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REJECTED ELECTRONIC RETURN 11-13-09

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2007, and ending A For the 2008 calendar year, or tax year beginning 12/31 <u>12/28</u>, **20**08 Employer identification number C Name of organization ZOOLOGICAL SOCIETY OF SAN DIEGO B Check if applicable Please use IRS Doing Business As 95-16<u>48219</u> orint o Number and street (or P O box if mail is not delivered to street address) Telephone number Name change type POST OFFICE BOX 120551 (619) 231-1515 Specific City or town, state or country, and ZIP + 4 Termination Instruc Amended G Gross receipts \$ SAN DIEGO, CA 92112 276,118, F Name and address of principal officer DOUGLAS MYERS, Application pending H(a) Is this a group return for Yes Х OFFICE BOX 120551 SAN DIEGO Nο H(b) Are all affiliates included Tax-exempt status 501(c) (3) ◀ (insert no) 4947(a)(1) or If "No " attach a list (see instructions) SANDI EGOZOO. ORG H(c) Group exemption number Corporation L Year of formation 1916 M State of legal domicile Type of organization Trust Part I Summary Briefly describe the organization's mission or most significant activities _ THE ZOOLOGICAL SOCIETY OF SAN DIEGO IS A CONSERVATION, EDUCATION AND Governance RECREATION ORGANIZATION DEDICATED TO THE REPRODUCTION, PROTECTION AND EXHIBITION OF ANIMALS, PLANTS AND THEIR HABITATS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 12 Total number of employees (Part V, line 2a) 5 3, 311 Total number of volunteers (estimate if necessary) 6 600 7a Total gross unrelated business revenue from Part VIII, line 12, column (C).

b Net unrelated business taxable income from Form 990, T, line 34. 7 a 11,171,584. -963,509. Prior Year **Current Year** Contribution and grants (Part VIII, line 1h) DEC. 0.8.2009. Я 37,761,491 33, 161, 014. O!Revenue Program service revenue (Part VIII, line 2g) 9 135,667,391 145, 364, 550. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 7,950,682 102,033. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14e) 22,419,843. 14,082,895. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12); 203<u>, 799, 407</u>. 192,710,492. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>486,085.</u> NONE Benefits paid to or for members (Part IX, column (A), line 4) 14 NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 93, 400, 933. 97,811,963. 16a Professional fundraising fees (Part IX, column (A), line 11e) 406, 117. 35,000. b Total fundraising expenses, Part IX, column (D), line 25) ▶ ___3,679,386. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 81,640,007. 82, 215, 3<u>67.</u> 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 175,447,057 180,548,415. 19 Revenue less expenses Subtract line 18 from line 12 28, 3<u>52, 350</u>. 12, 162, 077. Beginning of Year End of Year 20 Total assets (Part X, line 16) 387, 200, 048. 364, 226, 299. Total liabilities (Part X, line 26) 21 104, 495, 531 143, 198, 264. Net assets or fund balances Subtract line 21 from line 20, 22 282,704,517 221,028,0<u>35.</u> Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief to correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer ALLA Type or print name and title Preparer's identifying number Preparer's 11-13-69 self-(see instructions) Paid signature employed Preparer's Firm's name (or yours FIN 34-6565596 ERNST & YOUNG U.S. Use Only Phone no 949-794-2300 18111 VON KARMAN AVENUE, SUITE 1000 IRVINE, CA 92612 Yes X No For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

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	990 (2008) 95-1648219 Page 2
	Statement of Program Service Accomplishments (see Instructions)
1	Briefly describe the organization's mission:
	THE ZOOLOGICAL SOCIETY OF SAN DIEGO IS A CONSERVATION, EDUCATION AND
	RECREATION ORGANIZATION DEDICATED TO THE REPRODUCTION, PROTECTION AND EXHIBITION OF ANIMALS, PLANTS AND THEIR HABITATS.
	EXHIBITION OF ANTHALS, FEARIS AND THEIR HABITAIS.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes" describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$141,901,379including grants of \$230,085) (Revenue \$136,599,645)
	OPERATION OF 2 ANIMAL EXHIBITION FACILITIES; THE SD ZOO AND THE SD ZOO'S WILD ANIMAL PARK. THE 100-ACRE ZOO IS HOME TO
	4,000 RARE AND ENDANGERED ANIMALS AND CONTAINS A PROMINENT
	BOTANICAL COLLECTION WITH MORE THAN 700,000 PLANTS. THE
	WILD ANIMAL PARK IS AN 1800-ACRE WILDLIFE SANCTUARY, WITH
	OVER HALF OF THE PARK BEING SET ASIDE AS PROTECTED
	HABITATS.
	-
4b	(Code) (Expenses \$17,046,000. including grants of \$256,000.) (Revenue \$8,498,297.)
	CONSERVATION PROGRAMS THROUGH THE ZSSD'S INSTITUTE FOR
	CONSERVATION RESEARCH WHICH IS THE LARGEST ZOO-BASED
	MULTIDISCIPLINARY RESEARCH TEAM IN THE WORLD. THE INSTITUTE HAS GROWN TO INCLUDE INTERNATIONAL FIELD CONSERVATION PROGRAMS IN MORE
	THAN 35 COUNTRIES WORLDWIDE.
4c	(Code) (Expenses \$2,776,000. including grants of \$NONE) (Revenue \$3,225,124) EDUCATIONAL PROGRAMS SUCH AS SCHOOL FIELD TRIPS, ASSEMBLY &
	CLASSROOM PROGRAMS, CLASSROOM KITS, CURRICULUM & ACTIVITIES,
	TEACHER WORKSHOPS, VIDEOCONFERENCING AND THE CANS FOR
	CRITTERS PROGRAM, WHICH IS A STUDENT CONSERVATION PROJECT.
A -4	Other program convince (Decembe in Schedule O.)
	Other program services. (Describe in Schedule O.) (Expenses \$ NONE including grants of \$ NONE) (Revenue \$ NONE)
	Total program service expenses ► \$ 161,723,379. (Must equal Part IX, Line 25, column (B))

JSA 8E1020 1 000 Form **990** (2008)

Part	. Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	4		_X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		ļ
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	_		
_	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _ l		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
4.0	complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9		X
10	Did the organization roud assets in term, permanent, or quasi-endownents in Yes, complete Schedule D, Part V. Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	X	
11			.,	
12	Parts VI, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return	11	<u> X</u>	
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	4.2	.,	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12 13	Χ_	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144	Х	
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		_^	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	×	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	-	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	,
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23	х	
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 questions	1		
	24b-24d and complete Schedule K. If "No," go to question 25	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		- 1	
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_X _
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

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Par	IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity	1		
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		x
ь	and the second of the second o			
	complete Schedule L. Part IV	28ь		х
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
-	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	"		
V 1	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	۲.		<u> </u>
32	Schedule N. Part II	32		
22	• • • • • • • • • • • • • • • • • • • •	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١
	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	Х	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			ĺ
	Schedule R, Part V, line 2	35	X	├─
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			ĺ
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	<u>VI</u>			<u> </u>
		Form	990	(2008)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	↓		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3, 311	∤ -		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3 a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3b	X	
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		<u> </u>
b	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
_	Prohibited Tax Shelter Transaction?	6a		х
	Did the organization solicit any contributions that were not tax deductible?	Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6ь		
_	gifts were not tax deductible?	0.5		-
7	Organizations that may receive deductible contributions under section 170(c).	7a		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75°. If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· · ·		
С	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7 c		х
٦	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
е	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
'	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
••	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9 a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	1 /		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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 12b	∟		

95-1648219 Form 990 (2008) Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions 1a Enter the number of voting members of the governing body 12 b Enter the number of voting members that are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? X 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7 a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Х Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8Ь 9a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies No Yes 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision a The organization's CEO, Executive Director, or top management official? 15a **b** Other officers or key employees of the organization? 15b Х Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_CA, HI, NJ, NY, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18

available for public inspection. Indicate how you make these available. Check all that apply.

Own website X Another's website X Upon request

619-231-1515

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶PAULA BROCK, CFO 2920 ZOO DRIVE SAN DIEGO, CA 92101

Form 990 (2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not com	pensate ar	ny offi	cer,	dıre	ecto	r, trus	stee	, or key employee.		
(A) Name and Title	(B) Average	Posit	ion (chec	C) k all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										

Part VII Section A. Officers, Directors, Tre	ıstees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employe	es (c	ontınue	d)	
(A)	(B)	ļ			C)			(D)	(E)			(F)	
Name and title	Average hours per week	Individual trustee P or director	Institutional trustee	Officer		Highest compensated at employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensate from relate organization (W-2/1099-N	ion ed ins	ame comp fro orga and	imated ount of other ensation im the nization related	of ion on ed
											•		
											<u>.</u>		
							_		<u> </u>				
1b Total							<u> </u>			NONE		79,6	
2 Total number of individuals (including those organization ► 45	e in 1a) w	/ho r	ecei	ived	i m	ore t	han	\$100,000 in rej	portable com	pensa	ation fr	om t	he
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or or chind	tru Ividi	iste ual	e, 1 ••	кеу є 	emp	loyee, or highest	t compensat	ed	3		×
4 For any individual listed on line 1a, is the the organization and related organizations													
individual	e or accr	ue co	omp	ens	atio	n fro	om	any unrelated o	rganization	· · for	4	X	
services rendered to the organization? If "Yes,"	complete S	Sched	ule .	J fo	r su	ch pe	rsor	1		• • • •	5		X
1 Complete this table for your five highest compensation from the organization.	compensat	ed ın	dep	enc	dent	con	trac	tors that received	d more than	\$10	0,000	of	
(A) Name and business add	ress							(B) Description of ser	rvices	C	(C) ompens	ation	
SEE STATEMENT 1								<u> </u>					
							+-						
							1	· · · · · · · · · · · · · · · · · · ·					
2 Total number of independent contractors (i	=	nose	in 1	l) v	vho	гесе	eived	d more than \$10	0,000 in		 .		
compensation from the organization	29												

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art VII	Statement of Revenue		(A)	(C)	(D)	
	•		Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from to under sections 512, 513, or 51
3 1a	Federated campaigns 1					
1a b c d e f	Membership dues 1t					
c	Fundraising events 10	1,365,012				
g d	Related organizations 10					
е	Government grants (contributions) 16	2,044,891.		i		
f f	All other contributions, gifts, grants,	1				
5	and similar amounts not included above . 11					İ
9	Noncash contributions included in lines 1a-1f \$				- = = = -	
. n	Total. Add lines 1a-1f		33, 161, 014.		 	
		Business Code				
2a	OPER. OF 2 ANIMAL EXHIBIT. FACILITIES		111,099,231.	_111,099,231.	NONE	
b	EDUCATIONAL PROGRAMS AND ACTIVITIES	611710	3, 225, 124.	3, 183, 654	41, 470.	<u> </u>
c	GRANT REVENUE FOR SERVICES	900099	4,387,000.	4, 387, 000.		
d	CITY TAX REVENUE	900099	9,719,525	9,719,525		ļ
2a b c d e	MEMBERSHIP DUES	900099	16,789,990.	16,789,990		<u> </u>
f	All other program service revenue	722320	143,680.		143,680.	
g	Total, Add lines 2a-2f	<u></u>	145, 364, 550.			
3	Investment income (including dividends, ii	nterest, and				•
	other similar amounts)		857,713.	NONE	NONE	857,71
4	Income from investment of tax-exempt bo	nd proceeds ►	NONE			ļ
5		<u></u>	160,799.			160,79
	(ı) Real	(II) Personal				
6a	Gross Rents					
Ь	Less rental expenses			İ		ł
C	Rental income or (loss)					
d	Net rental income or (loss)		NONE			
7a	Gross amount from sales of (i) Securities	s (II) Other				
' "	assets other than inventory 74, 309, 0	000.				
Ь	Less cost or other basis					
	and sales expenses 75,064,6	80.				[
c	Gain or (loss)	80.				
d	Net gain or (loss)	<u> </u>	-755, 680.	NONE	NONE	-755,68
8 a	Gross income from fundraising					
	events (not including \$1, 365, 012.					
	of contributions reported on line 1c).					İ
	See Part IV, line 18	a 479, 159.				
Ь	Less direct expenses	- 1				
b	Net income or (loss) from fundraising even		-208,004			-208,00
9a	Gross income from gaming activities					
	See Part IV, line 19.	ا				:
Ь	Less direct expenses					
6	Net income or (loss) from gaming activities		NONE			
10a	Gross sales of inventory, less				 	
'"	returns and allowances	a 21,708,000.				
Ь	Less cost of goods sold	1 1		İ		
6	Net income or (loss) from sales of inventor		14,052,000.	3, 143, 666.	10, 908, 334	
	Miscellaneous Revenue	Business Code	13,002,000	3,143,000.		
144-	HOTEL COMMISSIONS	900004	78,100.		78, 100.	
11a	TOTAL COLUMNOSTORO	- 300004	70,100.		70, 100.	
b						
1						
С		1 1				
1	All other revenue					
С	All other revenue	▶	78,100.		· · · · · · · · · · · · · · · · · · ·	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	297,590.	297, 590.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16	188,495.	188, 495.		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,		•		
	trustees, and key employees	2,860,617.	641,449.	1,991,620.	227, 548.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	13,089.	3,937.	9,152.	
7	Other salaries and wages	62,268,033.	57, 252, 268.	3,233,993.	1,781,772.
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	5,131,403.	4,594,362.	380, 285.	156,756.
9	Other employee benefits	21,654,405.	19,802,213.	1,283,940.	568, 252.
10	Payroll taxes	5,884,416.	5,323,001.	391,186.	170,229.
11	Fees for services (non-employees)				
	Management	4,007,350.	3, 331, 589.	662,523.	13, 238.
	Legal	735,482.		729,744.	5,738.
	Accounting	455,000.		455,000.	
	Lobbying	NONE			
	Professional fundraising services See Part IV, line 17	35,000.			35 , 000.
	Investment management fees	840,287.		840,287.	
_	Other	1,152,280.	1,068,078.	69, 512.	14,690.
12	Advertising and promotion	7,503,470.	7,494,835.	623.	8,012.
13	Office expenses	17,785,039.	16,207,352.	1,124,873.	452,814.
14	Information technology	858,734.		858,734.	
15	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	1,161,607.	720,896.	426,093.	14,618.
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	523,910.	385, 424.	121,876.	16,610.
20	Interest	1,325,095.		1,325,095.	
21	Payments to affiliates	NONE	16 600 250	104 700	
22	Depreciation, depletion, and amortization	16,787,138.	16,682,350.	104,788.	11 001
23	Insurance	1,891,415.	1,678,390.	201,134.	11,891.
24					
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
_	· •	6 764 676	6 764 626	NO.VID	
	COST_OF_GOODS_SOLD	6,764,636.	6,764,636.	NONE	NONE
	POSTAGE & SHIPPING	4,404,105.	3,750,035.	608, 403.	45,667.
	SHARED_REVENUE_EXPENSE	2, 243, 139.	2, 243, 139.	NONE 1 633	NONE
	UTILITIES_&_WATER	5, 363, 613.	5, 361, 981.	1,632.	NONE
	FORAGE	2,597,172.	2,597,172.	NONE	NONE
	All other expenses	5,815,895.	5,334,187.	325, 157.	156, 551.
	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ If following	180,548,415.	161,723,379.	15,145,650.	3,679,386.
20	Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
JSA	solicitation				5 990 (2008)

JSA 8E1052 1 000

Pa	rt X	Balance Sheet					
			(A) Beginning of year		(E End o	3) of yea	r
_	1	Cash - non-interest-bearing	487,678.	1		66.	017.
	2	Savings and temporary cash investments	57, 179, 091.	2	49,0		
	3	Pledges and grants receivable, net	44, 435, 228.	3	49,5		
	4	Accounts receivable, net	6,678,278.	4			637.
	5	Receivables from current and former officers, directors, trustees, key	0/0/0/2/0/		<u> </u>	.,	<u> </u>
	•	employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section		<u> </u>			
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
		of Schedule L		6			
ຜ	7	Notes and loans receivable, net		7			
šet	8	Inventories for sales or use	2 212 260	8		0.1	171
Assets	9	Prepaid expenses and deferred charges	3,313,269.	9			<u>171.</u> 125.
_	_	Land, buildings, and equipment cost basis 10a 365, 172, 588.	779,850.	-	9	104,	123.
		Less: accumulated depreciation. Complete					
	"	Part VI of Schedule D	176 057 610	100	100 0		100
		Investments - publicly traded securities	176,957,612.		190,0		
	11	, ,	96,426,620.	11	64,3	558,	211.
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	 	12			
	13	Intangible assets		13			
	14	Other assets. See Part IV, line 11	0.10.100				<u></u>
	15		942,422.	15			650.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	387,200,048.	16	364,2		
	17	Accounts payable and accrued expenses	39, 211, 341.	17	81,2	8/,	6/1.
	18	Grants payable	16 165 000	18			
	19	Deferred revenue	16, 455, 398.	19	14,1		
	20	Tax-exempt bond liabilities	44, 250, 000.	20	43,5	00,	<u>000.</u>
ies	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
ia de		highest compensated employees, and disqualified persons. Complete Part II					
_		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	750,000.	23	5	00,	<u>000.</u>
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	3,828,792.	25		_	<u>858.</u>
	26	Total Ilabilities. Add lines 17 through 25	104, 495, 531.	26	143,1	98,	<u> 264.</u>
Balances		Organizations that follow SFAS 117, check here ▶ □X and complete lines 27 through 29, and lines 33 and 34.					
ă	27	Unrestricted net assets	193, 102, 613.	27	130,0	25,	253.
Bal	28	Temporarily restricted net assets	69,716,561.	28	65,4	08,	671.
	29	Permanently restricted net assets	19,885,343.	29	25,5		
or Fund		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
ĕ	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	282,704,517.	33	221,0	28,	 035.
	34	Total liabilities and net assets/fund balances	387, 200, 048.	34	364,2		
Pa	rt XI	Financial Statements and Reporting	-				
						Yes	No
1	Acco	unting method used to prepare the Form 990 Cash Accrual Other	er				l
2a	Were	the organization's financial statements compiled or reviewed by an independent account	tant?		· · · 2a		х
b	Were	the organization's financial statements audited by an independent accountant?			2b	Х	
C	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the				_
	audıt	, review, or compilation of its financial statements and selection of an independent accou	ntant?		· · · 2c	х	
3a	As a	result of a federal award, was the organization required to undergo an audit or audits as s	set forth in				-
		ingle Audit Act and OMB Circular A-133?				Х	
<u>b</u>	If "Y∈	es," did the organization undergo the required audit or audits?			3b	<u>x</u> _	
					Form	990	(2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ZOOLOG	SICAL SOC	<u>ETY OF SAN</u>	DIEGO						<u>95-16</u>	48219
Part I	Reason fo	or Public Chari	ity Status (All organ	izations m	ust comp	lete this	part.) (se	e instru	ctions)	
The orga	anization is no	t a private found	dation because it is: (Pl	lease check	only one o	rganizati	on.)	 ,		
1 🔲	A church, co	onvention of chu	rches, or association of	of churches	described	in sectio	n 170(b)((1)(A)(i).		
2	A school de	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)					
3	A hospital o	r a cooperative	hospital service organ	ization desc	cribed in se	ction 170	(b)(1)(A)	(iii). (Atta	ach Sched	iule H.)
4	•	•	zation operated in co							
٠ ـ		ame, city, and sta	·			,				· · · · · ·
5			or the benefit of a col	llege or un	versity ow	ned or o	perated b	ov a gove	ernmental	unit described in
• Ш	-	(b)(1)(A)(iv). (C			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., u g		2000,,202
6			vernment or governme	antal unit de	scribed in	section 1	70(h\/1\/	Δ)(v)		
; H		_	illy receives a substan						or from	the general nublic
<i>'</i> \Box	_		-		its suppor	i iioiii a ş	30 401111110	Jillai Uiill	Of Holli I	me general public
• 🗀			(1)(A)(vi). (Complete F		malata Dar	• II \				
$^{\circ}H$		•	d in section 170(b)(1)(•	•	t-ib			in food and aroos
a [X]			lly receives: (1) more							
			ted to its exempt fun							
		•	ment income and uni						511 tax)	from businesses
—		•	after June 30, 1975.							
10	•	•	and operated exclusive	•	•	•			•	•
וו נו			and operated exclusi							
			ublicly supported orga							
	, <u>, , , , , , , , , , , , , , , , , , </u>		at describes the type o							
	a Typ	-			e III - Fund	•	•			ype III - Other
е	•		ertify that the organiz				-			•
	•		ion managers and oth	er than on	e or more	publicly s	supported	d organiz	ations de	scribed in section
		section 509(a)(• •							
f	If the organ	nization received	d a written determina	tion from	the IRS tha	atıtıs a	Type I,	Type II o	r Type III	supporting
		ı, check this box								
g	Since Augus	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	m any of	the		
	following pe	rsons?								
	(i) A pers	on who directly	or indirectly controls	, either ald	one or tog	ether wit	h person	is describ	bed in (ii)	Yes No
	and (III)	below, the gove	erning body of the supp	ported orga	anization?					11g(i) X
	(ii) A family	y member of a p	erson described in (i) a	bove?						11g(ii) X
	(iii) A 35%	controlled entity	of a person described	d in (i) or (ii)	above?					11g(iii) X
h	Provide the	following inform	ation about the organi	zations the						
(i) Name	of supported	(iı) EIN	(iii) Type of organization		rganization	(v) Did y	ou notify	(vi) I	Is the	(vii) Amount of
org	anization		(described on lines 1-9		sted in your		nization in		tion in col	support
			above or IRC section (see instructions))	governing	document?		of your cort?	(i) organi U.	zed in the	
				Yes	No	Yes	No	Yes	No	
	-									
								† · · · · ·		
								 		
								1		
						}				
								 	 	
Total			į .	ı	1	I		1	1	i

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

Schedule A (Form 990 or 990-EZ) 2008

Par	(Complete only if you ched	cked the box o	on line 5, 7, or	8 of Part I.))(1)(A)(IV) and	170(b)(1)(A)	(VI)
Sec	tion A. Public Support		.,				
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			,			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_
4	Total. Add lines 1-3		 				
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						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			<u> </u>			
12	Gross receipts from related activities, etc. (See instructions)				12	
13	First five years, If the Form 990 is for the						<u></u>
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · ·	· · · · · · · ·	<u></u>
Sec	tion C. Computation of Public Sup	*					
14	Public support percentage for 2008 (li						9/
15	Public support percentage from 2007						9/
16a	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualit						
D	33 1/3% support test - 2007. If the o	-					The state of the s
170	box and stop here. The organization of 10%-facts-and-circumstances test - 3	-		*			
114	is 10% or more, and if the organization	-					
	in Part IV how the organization meets						
	organization			-	•		
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the organization	2007. If the org	anization did no facts and circi	t check a box of umstances" test,	n line 13, 16a, 10 check this box ar	6b, or 17a, a nd stop here.	nd line
	Explain in Part IV how the organization				•	•	
18	supported organization Private foundation. If the organization	did not check	a box on line 13	3, 16a, 16b, 17a	i, or 17b, check	this box and s	ee
	instructions		· · · · · · · · · · · ·	 			
					Sci	hedule A (Form	990 or 990-EZ) 200

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support			·			
	ilendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received (Do not include						
	any "unusual grants.")	30,713,156.	26,948,130.	38, 563, 239.	37, 761, 491.	32,953,010	166, 939, 026.
2	Gross receipts from admissions, merchandise	30,713,130.	20, 540, 130.	30, 303, 237.	31, 101, 131.	32, 333, 319	100/335/020.
-	sold or services performed, or facilities						
	·						
	furnished in any activity that is related to the			124 420 225		146 337 641	
_	organization's tax-exempt purpose	121, 100, 160.	129,880,975.	134, 498, 375	141,091,882.	146, 337, 641.	672,909,033
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	263,070.	193,085	291,485	265, 245	NONE	1,012,885.
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	6,372,929.	7, 202, 404.	8,000,000.	8,700,000.	9,719,525	39, 994, 858.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5	158, 449, 315.	164,224,594.	181, 353, 099	187,818,618.	189,010,176.	880, 855, 802.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	1,533,000.	1,541,350	1,647,728	2,355,000	740,535.	7,817,613.
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of 1% of	}				•	
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000	NONE	NONE	NONE	NONE	NONE	NONE
_	Add lines 7a and 7b	1,533,000.	1,541,350.	1,647,728.	2, 355, 000	740, 535.	7, 817, 613.
8	Public support (Subtract line 7c from	1, 333, 000.	1,341,330.	1,047,720.	2,333,000	140,333.	7,011,013.
·	line 6.)						873,038,189
500	tion B. Total Support		I				673,030,103
		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	alendar year (or fiscal year beginning in)			, .	*		
9	Amounts from line 6	158, 449, 315.	164, 224, 594.	181,353,099	187,818,618.	189,010,17 <u>6</u> .	880, 855, 802.
ıva	Gross income from interest, dividends, payments received on securities loans,			İ			
	rents, royalties and income from similar						
	sources	1,544,087.	2,897,644.	4,367,150	4, 155, 989	857,713.	13,822,583.
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	NONE	NONE	NONE	NONE	NONE	NONE
c	Add lines 10a and 10b	1,544,087.	2,897,644.	4,367,150.	4, 155, 989	857,713	13, 822, 583.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on	NONE	NONE	NONE	NONE	NONE	NONE
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	3,500.	4,000.	45, 578.	3, 447, 895.	NONE	3,500 <u>,9</u> 73.
13							
	and 12.)						898, 179, 358
14	First five years. If the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax year a	s a section 501(
	organization, check this box and stop here	=			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8			nn (f))		15	97. 20%
16	Public support percentage from 2007 Sche					16	96.09%
	tion D. Computation of Investmen				• • • • • • • • • • • • • • • • • • • •		90.0970
	Investment income percentage for 2008 (II			2 polymon (f))		17	2 5 4 9/
17							1.54%
18	Investment income percentage from 2007	Schedule A, Part	iv-A, line 2/h			18	1.42%
19a	33 1/3% support tests - 2008. If the org						
	17 is not more than 33 1/3 %, check this bo						لغا ◄
Þ	33 1/3% support tests - 2007. If the orga						and
	line 18 is not more than 33 1/3 %, check thi						▶
20	Private foundation If the organization did	not check a boy o	n line 1/1 10a or	10h check this h	vov and eag instruc	tione	▶

Part IV Supplemental Infor	mation. Compl 7b; or Part III, lir	ete this part ne 12. Provide	to provide t any other ac	he explanation Iditional informa	required by ation. (see ins	Part II, line 1 tructions)	0;
SCHEDULE A, PART III - OTHER INCO	OME						
_DESCRIPTION	2004	2005	2006	2007	2008	TOTAL	
_REFUND_US_GOVT	3, 500.	4.000.	1,352.	NONE	NONE	8,852	-
ACH CR UNION ADJ	<u>NONE</u>	NONE	12,916	NONE	NONE	12,916.	
WAP SHED FIRE INS.	<u>NONE</u>	NONE	31, 310.	NONE	NONE	31, 310.	
LEGAL_SETTLEMENT	NONE NONE	NONE	NONE	1,018,114	NONE	1,018,114.	
WILDLIFE INS. CLAIM PAYMENT	NONE	NONE	NONE	1,907,077	NONE	1,907,077	
FUEL TANK MITIGATION	NONE	NONE	NONE_	456,977	NONE	456, 977.	
ATM_SURCHARGE	NONE	NONE	NONE_	65,727	NONE	65,727.	
TOTALS	3,500						
						 -	
			 _				-
							-
							- -
					- 	 -	
							-

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Schedule D (Form 990) 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization Employer identification number ZOOLOGICAL SOCIETY OF SAN DIEGO 95-1648219 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located ▶ _ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ _ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

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

Pai	t III Organizations Maintain	ing Collections	of Art, Histo	rical Treasure	s, or O	ther Similar As	ssets (c	ontinue	∍d)
3	Using the organization's accession	and other record	s, check any	of the following t	hat are	a significant use	e of its co	ollection	
	items (check all that apply):		_	_					
а	Public exhibition		d _	Loan or ex	change	programs			
b	Scholarly research		e	Other					
C	Preservation for future ge								
4	Provide a description of the organi	zation's collection	s and explain	how they further	r the org	janization's exei	mpt purp	ose in	
	Part XIV.								
5	During the year, did the organizati						_	_	
	assets to be sold to raise funds rat							Yes	No
Par	Trust, Escrow and Cust Part IV, line 9, or reported					swered "Yes" t —————	o Form	990, ———	
_									
1 a	Is the organization an agent, truste			-			_	- 7	<u>г</u>
	included on Form 990, Part X?						٠٠٠ ـ	Yes	L No
þ	If "Yes," explain the arrangement in	n Part XIV and cor	nplete the fol	lowing table.					
	Barraga halana				 	An	nount		
	Beginning balance				1c				·
	Distributions during the year				1d				
									
f	Did the organization include an am					-		Yes	No
	If "Yes," explain the arrangement in		o, Fait A, inie	21:	• • • • •		• • • ∟	163	
Par			zation answe	ered "Yes" to Fo	orm 990	0 Part IV line	10		
ıaı	Elidowillola Fallas. Co.	(a) Current Year	(b) Prior ye			(d) Three year		(e) Four	years back
1 a	Beginning of year balance	41, 396, 892.	1 (2)	(-/ /		(-)		\-/	,
b	Contributions	20,058.							
С	Investment earnings or losses	-13,904,280.				 		•	
	Grants or scholarships	13,304,200.							
е	Other expenditures for facilities .						1		
	and programs	2, 337, 220		1					
f	Administrative expenses	2,33.,722	<u> </u>			-		•	
g	End of year balance	25, 175, 450.							
2	Provide the estimated percentage		alance held as	· · · · · · · · · · · · · · · · · · ·					
а	Board designated or quasi-endowr								
b	Permanent endowment ▶ 64.0								
С	Term endowment ► NONE								
3 a	Are there endowment funds not in	the possession o	f the organiza	ition that are hel	d and a	dministered for t	he	_	
	organization by.								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(II), are the related org	=						3 b	
4	Describe in Part XIV the intended of								
Par	t VI Investments - Land, Bui	dings, and Equ	ipment. See	Form 990, Pa	rt X, Iın	e 10.			
	Description of investment	(ın	t or other basis vestment)	(b) Cost or other basis (other)	((c) Depreciation	(d) Book vai	ue
1 a	Land								
b	Buildings			307,873,86	2. 156	5,039,096.	1	<u>51,83</u>	4,766.
C	Leasehold improvements								
d	Equipment			29,966,04		0,037,303.			8,738.
0	Other		0.0-434	27, 332, 68		NONE		-	2,685.
ıota	I. Add lines 1a-1e. (Column (d) shou	ııa equai ⊢orm 990	J, Part X, colu	mn (в), Ime 10(с	<u>,,</u>	<u></u>	1	90,09	<u>6,189.</u>

Schedule D (Form 990) 2008

Part VII	Investments - Other Securities. See	Form 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valual Cost or end-of-year mark	
Financial der	ivatives and other financial products			
Closely-held	equity interests			
Total. (Column				
Part VIII	Investments - Program Related. See	e Form 990, Part X, line	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat	
			Cost or end-of-year mark	ket value
Total. (Column	(b) should equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. See Form 990, Part	(, line 15.		
		a) Description		(b) Book value
		· · ·		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		
Total. (Column	(b) should equal Form 990, Part X, col (8) line 15) .			
Part X	Other Liabilities. See Form 990, Par			···
	(a) Description of liability	(b) Amount		
Federal incon	ne taxes	(4,1		
	PITAL LEASE	233, 858.		
-	CREDIT B OF A	3,500,000.		
TINE OF	CREDIT B OF A	3, 500, 000.		
		 		
	· .			
		_		
		<u> </u>		
				
Total. (Column	(b) should equal Form 990, Part X, col (B) line 25)	3,733,858.		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

Employer identification number

95-1648219 ZOOLOGICAL SOCIETY OF SAN DIEGO Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees or region (by type) (i.e., a program service, expenditures in fundraising, program services, describe specific type of region region agents in grants to recipients located in service(s) in region region the region) CONSERVATION RESEARCH SUB-SAHARAN AFRICA NONE PROGRAM SERVICES 350,000. PROGRAM SERVICES CONSERVATION RESEARCH EAST ASIA AND THE PACIFIC NONE 386,000 CONSERVATION RESEARCH EAST ASIA AND THE PACIFIC NONE PROGRAM SERVICES 71,000 CONSERVATION RESEARCH CENTRAL AMERICA/CARIBBEAN NONE PROGRAM SERVICES 89,000 NONE PROGRAM SERVICES CONSERVATION RESEARCH 220,000 NORTH AMERICA

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

Schedule F (Form 990) 2008

1,116,000

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2008

Part II Grants and

5	1	١		١		ł		-		ı		1			١						I	l
(I) Method of valuation (book, FMV, appraisal, other)											_											
(h) Description of non-cash assistance																						
(g) Amount of non-cash assistance																						
(f) Manner of cash disbursement		CASH		CASH		CASH		CASH	:	LASH	CASH		CASH		CASH	САЅН		CASH				
(e) Amount of cash grant		30,000.		24, 495.		70,000		10,000.	000	10,000	10,000.		10,000		9, 500.	7, 500.		7,000.		i i		
(d) Purpose of grant	CONTRIBUTION	TO SN PARK	GREVY ZEBRA	HOLISTIC MGT	W. GATE BO-	RDER SEC NET	PRI MATE	RESCUE	RECOVERY	EFFURIS	DHOLE	WARTY PIG	CONSERVATION	STELLAR SEA	EAGLE TRCKNG	GHARIAL REH- ABILIATION	SSIG MEETING	SUPPORT				
(c) Region		SUB-SAHARAN AFRICA		SUB-SAHARAN AFRICA		SUB-SAHARAN AFRICA		EAST ASIA/PACIFIC	CHILDRA BORD	EAST ASTA FACIFIC	EUROPE/ICELAND/GREENLAND PROJECT		EAST ASIA/PACIFIC		EUROPE/ICELAND/GREENLAND	SOUTH ASIA		MIDDLE EAST/NORTH AFRICA SUPPORT				
(b) IRS code section and EIN (if applicable)																						
(a) Name of organization																						
_		1																				

2 Enter tot	2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has	
provided	rovided a section 501(c)(3) equivalency letter	
3 Enter tot	Enter total number of other organizations or entities	

Schedule F (Form 990) 2008

10 NONE Page 3

Schedule F (Form 990) 2008

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Part III

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2008

SCHEDULE G

(Form 990 ar 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17,

OMB No 1545-0047

18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Inspection Internal Revenue Service Employer identification number Name of the organization 95-1648219 ZOOLOGICAL SOCIETY OF SAN DIEGO Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Х Email solicitations f Solicitation of government grants b Phone solicitations X Special fundraising events c d X 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 activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (i) Name of individual (ii) Activity (iii) Did fundraiser have (Iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) (or retained by) custody or control of from activity or entity (fundraiser) contributions? fundraiser listed in organization col (I) Yes No AUCTION 138,362 GAVEL GROUP PRODUCTION 17,500 120,862. TELE-MARKETI NG 206,439 92,338 114, 101. DSG 344,801. 109,838 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. AZ, CA, MA,

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

Schedule G (Form 990 or 990-EZ) 2008

R. I.T.Z. Centrologist Centrol	Pai	more than \$15,000 on Form	990-EZ, line 6a. Lis	t events with gross re	eceipts greater than	\$5,000.
R. I.T.Z. Centrologist Centrol		C	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col.
1 Gross recepts 1, 080, 118, 618, 164, 145, 889, 1, 844, 171		*	R. I. T. Z.	CRITTERS	1	
Second tributions	ŀ				(total number)	
Second tributions	e l					
Second tributions	ē	1 Gross receipts	1,080,118.	618,164.	145,889.	1,844,171.
Second tributions	é					
3 Gross revenue (line 1 minus line 2) 280, 244. 124, 411. 74, 504. 479, 159 4 Cash prizes 5 Non-cash prizes 62, 469. 30, 871. 93, 340 6 Rent/facility costs 7 Other direct expenses summary. Add lines 4 through 7 in column (d)	-1	contributions	799.874.	493,753.	71,385.	1,365,012.
Minus line 2)	1			1307_301		
4 Cash prizes 5 Non-cash prizes 6 Rent/facility costs 7 Other direct expenses summary. Add lines 4 through 7 in column (d) 9 Not income summary. Combine lines 3 and 8 in column (d) 9 Not income summary. Combine lines 3 and 8 in column (d) 1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses summary. Add lines 4 through 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 9 In Post the organization iccensed to operate gaming activities with nonnembers? 10 a Were any of the organization operate gaming activities with nonnembers? 11 Does the organization operate gaming activities with nonnembers? 10 a the organization operate gaming activities with nonnembers? 10 a the organization operate gaming activities with nonnembers? 11 b it ryes, "Explain. 11 Does the organization operate gaming activities with nonnembers? 11 sit he organization operate gaming activities with nonnembers? 11 b it ryes, "Explain. 12 is the organization operate gaming activities with nonnembers? 11 b it ryes, "Explain. 12 is the organization operate gaming activities with nonnembers? 12 is the organization operate gaming activities with nonnembers? 13 is the organization operate gaming activities with nonnembers? 14 is the organization operate gaming activities with nonnembers? 15 is the organization operate gaming activities with nonnembers? 16 is the organization operate gaming activities with nonnembers? 17 in the prize of a partnership or other entity of the organization operate gaming activities with nonnembers? 18 is the organization operate gaming activities with nonnembers? 19 in the prize of the prize of a partnership or other entity of the organization operate gaming activities with nonnembers? 10 in the prize of the prize of the prize of a partnership or other entity of the organization operate gaming activities with nonnembers?	i	`	280 244	124.411	74.504	479.159.
5 Non-cash prizes 62, 469 30, 871 93, 340 6 Rent/facility costs 327, 572 180, 215 86, 036 593, 823 7 Other direct expenses summary. Add lines 4 through 7 in column (d) 687, 163 781 180, 215 86, 036 593, 823 8 Direct expense summary. Combine lines 3 and 8 in column (d) 687, 163 781 180, 215 86, 036 781, 163 871, 163 8	-	mindo imo zyri i vi vi vi vi vi vi vi	2007 244.	121/1111	7 17 50 11	1,27,232,
5 Non-cash prizes 62, 469 30, 871 93, 340 6 Rent/facility costs 327, 572 180, 215 86, 036 593, 823 7 Other direct expenses summary. Add lines 4 through 7 in column (d) 687, 163 781 180, 215 86, 036 593, 823 8 Direct expense summary. Combine lines 3 and 8 in column (d) 687, 163 781 180, 215 86, 036 781, 163 871, 163 8	1	4 Cash prizes				
8 Direct expense summary. Add lines 4 through 7 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d). 208, 004 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingolprogressive bingo (c) Other gaming (Add col (a) through col. (c)) 1 Gross revenue. 1 Gross revenue. 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9 If "No," Explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 b If "Yes," Explain. 10 Does the organization operate gaming activities with nonnembers? 11 Does the organization operate gaming activities with nonnembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12			··-			
8 Direct expense summary. Add lines 4 through 7 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d). 208, 004 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingolprogressive bingo (c) Other gaming (Add col (a) through col. (c)) 1 Gross revenue. 1 Gross revenue. 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9 If "No," Explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 b If "Yes," Explain. 10 Does the organization operate gaming activities with nonnembers? 11 Does the organization operate gaming activities with nonnembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12	se l	5 Non-cash prizes	62 469	30 871		93, 340.
8 Direct expense summary. Add lines 4 through 7 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d). 208, 004 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingolprogressive bingo (c) Other gaming (Add col (a) through col. (c)) 1 Gross revenue. 1 Gross revenue. 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9 If "No," Explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 b If "Yes," Explain. 10 Does the organization operate gaming activities with nonnembers? 11 Does the organization operate gaming activities with nonnembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12	e		02,405.	30,0711		73,3.10.
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Part IIII Gaming, Combine lines 3 and 8 in column (d). -208,004 Gaming, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull labs/instant bingof progressive bingo (c) Other gaming (Add col (a) through col. (e)) 1 Gross revenue (a) Bingo (b) Pull labs/instant bingof progressive bingo (c) Other gaming (Add col (a) through col. (e)) 2 Cash prizes (b) Non-cash prizes (c) Other direct expenses (c) Other direct		Other direct expenses	321, 312.	100,215.	00,030.	373,023.
Part IIII Gaming, Combine lines 3 and 8 in column (d). -208,004 Gaming, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull labs/instant bingof progressive bingo (c) Other gaming (Add col (a) through col. (e)) 1 Gross revenue (a) Bingo (b) Pull labs/instant bingof progressive bingo (c) Other gaming (Add col (a) through col. (e)) 2 Cash prizes (b) Non-cash prizes (c) Other direct expenses (c) Other direct		8 Direct expense summan/ Add lines A	through 7 in column (d)	\	▶	(687 163
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add col (a) through col. (c)) 1 Gross revenue						
than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabufinstant (c) Other gaming (dd Total gaming (Add Col (a) through col. (d)) 1 Gross revenue. 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 10 a Were any of the organization spaming licenses revoked, suspended or terminated during the tax year? 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 In In In In In In In In In In In In In	Pa					
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						12
Schedule (4 (Form 990 of 990-EZ) 2008		Torride to deminister charitable garming	<u> </u>			(Form 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 95-1648219 Yes No Indicate the percentage of gaming activity operated in a The organization's facility Provide the name and address of the person who prepares the organization's gaming/special event books and records: Name ▶ _____ 15a Does the organization have a contract with a third party from whom the organization receives gaming b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$_____ and the amount of gaming revenue retained by the third party ▶ \$ _____. c If "Yes," enter name and address: _____ Address > Gaming manager information. Name P -----Gaming manager compensation ▶ \$ _____ Description of services provided > Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶\$

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047 Open to Public

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.▶ Attach to Form 990.

Department of the Treasury	omplete if the	organization a	► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	Form 990, Part IV,	lines 21 or 22.		Open to Public
Internal Revenue Service		•	Attach to Form 990.	0.			Inspection
Name of the organization						Employer identification number	on number
ZOOLOGICAL SOCIETY OF SAN DIEGO	0					95-1648219	
Part General Information on Grants and Assi	and Assistance	ice					
1 Does the organization maintain records to substant	o substantiate	the amount of	the grants or assist	ance, the grantees'	late the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	{
the selection criteria used to award the grants or assistance?	rants or assista	nce?			•		X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for m	onitoring the u	se of grant funds in th	ne United States.			
Part II Grants and Other Assistance to Gover	to Governme	nts and Orga	nizations in the Ur	nited States. Com	nments and Organizations in the United States. Complete if the organization answered "Yes" on	ation answered "Ye	ss" on
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	any recipient orm 990) ıf ac	ient that received more thar if additional space is needed	d more than \$5,00 e is needed	0. Check this box	f no one recipient r	eceived more thar	\$5,000.
(a) Name and address of organization or government	-	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE SCHEDULE I-1							
						:	
	and governmer	t organizations					15
3 Enter total number of other organizations						A	NONE
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Act Notice, ser	the Instruction	ns for Form 990.			Sche	Schedule I (Form 990) 2000

Page 2

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ete this part to	provide the info	ormation required	I in Part I, line 2, and any	other additional information.
<u>ORGĀNIZĀTION S. PROCEDURES. FOR MONITORI</u>		<u>NG_THE_USE_OF_GRANTS</u>	ĪSSĪ		
FORM 990. SCHEDULE I. PART I. LINE 2	2				
<u>ELIGIBILITY_IS_DETERMINED_BY_CURATORIAL_STAFF,_DIRECTOR_OF_COLLECTIONS</u>	OR <u>i Al</u> S <u>taf</u>	FDIRECTOR_	OE-COPLECTIC	SN	
HUSBANDRY_SCIENCE, AND_CHIBE_LIFE_SCIE	SCIENCES O	<u>NCES OFFICER BASED ON</u>	NO		
<u>ORGANIZATIONAL AND SPĒCIĒS SUSTAINĀBIL</u>	ABILITY NEEDS.	EDS.			
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WE_ARE_REQUIRED_BY_THE_UNITED_STATES_D		<u>EPARTMENT OF LNTERIOR/FISH AND</u>	IOR/FISH AND		
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PROJECTS_IN_COUNTRY_OF_ORIGIN_FOR_SPECIES_WE_WANT_TO_IMPORT_AS_A_PART_OF	SPECIES WE	WANT_TO_IMP	<u>ort as a par</u>	T OF	
THEIR, ENDANGERED, SPECIES, ENHANCEMENT, R	NT REQUIREMENTS.	MENTS.			

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. 95-1648219 Schedule I (Form 990) 2008

Part III Grants an

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete th	ete this part to	provide the info	ormation required	in Part I, line 2, and any	is part to provide the information required in Part I, line 2, and any other additional information.
SIAFE_SUBMIS_PROPOSALS_FOR_CONSERVATI		ON PROJECTS TO THE	CONSERVATION	z	
RESEARCH GROUP (CRG) WHO THEN WORK CLC	CLOSELY WITH	STAFE	_TO_ <u>PROVIDE_FUNDING</u>	DI NG	
FOR PROJECTS THAT WILL BENEFIT THE LON	LONG-TER	<u>G-TERM SUSTALNABLLITY OF</u>	ITY_OF_SPECIES	ES	
AND WILL ALSO BE IN KEEPING WITH OUR C	<u>ur conserv</u>	<u>ONSERVATION MISSION.</u>			
CURATORIAL STAFF, DIRECTOR OF COLLECTI		ONS HUSBANDRY SCIENCE, AND THE	NCE, AND THE		
CHIEF LIFE SCIENCES OFFICER WILL ALSO.		DECIDE WHEN CONSERVATION EFFORTS	<u>VATION EFFOR</u>	TS	
WORLDWIDE. REQUIRE, OUR, ASSISTANCE, BASED	_1	ON THEIR KNOWLEDGE.OF.	E_OE_THE_WORLD	<u></u>	
SITUATION. AS. IT. PERTAINS. TO. ANIMALS.	\(\frac{1}{2} \)	1	; ; ; ; ;		

SCHEDULE 1-1 (Form 990)

Department of the Treasury

Name of the organization nternal Revenue Service

Part |

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047 2008

Open to Public Inspection

CONSERVATION SUPPORT NDI AN RHI NO SUPPORT ONSERVATION SUPPORT ERIAL TRANSECT RSCH IAMMAL ATLAS SUPPORT CONSERVATION SUPPORT BEAR AWARENESS WEEK ANDRILLAS PRESERV. SIANT PANDA RELIEF (h) Purpose of grant or assistance LEPHANT HABITAT RESERVATION PONSORSHIP Employer identification number UPPORT 95-1648219 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash if applicable 30,000. 33,000. 22,000. 12, 500. 10,000. 10,000. 9,000 80,000 25,000. 16,080. 15,000 10,000 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 43-0788060 3403 COLESVILLE 710 SILVER SPRINGS MD 20910 | 52-1931417 55-0526930 95-1643375 93-1289932 94-2795935 75-2395006 75-2815706 77-0322706 94-3102570 75-2954637 43-1727309 (b) EIN ZOOLOGICAL SOCIETY OF SAN DIEGO 3403 COLESVILLE 710 SILVER SPRINGS MD 20910 INT'L IGUANA FOUNDATION C/O FT WORTH ZOO INT'L RHINO ENDIN (WHITE OAK CONSERV. CIR). THE SAN DIEGO SOCIETY OF NATURAL HISTORY SIANT PANDA CONSERVATION FOUNDATION ONE GOVERNMENT DRIVE ST LOUIS, MI 63110 ONE GOVERNMENT DRIVE ST LOUIS, MI 63110 274 ELLINGTON HALL KNOXVILLE, IN 37996 MADAGASCAR FAUNA GROUP / ST. LOUIS ZOO 1989 COLONI AL PKWY FT WORTH, TX 76110 INTERNATIONAL ELEPHANT FOUNDATION 581705 WHITE OAK RD YULEE, FL 32097 (a) Name and address of organization PO BOX 66142 BATON ROUGE, LA 70896 PO BOX 894 CARMEL VALLEY, CA 93924 ASSOCIATION OF ZOOS AND AQUARIUMS PANDRILLUS PRESERVATION SOCIETY 1788 EL PRADO SAN DIEGO, CA 92101 POINT LOMA NAZARENE UNIVERSITY_ VENTANA WILDERNESS SANCTUARY ____ PO BOX 10082 PORTLAND, OR 97296 POLAR BEARS INTERNATIONAL INTERNATIONAL BEAR ASSN ST LOUIS ZOO FRIENDS ASSN PO BOX 366 AZLE, TX 76098

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

Enter total number of Section 501(c)(3) and government organizations

Enter total number of other organizations.

Schedule I-1 (Form 990) 2008

NONE

6,010.

501(C)(3)

20-0347301

6,000.

501(C)(3)

13-1740011

8,000.

501(C)(3)

95-3948691

3900 LOMALAND DRIVE SAN DIEGO, CA 92106

WILDLIFE CONSERVATION SOCIETY

2300 SOUTHERN BLVD BRONX, NY 10462

PO BOX 80254 MINNEAPOLIS, MN 55408

FRI ENDS OF BONOBOS

CONSERVATION SUPPORT

REAT APE AWARENESS

ROGRAM SUPPORT

Schedule 1-1 (Form 990) 2008 Part Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.) (a) Type of grant or assistance (b) Number of recipents cash grant or non-cash grant or non-cash sessitance (c) Amount of FMV, apprair	Ssistance to Ind (b) Number of recipents	95	e U.S. (Schedule I (Form Standard Incomests) assistance	990), Part III.) (e) Method of valuation (book, FMV. apprasal, other)	Page 2 (f) Description of non-cash assistation
	recipents	casi giain	Total assistance	riw, appraisa, outer)	•
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SCHEDULE J (Form 990)

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

20**08**

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ZOOLOGICAL SOCIETY OF SAN DIEGO

Employer identification number

95-1648219

Paru	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	x First-class or charter travel x Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	1b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
J	organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	, the state of the			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a.			
а	Receive a severance payment or change of control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out. 504/-V2) and 504/-V4) constitutions much complete lines 5.0			
_	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of			
•	· · · · · · · · · · · · · · · · · · ·	5a		
a b	The organization?	5b		X
U	If "Yes" to line 5a or 5b, describe in Part III.			<u>^</u>
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of			
а	The organization?	6a		×
	Any related organization?	6b		X
-	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
-	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	х	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	Sa Daniel III			.,

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VIII, line 1a.

19 Bonus & mosnine			(B) Breakdown of	of W-2 and/or 1099-MISC compensation	compensation	7.0.00	(D) \$10-4		
AS MYERS OF THE PROPERTY OF T						compensation	(U) Nontaxable benefits	(E) rotal of columns (B)(i)(D)	reported in prior
RN MUSELLA (0) 265,164. 49,520. 41,703. 191,198. 7,379. 504,264. EW MUSELLA (0) 191,2120. 594,254. 23,972. 86,259. 4,269. 36,021. EW MUSELLA (0) 1718,623. 43,840. 17,134. 40,983. 1,668. 262,278. BROCK (0) 171,434. 33,724. 22,481. 14,555. 391. 241,293. STUART (0) 151,636. 22,701. 28,314. 14,555. 391. 241,293. T MCLURE (0) 152,885. 27,010. 28,314. 13,325. 7,134. 20,136. T MCLICAN (0) 155,885. 39,736. 13,345. 13,345. 13,345. 13,345. 13,345. 14,255. 21,4410. DULLICAN (0) 155,896. 31,345. 13,345. 13,345. 13,345. 13,345. 13,445. 13,444. 10,100. 10,100. 10,100. 10,100. 10,100. 10,100. 10,100. 10,10	(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				Form 990 or Form 990-EZ
AS WYERS (0) 121,270. 54,251. 29,972. 66,259. 4,269. 366,021. EW MUSELLA (0) 178,693. 43,890. 17,194. 40,983. 1,668. 282,378. BROCK (0) 178,693. 43,890. 17,194. 400,893. 1,668. 282,318. BROCK (0) 171,242. 22,481. 14,055. 391. 241,933. STUART (0) 125,885. 27,010. 26,314. 72,325. 7,134. 286,68. STUART (0) 125,866. 39,756. 13,465. 13,437. 12,423. 22,134. 286,68. OLLIGAN (0) 142,250. 34,228. 13,817. 12,417. 100.00 100.00 TAMER (0) 142,250. 34,228. 13,817. 10,417. 100.00 100.00 100.00 TAMERY (0) 144,234. 30,722. 10,16. 10,10.00 14,20. 24,11. 10,10.00 ON 14,222. <		ε	265_164		41,703.	141,198.	7,379.	504, 964.	NONE
ENOCK (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	DOUGLAS MYERS	€							
EW MUSELLA (III) 178,692, 30.0 49,890, 31,1,194, 40,993, 10.668, 10.00E 10.668, 10.00E 282,318, 10.00E 10.00E 10.00E 282,318, 10.00E 10.00E <td></td> <td>ε</td> <td>191,270</td> <td>54</td> <td>29, 972.</td> <td>86, 259.</td> <td>4,269.</td> <td>366,021.</td> <td>NONE</td>		ε	191,270	54	29, 972.	86, 259.	4,269.	366,021.	NONE
BROCK	MATTHEW MUSELLA	•		:					
BROCK (1) NONE		€	178,693.	43, 840.	17, 194.	40, 983.	1,668.	282, 378.	NONE
STUART (0) 1171,342 33,724 22,481 14,055 391 241,933 STUART (0) 152,885 27,010 28,314 73,325 7,134 248,668 T MCLURE (0) 155,816 30,045 13,045 14,538 14,006 1400 ULLIGAN (0) 142,550 34,228 13,045 14,538 14,006 NONE 24,410 NONE NONE NONE NONE 24,410 NONE	PAULA BROCK	€			NONE	NONE	- 1	NONE	NONE
STUART (0) 152,885. 27,010. 28,314. 73,325. 7,134. 288,668. T MCCLURE (0) NONE		ε	171,342.		22, 481.	14,055.	391.	241, 993.	NONE
NONE NONE	MARK STUART	€							
NONE NONE		€	1	1	28,314.	73, 325.	7,134.	288, 668.	NONE
MULLIGAN 0	ROBERT MCCLURE	•			NONE	NONE	NONE	NONE	NONE
MOLLICAN (4) NONE		ε	15	307	13,045.	44	475-	214,410.	NONE
NONE NONE	TIM MULLIGAN	(E)	NONE	NONE		NONE	NONE	NONE	NONE
NONE NONE		€	42,	34		2	J	206,058.	NONE
AND FARRAR 0	- 1	€			- 1				NONE
NONE NONE		ε	7 4 4 4	317		05,	120.		NONE
Columbia Columbia	- 1	€				NONE	NONE	NONE	NONE
SET ERHARDT (i) NONE		€	562	307		3,	J		NONE
SON ALBERTS (I) 143£232. 27,737. 19,981. 42,496. 42,496. 42,491. 237,737. SON ALBERTS (II) NONE	- 1	€					NONE	NONE	NONE
SON ALBERTS (f) NONE		ε	434	27,717.		42, 406.	J	237,737.	NONE
MOLTER (II) 136, 349. 26, 372. 24, 993. 22, 332. 46, 055. 214, 101. MOLTER (II) NONE NONE NONE NONE NONE NONE NONE NON		€			NONE	NONE	NONE	NONE	NONE
MOLTER (II) NONE <		ε	-41	797	24, 993.	2	4.055.	214,101.	NONE
JANSSEN (I) ——136,285. ——25,240. —14,637. —59,206. —32,987. —239,355. ——120,036. —30,384. —16,945. —85,949. —4422. —257,736. ——120,036. —30,384. —16,945. —85,949. —4422. —257,736. ——120,036. —30,384. —16,945. —85,949. —4422. —257,736. ——120,0	TED MOLTER	Œ	NONE	NONE		NONE	NONE		NONE
JANSSEN (ii) NONE NONE NONE NONE NONE NONE NONE NON		Ξ	11	25, 240.	4	.59, 206.	3,987.		NONE
RICE (I) 120,036. 30,384. 16,945. 85,949. 4,422. 257,736. NONE NONE NONE NONE NONE NONE NONE (II) (II) (II) (IIII)	- 1	(1)	NONE		NONE	NONE	NONE	NONE	NONE
HICE (ii) NONE NONE NONE NONE NONE NONE NONE (iii) (ii) (iiii) (iii)	ε	1	30, 384.		5,	4.422.	257,736.	NONE	
		(E)					NONE		NONE
		ε	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1			
		(E)							
		€	į	1			 	 	
		Ξ							
		ε							
		(ii)							

Schedule J (Form 990) 2008	Page 3
ntal Information	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part
SUPPLEMENTAL COMPENSATION INFORMATION	
_FORM_9901_SCHEDULE_J1_PART_I	
LINE.1A FIRST CLASS TRAVEL: LIMITED TO REIMBURSED TRAVEL UNDER AGREEMENT	
WITH AL AIN 200.	
LINE 1A HOUSING ALLOWANCE: ZOO DIRECTOR: REPORTED ON W-2 \$10, 260	
LINE 1A TRAVEL FOR COMPANIONS: PART OF CEO'S EMPLOYMENT AGREEMENT,	
REPORTED ON W-2. \$11,665	
LN 7 THE SOCIETY MAINTAINS A BONUS PLAN FOR MANAGEMENT. THE BONUS IS	
CALCULATED AS A PERCENTAGE OF EACH MANAGER'S ANNUAL SALARY. THE	
PERCENTAGE IS BASED ON THE SOCIETY'S ACHIEVEMENT OF SPECIFIED GOALS. EACH	
PARTICIPATING EMPLOYEEE'S BONUS PERCENTAGE IS ADJUSTED FURTHER, BASED ON	
ANNUAL PERFORMANCE REVIEW SCORES.	
-	

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

95-1648219

ZOOLOGICAL SOCIETY OF SAN DIEGO Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I **Employees**

(A)	(B)			((C)	-		(D)	(E)	(F)
Name and Title	Average hours	Posit	tion (that ap	oly)	Reportable	Reportable	Estimated
	perweek	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BERIT DURLER BOARD PRESIDENT	12.	×						NONE		NONE
FREDERICK A FRYE MD		 ^-						None		
VICE PRESIDENT	10.	x						NONE		NONE
RICHARD GULLEY		1								
SECRETARY	10.	l _x				İ		NONE		NONE
FRANK_C_ALEXANDER		1								
TREASURER	10.	x						NONE		NONE
SANDRA BRUE							<u> </u>			
TRUSTEE	6.	x						NONE		NONE
WELDON DONALDSON								.,,,,,,		
TRUSTEE	6.	x				ļ		NONE		NONE
THOMPSON FETTER		1								
TRUSTEE	6.	x						NONE		NONE
GEORGE L GILDRED		1								
TRUSTEE	6.	×						NONE		NONE
NAN_KATONA										
TRUSTEE	6.	x						NONE		NONE
JUDY_WHEATLEY		1			_					
TRUSTEE	6.	x						NONE		NONE
WILLIAM H MAY										
TRUSTEE	6.	x						NONE		NONE
DAVID WOODRUFF PHD DSC		1								
TRUSTEE	6.	x						NONE		NONE
DOUGLAS MYERS										
CHIEF EXECUTIVE OFFICER	40.			x				356, 387.		148,577.
MATTHEW MUSELLA										
CHIEF OPERATING OFFICER	40.			x				275, 493.		90,528.
PAULA BROCK								•	·	
CHIEF FINANCIAL OFFICER	40.			x			ł	239,727.	NONE	42,651.
MARK STUART										
CHIEF DEVELOPMENT OFFICER	40.				х			227,547.		14,446.
ROBERT MCCLURE	<u> </u>									
DIR - SD WILD ANIMAL PARK	40.	ľ			х			208,209.	NONE	80,459.
TIM MULLIGAN										
CHIEF HUMAN RESOURCES OFFICER	40.				х	L	L	199, 397.	NONE	15,013.
ROBERT WIESE										
CHIEF LIFE SCIENCES OFFICER	40.	<u>L</u>		L	х	L	L	190,595.	NONE	15,463.
RICHARD FARRAR										
DIR SAN DIEGO ZOO	40.				Х		L	151, 330.	NONE	105,821.
JOHN DUNLAP										
DIR SAN DIEGO ZOO	40.				х	<u> </u>	L	94,915.	NONE	657.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

95-1648219

ZOOLOGICAL SOCIETY OF SAN DIEGO Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees**

(A)	(B)	[····		C)			(D)	(E)	(F)
Name and Title	Average hours per week			_		that ap		Reportable	Reportable	Estimated
	poi wook	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ROBERT_ERHARDT CHIEF TECH OFFICER	40.					х		207, 933.	NONE	39, 253.
ALLISON_ALBERTS										
CHIEF CONSERVATION OFFICER	40.	\vdash	-	-	-	_X_		190,930.	NONE	46,807.
TED MOLTER CORP DIR OF MARKETING	40.					х		187,714.	NONE	26,387.
DONALD JANSSEN CORP DIR OF ANIMAL HEALTH	40.					×		176,162.	NONE	63, 193.
DAVID RICE										
CORP DIR OF ARCHITECTURE	40.		ļ		<u> </u>	_ X		167,365.	NONE	90,371.
	:									
		-								
			-					:		· · · · · · · · · · · · · · · · · · ·
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	-									
							\vdash			

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

Schedule J-2 (Form 990) 2008

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047 2008 Open to Public

Inspection[₹]

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990)

Schedule K (Form 990) 2008 (h) On behalf of Yes No Issuer **Employer Identification number** ŝ ŝ (g) Defeased ш ŝ 95-1648219 Yes Yes Yes CONSTRUCTION/IMPROV TO FACILIATIES ŝ ŝ (f) Description of purpose ۵ ۵ Yes Yes ŝ ŝ ပ Ç Yes Yes 45,000,000. (e) Issue puce ŝ ŝ œ œ (d) Date issued 00037CGJ3 06/01/2004 Yes Yes (c) CUSIP # ŝ ŝ ⋖ ⋖ Yes Yes (b) Issuer EIN 94-3130123 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Other unspent proceeds 6 Working capital expenditures from proceeds 2 Gross proceeds in reserve funds......... 9 Were the bonds issued as part of a current refunding issue? financed property which may result in private business use? 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by Private Business Use (Optional for 2008) Are there any lease arrangements with respect to the 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? A ABAG FINANCE AUTHORITY FOR NON-PROFIT CORPORATIONS Proceeds in refunding or defeasance escrows 10 Were the bonds issued as part of an advance Bond Issues (Required for 2008) ZOOLOGICAL SOCIETY OF SAN DIEGO Proceeds (Optional for 2008) (a) Issuer name 1 Total proceeds of issue. refunding issue? Name of the organization Part III Part II Part I œ 8 ပ ۵

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Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

		A		8		S		٥	Ш	
3a Are there any management or service contracts with	Yes	No	Yes	N _o	Yes	°Z	Yes	Š	Yes	N 8
respect to the financed property which may result in private business use?.										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Part IV Arbitrage (Optional for 2008)										
		A		В		C		D	3	
1 Has a Form 8038-1, Arbitrage Rebate, Yield Reduction	Yes	No	Yes	٥N	Yes	No	Yes	No	Yes	No
with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?									Ì	
b Name of prowder.										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an										
available temporary period?							ï			
6. Did the hand issue quality for an excention to rabate?										
			!					Š	Schedule K (Form 990) 2008	rm 990) 2008

SCHEDULE M (Form 990)

Non-Cash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

20**08**

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ZOOLOGICAL SOCIETY OF SAN DIEGO 95-1648219
Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of	d) determinin nues	g
1	Art-Works of art						
2	Art-Historical treasures						
3	Art-Fractional interests						
4	Books and publications						
5	Clothing and household						
•	goods						
6	Cars and other vehicles			-			
7	Boats and planes						
8	Intellectual property						
9	Securities-Publicly traded		11	253,846.	STOCK PRIC	'E	
10	Securities-Closely held stock			233,010.	DIOCK I KIC		
11	Securities-Partnership, LLC,					_	
••	or trust interests						
12	Securities-Miscellaneous						
13	Qualified conservation						
13	contribution (historic						
	structures)						
14	Qualified conservation	-		****			
14	contribution (other)						
15	Real estate-Residential	-					
	Real estate-Commercial						
16							
17	Real estate-Other	=					
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						—
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(STMT_2)		7.	75,500.			
26	Other ►()						
27	Other ►()				<u></u>		
28	Other ►()	L	<u></u>		<u> </u>		
29	Number of Forms 8283 received by						
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	gement	29		Т
						Yes	No
30 a	During the year, did the organiza						
	it must hold for at least three yea						l
	used for exempt purposes for the e	_	period?		• • • • • • • •	30a	<u>X</u>
	If "Yes," describe the arrangement i				i		
31	•					_	1
	contributions?					31 X	
32 a	Does the organization hire or use		_				
	contributions?				<u> </u>	32a	<u> </u>
þ	If "Yes," describe in Part II.				<u> </u>		1
33	If the organization did not report re	evenues in c	olumn (c) for a type of pro	perty for which column (a)	is checked,		
	describe in Part II.					1	1

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

Schedule M ((Form 990) 2008	95-1648219 Page 2
Part II	Supplemental Information. (32b, and 33. Also complete the supplemental Information (32b) and 33.	Complete this part to provide the information required by Part I, lines 30b, his part for any additional information.
	. 	·
		·
		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

ZOOLOGICAL SOCIETY OF SAN DIEGO	95-1648219
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	
FORM 990, PART VI, QUESTION 6	
THE ZOOLOGICAL SOCIETY OF SAN DIEGO HAS OVER 250,000 MEMBERS (INC.	
DUAL MEMBERSHIPS CONSISTING OF TWO ADULT MEMBERS OF AN IMMEDIATE	
_ HOUSEHOLD_ISSUED_AN_INDIVISIBLE_INTEREST_IN_A_SINGLE_ANNUAL_MEMBER	RSHIP).

TQ5595 2020

Name of the organization	Employer identification number
ZOOLOGICAL SOCIETY OF SAN DIEGO	95-1648219
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WA	AS_BEGUN
FORM 990, PART VI, QUESTION 15A & 15B	
THE BOARD OF TRUSTEES HAS A CHARTERED COMPENSATION COMMITTEE, FOR	RMED_IN
2005. FOR 2008, AN OUTSIDE COMPENSATION FIRM, WATSON WYATT, WAS	HIRED TO
_DO_A COMPREHENSIVE SALARY SURVEY OF THE ENTIRE EXECUTIVE TEAM*.	ONCE THE
COMMITTEE APPROVED THE APPROPRIATE PAY RANGE FOR THE CEO POSITION	NTHE
_CURRENT_CEO'S SALARY WAS REVIEWED. HIS STANDING WITHIN HIS PAY I	RANGE,
COUPLED WITH HIS PERFORMANCE REVIEW SCORE, DICTATED THE SALARY IN	NCREASE
FOR 2009.	
* THE EXECUTIVE TEAM INCLUDES	
DIRECTOR OF CRES	
CHIEF FINANCIAL OFFICER	
GENERAL COUNSEL	
GOVERNMENT RELATIONS DIRECTOR	
ZOO DIRECTOR	
CHIEF TECHNOLOGY OFFICER	
DIRECTOR OF VETERINARY SERVICES	
DIRECTOR OF RISK MANAGEMENT	
WILD ANIMAL PARK DIRECTOR	
DIRECTOR OF MERCHANDISING	
DIRECTOR OF MARKETING	
DIRECTOR OF HUMAN RESOURCES	
DEPUTY EXECUTIVE DIRECTOR	
CEO/EXECUTIVE DIRECTOR	
_DIRECTOR_OF_ARCHITECTURE	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
ZOOLOGICAL SOCIETY OF SAN DIEGO	95-1648219
· ,	
_DIRECTOR_OF_COLLECTIONS	
_DEVELOPMENT_DIRECTOR	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions.

20**08**

OMB No 1545-0047

(F)
Direct controlling
entity Schedule R (Form 990) 2008 (F)
Direct controlling
entity Employer identification number N/A 95-1648219 (E)
Public chanty status
(if section 501(c)(3)) (E) End-of-year assets 11A (D) Exempt Code section (D) Total income 501(C)(3) (C) Legal domicile (state lor foreign country) (C)
Legal domicile (state or foreign country) CA (B) Primary activity Primary activity SUPPORTING **e** FNDIN OF ZOOLOGICAL SOCIETY OF SAN DIEGO 20-8456251 SAN DIEGO, CA 92122 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations (A)
Name, address, and EIN of related organization (A)
Name, address, and EIN of disregarded entity Identification of Disregarded Entities ZOOLOGICAL SOCIETY OF SAN DIEGO Name of the organization PO BOX 120551 Part II Part I

Page 2

95-1648219

Identification of Related Organizations Taxable as a Partnership Schedule R (Form 990) 2008

Part III

Yes No (J)
General or
managing
partner? (I)
Code V-UBI
amount in box 20 of
Schedule K-1
(Form 1065) (H) Disproperborate afficiations? Yes No (G) Share of end-of-year assets (F) Share of total income (E)
Predominant
income (related,
investment,
unrelated) (D) Direct controlling Pentity (C)
Legal
domicile
(state or
foreign (B) Primary activity (A)
Name, address, and EIN of related organization

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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total mcome	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) 2009 Part V Transactions With Related Organizations

Yes No	at ×	4 t	1c ×	1d ×	1e ×	3,			× :	11			E X	1n ×	 .: ×	1 1 ×	× :	X 11 X	tion thresholds.	(C) Amount involved							Schedule R (Form 990) 2008
														•					d relationships and transac	(b) Transaction type (a–r)							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.	a Receipt of (i) interest (ii) annuties (iii) rovalties (iv) rent from a controlled epitiv		c Gift, grant, or capital contribution from other organization(s)		Loans or loan guarantees by other organization(s)			h Exchange of assets	i Lease of facilities, equipment, or other assets to other organization(s)	1 Lace of facilities animonal or other secole from other seconds	J. Lease of racinities, equipment, or other assets from other organization(s)	1 Performance of services or membership or fundraising solicitations by other organization(s)	m Sharing of facilities, equipment, mailing lists, or other assets	n Sharing of paid employees	o Reimbursement paid to other organization for expenses	p Reimbursement paid by other organization for expenses	q Other transfer of cash or property to other organization(s)		I the answer to any of the above is res, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(A) Name of other organization(s)	(1)	(2)	(3)	(4)		(9)	

95-1648219

Schedule R (Form 990) 2008

Unrelated Organizations Taxable as a Partnership Part VI

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

Name, address and ElN of entry	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	Disproportionate allocations?	ate Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?
			Yes No		Yes No		Yes No
						:	

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICE	S COMPENSATION
ROUND 2 COMMUNICATIONS LLC 10866 WILSHIRE BLVD STE 900 LOS ANGELES, CA 90024	ADVERTISING / PR	6,011,400.
GUISCARDUS LLC 1945 E CANTERBURY ST SPRINGFIELD, MO 65804	GENERAL CONTRACTOR	725,650.
ARIMAW PRODUCTIONS 3670 PARK BLVD #9 SAN DIEGO, CA 92103	PROF ENTERTALNMENT	695,549.
THE MASONRY GROUP CA SOUTH LP 8188 LINCOLN AVE STE 100 RIVERSIDE, CA 92504	GENERAL CONTRACTOR	543,118.
CDW DIRECT LLC PO BOX 75723 CHICAGO, IL 60675	TELECOM	533,896.
TOTAL COMPENSAT	rion	8,509,613.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF (C) REVENUES CONTRIBUTIONS REPORTED	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FUNDRAISING EVENT SUPPORT SERVICES	×	7	75, 500.	FAIR MARKET VALUE
TOTALS	1 11	7. J	75, 500.	

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