members. Provide an orientation program to determine board educational needs. The Director/Chief Executive Officer will be responsible for researching and updating the committee on educational opportunities. Conduct board self-evaluations. Review the performance of board members prior to re-appointment. |

Return Reference Explanation

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

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section B, Line 11b | 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 irm where a review is performed by the tax staff to ensure accuracy and completeness. Afte rithis 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 |

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 Audit Committee Chair informs the Chief Financial Officer that the Form is to be made available to all Board Members and then can be filed with the IRS on behalf of the organization. A board resolution is not required in order for the Form 990 to be filed. This final draft is filed with the IRS and State government agencies.

| 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 annual board retreat which takes place in October, where they are asked to read the policy, complete the questionnaire and return it to the Chief Executive Officer's administrative assistant. Disclosure with in 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 are material, bring them to the attention of the Board. The Board Chair and/or the Chief Executive Officer shall consider whether a conflict exists and is material, and in the presence of an existing material conflict, whether the contemplated transact ion 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 advance ment 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 develop salary 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 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 Compensation Committee of the Board and approval by the Committee is documented in meeting minutes. |

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Line 19

Return Explanation

Form 990,
Part VII,
Section B,
Line 1(C)

The Zoo was unable to separate the cost of services provided from the cost of materials fo r Studiozone LLC and Conti Corporation Please note that the totals for these two vendors include both services and materials

Return Explanation Reference

11g

Form 990. Contracted/Construction Services = \$2,772,454, General Labor = 3,357,293, Skilled Labor = Part IX. Line

1.547.170. Professional Services = 1.501.448. Janitorial Services = 642.074. Service Fees = 398.297. Event Entertainment = 41.183