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# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

2009

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A Forth	e 2009 ca	alendar yea	ar, or tax year beginning 12-29-2008	3 and ending 12-27-200	9			
_	f applicable	Please	C Name of organization ZOOLOGICAL SOCIETY OF SAN DIEGO			. ,	entification number	
Address —	-	use IRS label or	Doing Business As			95-164821 E Telephone nu		
Name c	-	print or type. See				(619) 231-		
Initial re —		Specific Instruc-	Number and street (or P O box if mail in POST OFFICE BOX 120551	is not delivered to street addre	ess) Room/suite	<b>G</b> Gross receipts	_	
Termina –		tions.					· · · · · · · · · · · · · · · · · · ·	
_	ed return		City or town, state or country, and ZIP SAN DIEGO, CA 92112	+ 4				
Applicat	ion pending							
			me and address of principal officer LAS MYERS CEO		<b>H(a)</b> Is the	ıs a group returr	n for	
		POST	OFFICE BOX 120551		aiiiiia	ites.	1 165 14 140	
		SAND	PIEGO,CA 92112		1	l affiliates includ	·	
Tax-ex	empt status	<u> </u>	c) (3) <b>4</b> (insert no) 4947(a)(1) or	<u> </u>		o," attach a list ip exemption nu	(see instructions)	
Webs	ite: ► WV	VW SANDI	EGOZOO ORG		"(c) =	ip exemption na		
			ition Trust Association Other ►		I Vann of fa	rmation 1916	State of legal domicile CA	
Part I		mary	ition   Trust   Association   Other		L Teal Of 10	illiation 1916   F	State of legal doffficile CA	
1	Briefly	describe th	ne organization's mission or most si					
			AL SOCIETY OF SAN DIEGO IS A					
ا ب	DEDIC	ATED TO	THE REPRODUCTION, PROTECTI	ON AND EXHIBITION	OF ANIMALS,	PLANTS AND T	THEIR HABITATS	
≟								
9								
5								
٤ ١ ۽	Charl					250/ -5-11-		
2	Check	this box 🟲	f the organization discontinued it	s operations or disposed	of more than	25% of its net a	assets	
	Numbe	r of voting	members of the governing body (Pai	rt VI, line 1a)		3	12	
₿ 4	Numbe	r of indepe	ndent voting members of the govern	ing body (Part VI, line 1	b)	. 4	12	
3 4 5 6	Total n	umber of e	mployees (Part V , line 2a)			5	3,266	
<u> </u>	Total n	umber of v	olunteers (estimate if necessary)			6	1,077	
-	a Totalg	ross unrela	ated business revenue from Part VII	II, column (C), line 12		7a	8,838,819	
	<b>b</b> Netuni	elated bus	iness taxable income from Form 99	0-T, line 34		71		
					Prio	r Year	Current Year	
8	Contr	ibutions an	d grants (Part VIII, line 1h)			33,161,014	40,055,636	
∄ 9	Progra	am service	revenue (Part VIII, line 2g)		145,364,550	124,619,897		
Bayenue 10			me (Part VIII, column (A), lines 3,		102,033	-7,429,209		
聋   11	Other	revenue (F	Part VIII, column (A), lines 5, 6d, 8		14,082,895			
12			add lines 8 through 11 (must equal F		102 710 402	172 147 701		
13			ar amounts paid (Part IX, column (A		•	486,085	173,147,791	
14			or for members (Part IX, column (A)	•		0		
15			ompensation, employee benefits (Pa		5-			
\$ 1	10)	cs, other c	ompensation, employee benefits (1 c		97,811,963	101,231,120		
89   16   16			draising fees (Part IX, column (A), li		35,000			
_ ı			penses (Part IX, column (D), line 25) $\blacktriangleright 3.81$			00.045.067	26.622.470	
17		•	(Part IX, column (A), lines 11a-11			82,215,367	86,633,179	
18			Add lines 13-17 (must equal Part I penses Subtract line 18 from line 1			180,548,415	188,462,332 -15,314,541	
	1,6761	.ac 1033 EX	FELLOSS SABERACE TIME TO HOTH THIRE I		Beginning	g of Current		
Separate Para Se						'ear	End of Year	
20			rt X, line 16)			364,226,299	384,204,857	
型 21		-	Part X, line 26)			143,198,264	138,832,103	
22 Part I			nd balances Subtract line 21 from li	ine 20		221,028,035	245,372,754	
Part 1		ature Bl		raturn, including accompanying	a schodulos and s	tatoments and to t	be best of my knowledge	
			erjury, I declare that I have examined this r correct, and complete Declaration of prepa					
Sign						11.01		
lere	Sian	ature of offic	er		2010- Date	11-04		
					2410			
		la Brock CFO e or print nan						
	<b>  F</b>	or print nan	ne and the	<u> </u>		T		
	Prepare			Date	Check if self-	Preparer's identif		
Paid	sıgnatur	e <b>F</b>			empolyed •	(SEE INSTRUCTIONS	,	
reparer	1	ame (or you	rs ERNST & YOUNG US LLP			FIN b		
Jse Only		mployed), , and ZIP + 4	4370 LA JOLLA VILLAGE DR SUITE 500			EIN Þ		
			SAN DIEGO, CA 92122			Phone no ▶ (8	58) 535-7200	
	IRS discui	ss this reti	urn with the preparer shown above?	(see instructions)			Tyes TNo	

Form **990** (2009)

#### Part III Statement of Program Service Accomplishments

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

2		on undertake any signific O or 990-EZ?		rvices during the yea	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on S	chedule O			
3	Did the organization	on cease conducting, or	make sıgnıfıcan	t changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O			
4	Section 501(c)(3)		tions and section	on 4947(a)(1) trusts	e largest program services by are required to report the amo i service reported	•
4a	(Code	) (Expenses \$	148,906,235	ıncludıng grants of \$	211,500 ) (Revenue \$	146,239,758 )
	ANIMALS AND CONTA		L COLLECTION WIT	H MORE THAN 700,000 PI	THE 100-ACRE ZOO IS HOME TO 4 LANTS THE SAFARI PARK IS AN 1800	
4b	(Code	) (Expenses \$	18,430,003	including grants of \$	223,934 ) (Revenue \$	2,319,721 )
4D	CONSERVATION PRO	GRAMS THROUGH THE ZSSD'S	S INSTITUTE FOR C	CONSERVATION RESEARCH	H WHICH IS THE LARGEST ZOO-BASE ERVATION PROGRAMS IN MORE THAN	D MULTIDISCIPLINARY RESEARCH
4c	(Code	) (Expenses \$	2,774,711	including grants of \$	) (Revenue \$	1,662,386 )
					MS, CLASSROOM KITS, CURRICULUM TUDENT CONSERVATION PROJECT	& ACTIVITIES, TEACHER
4d	, ,	ervices (Describe in Sch	•			
	(Expenses \$	0 inc	luding grants o	f \$	0)(Revenue\$	0)
4e	Total program se	rvice expenses <b>⊧</b> \$	170,110,94	9		

art IV	Chec	klist o	f Dec	uired	Sche	dules
	CITEC	NIISL U	I Keu	ıuıı cu	30116	uuics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28 a	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	n 990 (2009)			Page!
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable	314		
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and gaming (gambling) winnings to prize winners?		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
h	return	3,266		
D	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return instructions)		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covereturn?	· ·	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe over, a financial account in a foreign country (such as a bank account, securities account, or othe account)?	•		No
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 Fore Financial Accounts	ıgn Bank and		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea	ır? <b>5a</b>		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	ansaction? 5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Prohibited Tax Shelter Transaction?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and dorganization solicit any contributions that were not tax deductible?			No
b	If "Yes," did the organization include with every solicitation an express statement that such contr were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly services provided to the payor?		Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	t was required to		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on benefit contract?			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requi	red? <b>7g</b>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 109 required?	98-C as 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have business holdings at any time during the year?	e excess		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross Income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

 $\boldsymbol{b}$  . If "Yes," enter the amount of tax-exempt interest received or accrued during the

year

12a

2920 ZOO DRIVE SAN DIEGO,CA 92101 (619) 231-1515

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management						
	<b>3</b>		Yes	No			
1a	Enter the number of voting members of the governing body 1a 12						
b	Enter the number of voting members that are independent 12						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο			
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		Νo			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No			
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	75	163				
а	The governing body?	8a	Yes				
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue Code.)						
			Yes	No			
	Does the organization have local chapters, branches, or affiliates?	10a		N o			
	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?	10b					
11	Leads the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		1.00				
	to conflicts?	12b	Yes				
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	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line a or b, 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	4.5					
	taxable entity during the year?	16a		N o			
D	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶AK, AR, CA, HI, IL, KS, MA, MN, M OH, OK, OR, PA, TN, WV	O , NH	, NJ , N	IY,			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available.						
	Own website Another's website V Upon request						
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 See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n 🕨			
	PAULA BROCK CFO						

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	verage Position (check all hours that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

.641.249	ol	571,63

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization \ 61

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	_		
	Tempered to the organization in Test, complete senedate 5 for such person in the initial in the senedate 5 for such person in the initial init	5		Νo

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ROUND 2 COMMUNICATIONS LLC 10866 WILSHIRE BLVD STE 900 LOS ANGELES, CA 90024	ADVERTISING / PR	5,070,550
EPSILON DATA MANAGEMENT L-2751 COLUMBUS, OH 43260	AQUISITION	3,881,148
RUDOLPH AND SLETTEN INC 10955 VISTA SORRENTO PKWY STE 100 SAN DIEGO, CA 92130	GENERAL CONTRACTOR	2,106,939
MC SAATCHI INC 2032 BROADWAY SANTA MONICA, CA 92040	ADVERTISING	1,394,097
DOOSE LANDSCAPE CONSULTING 785 EAST MISSION RD SAN MARCOS, CA 92069	LANDSCAPE DESIGN	831,469
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►13	) who received more than	

Form 99								Page <b>9</b>
Part V	<b>/III</b>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
芸芸	1a	Federated cam	paigns 1a					
흔들	ь	Membership du	es <b>1b</b>	18,384,288				
Contributions, gifts, grants and other similar amounts	c	Fundraising eve	ents <b>1c</b>	1,595,450				
	d	Related organiz	zations 1d					
ર્ઝ E	e	Government grants	s (contributions) <b>1e</b>	3,600,614				
<u>등</u> 등	f		ons, gifts, grants, and <b>1f</b>	16,475,284				
tributí I other	g	sımılar amounts no	ot included above					
S E	h	Total. Add lines	s 1a-1f	▶	40,055,636			
				Business Code				
e⊒	2a	OPER OF 2 ANIMAI	L EXHIBIT FACILITIES	900,099	110,908,903	110,860,119	48,784	
ven	b			· ·	· · ·		48,784	
윤	"	EDUCATIONAL PRO ACTIVITIES		611,710	2,319,721	2,319,721		
AC 6	c	GRANT REVENUE F	FOR SERVICES	900,099	1,662,386	1,662,386		
Ę.	d	CITY TAX REVENUE	<u> </u>	900,099	9,635,752	9,635,752		
Program Serwce Revenue	e	FOOD CONCESSION	NS	722,320	93,135		93,135	
<u>~</u>	f	All other progra	am service revenue					
£	l	T-1-1 Add 1	- 2- 25		124 640 007			
	g 3		s 2a-2f		124,619,897			
			ome (including dividen ar amounts)		1,892,953			1,892,953
	4		stment of tax-exempt bond	F	0			, ,
	5	Royalties			164,524			164,524
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	(1) 112 21	(11)				
	ь	Less rental						
	<sub>c</sub>	expenses Rental income						
		or (loss)	(1)					
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other	(i) Securities 41,105,000	(II) O ther				
	ь	than inventory Less cost or other basis and sales expenses	50,427,162					
	c	Gain or (loss)	-9,322,162					
	d	Net gaın or (los	s)		-9,322,162			-9,322,162
e	8a	Gross income f events (not inc \$1,595						
Other Revenue			reported on line 1c)					
ě		See Fail IV, IIN	ne 18 <b>a</b>	463,615				
<u>.</u>	Ь	Less directex	penses <b>b</b>	,				
Ě	c		· (loss) from fundraising		-319,556			-319,556
0	9a		rom gaming activities ne 19                a					
	b c		penses <b>b</b> (loss) from gaming acti		0			
	10a	Gross sales of returns and allo	ınventory, less					
			а	22,775,000				
	ь	Less cost of g	oods sold <b>b</b>	7,057,000				
	С		(loss) from sales of inv		15,718,000	7,073,100	8,644,900	
		Miscellaneous		Business Code				
	١.	PLANTS FOR A CONSUMPTIO	N (BROWSE)		143,477 52,000	143,477	52,000	
	b	HOTEL COMM WEBSITE	ISSIONS FROM		32,000		32,000	
	c	ATM SURCHAR	RGE		56,080	56,080		
	d	All other reven	ue		86,942	86,942		
	e	Total. Add lines	s 11a-11d		338,499			
	12	Total revenue.	See Instructions .	•	173,147,791	131,837,577	8,838,819	-7,584,241

	990 (2009)				Page <b>10</b>
Part	Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations m	ust complete all o	olumno		
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			D).	
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	211,500	211,500		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	223,934	223,934		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,013,055	615,964	1,185,160	211,931
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	59,365	12,334	47,031	
7	Other salaries and wages	65,332,865	59,751,112	3,668,815	1,912,938
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,496,946	3,951,360	381,398	164,188
9	Other employee benefits	23,356,789	21,263,261	1,478,237	615,291
10	Payroll taxes	5,972,100	5,410,638	388,248	173,214
11	Fees for services (non-employees)				_
а	Management	0			
b	Legal	733,232	38,077	695,095	60
С	Accounting	538,301		538,301	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	162,599			162,599
f	Investment management fees	782,327		782,327	
g	Other	12,919,806	11,364,959	1,259,678	295,169
12	Advertising and promotion	10,402,924	10,292,627	37,457	72,840
13	Office expenses	534,646	565,456	133,721	-164,531
14	Information technology	2,937,305	1,398,604	1,412,986	125,715
15	Royalties	0			
16	Occupancy	0			
17	Travel	906,932	848,354	44,057	14,521
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,209,646	935,618	235,542	38,486
20	Interest	1,096,000	1,030,561	65,439	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	21,563,954	20,889,325	674,629	
23	Insurance	1,995,827	1,799,441	183,456	12,930
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	COST OF GOODS SOLD	6,471,995	6,471,995		
ь	OPERATING SUPPLIES	9,123,278	8,550,770	497,076	75,432
С	SHARED REVENUE EXPENSE	2,324,656	2,324,656		
d	UTILITIES & WATER	4,940,217	4,940,217		
e	FORAGE	2,764,910	2,764,910		
f	All other expenses	5,387,223	4,455,276	831,861	100,086
25	Total functional expenses. Add lines 1 through 24f	188,462,332	170,110,949	14,540,514	3,810,869
26	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 solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			566,017	1	718,196
	2	Savings and temporary cash investments	_		49,040,713		42,152,735
	3	Pledges and grants receivable, net			49,532,520	3	42,211,060
	4	Accounts receivable, net	•		5,834,637	4	3,079,453
	5	Receivables from current and former officers, directors, trustee	s kev	employees and	-,,	-	2,202,002
		highest compensated employees Complete Part II of	J, KC,	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II (		n 4958(f)(1)) and			
Assets		Schedule L				6	
	7	Notes and loans receivable, net				7	50,000
8	8	Inventories for sale or use		2,991,171	8	3,017,051	
⋖	9	Prepaid expenses and deferred charges			904,125	9	1,249,868
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	397,793,539			
	ь	Less accumulated depreciation	10b	192,450,806	190,096,189	10c	205,342,733
	11	Investments—publicly traded securities			64,358,277	11	83,285,211
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			902,650	15	3,098,550
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	364,226,299	16	384,204,857		
	17	Accounts payable and accrued expenses .	39,037,671	17	30,264,515		
	18	Grants payable				18	
	19	Deferred revenue			14,176,735	19	12,771,456
_	20	Tax-exempt bond liabilities			43,500,000	20	42,750,000
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
===		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	·		500,000	23	250,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			45,983,858	25	52,796,105
	26	Total liabilities. Add lines 17 through 25			143,198,264	26	138,832,103
Ş		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	plet e l	ines 27			
Balance		through 29, and lines 33 and 34.					
<u> </u>	27	Unrestricted net assets			130,025,253	27	161,936,466
8	28	Temporarily restricted net assets			65,408,671	28	54,285,606
Fund	29	Permanently restricted net assets			25,594,111	29	29,150,682
丑		Organizations that do not follow SFAS 117, check here ► a	nd con	nplet e			
è		lines 30 t hrough 34.					
Assets	30	Capital stock or trust principal, or current funds				30	
Š	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınas		224 029 025	32	245 272 754
Net	33	Total net assets or fund balances			221,028,035		245,372,754
	34	Total liabilities and net assets/fund balances	364,226,299	34	384,204,857		

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

**Public Charity Status and Public Support** 

#### OMB No 1545-0047

#### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

Name	of th	ie oi	rgan	ıza	tıon	
ZOOLOC	SICAL	SOC	IETY	OF	SAN	DIEGO

**Employer identification number** 

			95-164821	. 9						
Pai	rt I	Reason for Public Charity Status (All organizations must complete	e this part.) See ins	tructions						
The c	rganı	zation is not a private foundation because it is (For lines 1 through 11, check onl	y one box )							
1	$\sqcap$	A church, convention of churches, or association of churches section 170(b)(1)	(A)(i).							
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)								
3	$\sqcap$	A hospital or a cooperative hospital service organization described in section 17	0(b)(1)(A)(iii).							
4	Γ	A medical research organization operated in conjunction with a hospital describe hospital's name, city, and state	ed in <b>section 170(b)(1</b>	)( <b>A</b> )(iii). Ente	r the					
5	Г	An organization operated for the benefit of a college or university owned or opera	ted by a governmenta	l unit describe	d in					
		section 170(b)(1)(A)(iv). (Complete Part II )								
6	$\vdash$	A federal, state, or local government or governmental unit described in section 1	70(b)(1)(A)(v).							
7	Γ	An organization that normally receives a substantial part of its support from a go described in section 170(b)(1)(A)(vi) (Complete Part II)	overnmental unit or fro	m the general	public	:				
8	$\sqcap$	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	굣	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross								
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of								
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from bus									
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Comp	lete Part III )							
10	$\sqcap$	An organization organized and operated exclusively to test for public safety. See	section 509(a)(4).							
11	Γ	An organization organized and operated exclusively for the benefit of, to perform one or more publicly supported organizations described in section 509(a)(1) or the box that describes the type of supporting organization and complete lines 11 a Type I b Type II c Type III - Functionally in	section 509(a)(2) See e through 11h	section 509(	a)(3).	Check				
e	Γ	By checking this box, I certify that the organization is not controlled directly or in other than foundation managers and other than one or more publicly supported of section 509(a)(2)		•	•					
f		If the organization received a written determination from the IRS that it is a Type check this box	e I, Type II or Type II	I supporting o	rganız	ation,				
g		Since August 17, 2006, has the organization accepted any gift or contribution frollowing persons?	•							
		(i) a person who directly or indirectly controls, either alone or together with pers	ons described in (ii)		Yes	No				
		and (III) below, the governing body of the the supported organization?		11g(i)		<u> </u>				
		(ii) a family member of a person described in (i) above?		11g(ii)						
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		<u> </u>				
h		Provide the following information about the supported organization(s)								

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Type of organization (described on lines 1- 9 above or IRC section	(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support?		
			instructions)) Ye	Yes	No	Yes	No	Yes	No	
Total										

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь					5a, and line 15 is	33 1/3% or moi	
	b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14						
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support		20% 011 11110 2 0				
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 2009	( <b>f</b> ) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	26,948,130	38,563,239	37,761,491	32,953,010	23,015,277	159,241,147
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	129,880,975	134,498,375	141,091,882	146,337,641	147,646,113	699,454,986
3	Gross receipts from activities that are not an unrelated trade or business under section 513	193,085	291,485	264,245	479,159	463,615	1,691,589
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	7,202,404	8,000,000	8,700,000	9,719,525	9,635,752	43,257,681
5	The value of services or facilities furnished by a governmental unit to the organization without charge					0	C
6	Total. Add lines 1 through 5	164,224,594	181,353,099	187,817,618	189,489,335	180,760,757	903,645,403
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	1,541,350	1,647,728	2,355,000	740,535	370,810	6,655,423
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the	0	0		0		C
_	year Add lines 7a and 7b	1,541,350	1,647,728	2,355,000	740,535	370,810	6,655,423
8	Public Support (Subtract line 7c from line 6)						896,989,980
Se	ction B. Total Support		•	•	'	•	
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	164,224,594	181,353,099	187,817,618	189,489,335	180,760,757	903,645,403
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,897,644	4,367,150	4,155,989	857,713	2,057,477	14,335,973
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					0	C
c	Add lines 10a and 10b	2,897,644	4,367,150	4,155,989	857,713	2,057,477	14,335,973
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,000	45,578	3,447,895	0	750,114	4,247,587
13	Total support (Add lines 9,	167,126,238	185,765,827	195,421,502	190,347,048	183,568,348	922,228,963
14	10c, 11 and 12)  First Five Years If the Form 990 is					· · ·	

4 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))

16 Public support percentage from 2008 Schedule A, Part III, line 15

15	97 263	%
16	97 201	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

17	1 555	%
18	1 539	%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b** 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493309004160

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ternal	Revenue Service	► Attach to Fo	orm 990. 🕨 See separate instructions.		Inspecti	on
	ne of the organi			Emp	loyer identification number	•
Z00	LOGICAL SOCIETY (	OF SAN DIEGO		95-1	1648219	
Pa	rt I Organ	izations Maintaining Donor Ac	dvised Funds or Other Similar F			e if the
	organiz	zation answered "Yes" to Form 99	1 ·	1		
_		, <u>, ,</u>	(a) Donor advised funds	(	<b>b)</b> Funds and other accoun	ts
L	Total number a	·				
2		tributions to (during year)				
3 •		nts from (during year)				
		le at end of year				
5	_		sors in writing that the assets held in do organization's exclusive legal control?	nor advı	red <b>⊤Yes</b>	∏ No
5	used only for c	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	•		┌ No
Par	t III Conse	rvation Easements. Complete	ıf the organization answered "Yes"	to Forn	n 990, Part IV, line 7.	
L	Purpose(s) of o	conservation easements held by the or	rganızatıon (check all that apply)			
	<u> </u>	ion of land for public use (e g , recreati	<u> </u>		ically importantly land area	
	_	of natural habitat	Preservation of a	certified	d historic structure	
	Preservati	ion of open space				
2	•	s 2a–2d if the organization held a quali he last day of the tax year	fied conservation contribution in the forr	n of a co	onservation	
					Held at the End of the	<b>fear</b>
а		of conservation easements		2a		
Ь	_	restricted by conservation easements		2b		
C		servation easements on a certified his	• •	2c		
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	2d		
3		servation easements modified, transfe ar ▶	rred, released, extinguished, or terminat	ed by th	e organization during	
1	Number of stat	tes where property subject to conserva	ation easement is located 🛌			
5		nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, har	ıdlıng of	violations, and <b>Yes</b>	Г No
5	Staff and volun	iteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	ments di	uring the year ►	
7	A mount of exp	enses incurred in monitoring, inspectir	ng, and enforcing conservation easement	s during	g the year ► \$	
3		servation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction	√Yes	┌ No
•	balance sheet,		onservation easements in its revenue an the footnote to the organization's financia nents		•	
ar			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Otl	her Similar Assets.	
La	art, historical t	treasures, or other similar assets held	116, not to report in its revenue statem for public exhibition, education or resear ancial statements that describes these	ch ın fu		
b	historical treas	, ,	116, to report in its revenue statement public exhibition, education, or research		•	
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$	
	(ii) Assets incl	luded in Form 990, Part X			<b>►</b> \$	
2	If the organizat	·	orical treasures, or other similar assets f S 116 relating to these items	or finan		
а		uded in Form 990, Part VIII, line 1	<del>-</del>		<b>▶</b> - \$	

**b** Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	torical	Trea	sures, or C	the	<u>er Similar</u>	Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ıe followı	ng thai	t are a significa	ant u	use of its coll	ectio	n	
а	Public exhibition		d	┌ Lo	an or e	exchange progi	ams	3			
b	Scholarly research		e	┌ ot	ther						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explai	ın hov	v they fu	rther th	ne organizatior	ı's ex	xempt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				nılar	Г	Yes	∏ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						d "Y	es" to Forn	n 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for cont	rıbutıoı	ns or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the 1	follow	ıng table	!	Γ			A mou	ınt	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			L		•	Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								,		
	rt V Endowment Funds. Complete		ans	wered '	'Yes"	to Form 990.	Pai	rt IV, line 1	0.		
		(a)Current Year		Prior Yea		(c)Two Years Bac				)Four Y	ears Back
1a	Beginning of year balance	30,053,851		41,39	6,892						
b	Contributions	3,556,570		2	0,058						
c	Investment earnings or losses	9,205,555		-13,90	4,280						
d	Grants or scholarships										
e	Other expenditures for facilities and programs	2,575,069		2,33	7,220						
f	Administrative expenses										
g	End of year balance	40,240,907		25,17	5,450						
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
а	Board designated or quasi-endowment 🕨	27 000 % %									
Ь	Permanent endowment ► 73 000 % %										
С	Term endowment ► 0 % %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation 1	that are	held ar	nd administere	d for	the			
	organization by							_		Yes	No
	(i) unrelated organizations						•	_	3a(i)		No
L	(ii) related organizations						•	📙	Ba(ii)	<u> </u>	N o
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•					•		3b		<u> </u>
	t VI Investments—Land, Buildings					Part X line	10				
гаг	t VI Investments—Land, buildings	s, and Equipmen	III. 3	(a) Cost		΄ Τ΄		(c) Accumulat	tod		
	Description of investment			basis (inv				depreciation		( <b>d</b> ) Bo	ok value
	and								_		
	Buildings		•			79,366		28,835	,160	5	0,531,402
c l	easehold improvements		•			284,269	,450	141,368,	.401	14	2,901,049
	Equipment		•			21,230	,904	12,319	,634		8,911,270
	Other					12,926	,623	9,927,	611		2,999,012
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colun	ın (B)	, line 10(	(c).) •			•		20	5,342,733
								Schedul	e D (I	Form 9	90) 2009

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation f-year market value
Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
——————————————————————————————————————	(b) Book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ie 15.		
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25. (b) A mount 0		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE	, line 25. (b) A mount 0 133,973		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE  LINE OF CREDIT B OF A	, line 25. (b) A mount 0 133,973 15,500,000		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE	, line 25.  (b) Amount  0  133,973  15,500,000  34,605,000		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE  LINE OF CREDIT B OF A  LIABILITY FOR PENSION BENEFITS	, line 25. (b) A mount 0 133,973 15,500,000		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE  LINE OF CREDIT B OF A  LIABILITY FOR PENSION BENEFITS	, line 25.  (b) Amount  0  133,973  15,500,000  34,605,000		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE  LINE OF CREDIT B OF A  LIABILITY FOR PENSION BENEFITS	, line 25.  (b) Amount  0  133,973  15,500,000  34,605,000		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE  LINE OF CREDIT B OF A  LIABILITY FOR PENSION BENEFITS	, line 25.  (b) Amount  0  133,973  15,500,000  34,605,000		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE  LINE OF CREDIT B OF A  LIABILITY FOR PENSION BENEFITS	, line 25.  (b) Amount  0  133,973  15,500,000  34,605,000		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE  LINE OF CREDIT B OF A  LIABILITY FOR PENSION BENEFITS	, line 25.  (b) Amount  0  133,973  15,500,000  34,605,000		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE  LINE OF CREDIT B OF A  LIABILITY FOR PENSION BENEFITS	, line 25.  (b) Amount  0  133,973  15,500,000  34,605,000		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE  LINE OF CREDIT B OF A  LIABILITY FOR PENSION BENEFITS	, line 25.  (b) Amount  0  133,973  15,500,000  34,605,000		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE  LINE OF CREDIT B OF A  LIABILITY FOR PENSION BENEFITS	, line 25.  (b) Amount  0  133,973  15,500,000  34,605,000		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  OTHER CAPITAL LEASE  LINE OF CREDIT B OF A  LIABILITY FOR PENSION BENEFITS	, line 25.  (b) Amount  0  133,973  15,500,000  34,605,000	, , , , , , <b>,</b>	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	173,147,791
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	188,462,332
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-15,314,541
4	Net unrealized gains (losses) on investments	4	27,753,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	11,905,536
9	Total adjustments (net) Add lines 4 - 8	9	39,658,536
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	24,343,995
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	207,959,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 7,057,000		
е	Add lines <b>2a</b> through <b>2d</b>	2e	7,057,000
3	Subtract line <b>2e</b> from line <b>1</b>	3	200,902,000
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-27,754,209
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	173,147,791
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	194,737,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>-</del>	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 6,274,668	1	
е	Add lines <b>2a</b> through <b>2d</b>	2e	6,274,668
3	Subtract line <b>2e</b> from line <b>1</b>	3	188,462,332
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	188,462,332
Pai	rt XIV Supplemental Information		•
Cor	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV .	lines 1b and 2b.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SCHEDULE D, PART XI, LINE 8		UNREALIZED GAINS/(LOSSES) ON SWAP TRANSACTION 4,141,000 PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 7,765,000 ROUNDING (464) 11,905,536
SCHEDULE D, PART XII, LINE 2D		COST OF GOODS SOLD RECLASS 7,057,000
SCHEDULE D, PART XII, LINE 4B		UNREALIZED GAINS ON INVESTMENT 28,653,000 UNREALIZED LOSS ON PROPERTY 900,000 ROUNDING 1,209 27,754,209
SCHEDULE D, PART XIII, LINE 2D		COST OF GOODS SOLD RECLASS 7,057,000 INVESTMENT FEES (782,327) ROUNDING (5) 6,274,668
The intended uses of the organization's endowment funds	Part V line 4	Endowment withdrawals are used for Education, Conservation and Zoological programs specifically identified as the purpose of the endowment

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493309004160

OMB No 1545-0047

2009

**SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

Totals.

#### **Statement of Activities Outside the United States**

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

Open to Public **Inspection** 

Name of the organization	Emplo
ZOOLOGICAL SOCIETY OF SAN DIEGO	1
	05-1

oyer identification number

Z0 (	DLOGICAL SOCIETY OF:	SAN DIEGO						
						95-1648219	)	
Pa	General Infor "Yes" to Form 9			de the United States	s. Complete	e if the organ	iization answered	
1				ecords to substantiate	the amount	of the grants	 s or	
	assistance, the grante	ees' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	ward	
	the grants or assistan	ıce <sup>?</sup>					. 🔽 Yes 🗆	N
2	<b>For grant makers.</b> Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grar	nt funds outsid	e the	
3	Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed )				
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progradescribe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expendit for region	ures
Mid	dle East and North Africa	0	0	Program Services	CONSERVA RESEARCH	TION	289	72!
Eas	t Asia and the Pacific	1	1	Program Services	CONSERVA RESEARCH	TION	220	),34
Sub	-Saharan Afrıca	1	2	Program Services	CONSERVA RESEARCH	TION	17:	1,760
Nort	th America	1	1	Program Services	CONSERVA RESEARCH	TION	138	3,89
Sou	th Asia	1	1	Program Services	CONSERVA RESEARCH	TION	104	1,69:
		1						_

925,425

( <b>a)</b> Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	COMMUNITY SUPPORT OF WEST GATE	50,000	WIRE TRANS			
		East Asia/Pacific	FOUNDATION SUPPORT		WIRE TRANS			
		North America	BEAR CONSERVATION	33,500	CHECK			
		Sub-Saharan A frica	CONSERVATION PROGRAMS	19,400	WIRE TRANS			
		East Asia/Pacific	KOMODO CONSERVATION	14,756	WIRE TRANS			
		East Asia/Pacific	CHIMP PLANNING WORKSHOP	11,778	WIRE TRANS			
		Sub-Saharan Africa	ELEPHANTS WITHOUT BORDERS	10,000	WIRE TRANS			
		East Asia/Pacific	AUSTRALIAN FIRE RELIEF	10,000	WIRE TRANS			
		East Asia/Pacific	PROGRAM SUPPORT	10,000	WIRE TRANS			
		East Asia/Pacific	AUSTRALIAN FIRE RELIEF	8,500	WIRE TRANS			
		East Asia/Pacific	CHIMP PLANNING WORKSHOP	6,000	WIRE TRANS			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Infor	mation	ın Part I, line 2, and any addıtıonal ınformatıon.
Identifier	ReturnReference	Explanation
	SCHEDULE F, PART IV	THE ORGANIZATION UTILIZES INDEPENDENT CONTRACTORS TO MONITOR OUR ACTIVITIES OUTSIDE THE UNITED STATES EXPENSES USING GRANT FUNDS OUTSIDE THE US ARE DOCUMENTED WITH RECEIPTS FROM THE COUNTRY IN WHICH THEY ARE SPENT RECEIPTS ARE SENT TO AND RETAINED BY THE ZOOLOGICAL SOCIETY OF SAN DIEGO

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

2009
Open to Public Inspection

Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO  OF 1648210	
	95-1648219
<b>Part I</b> Fundraising Activities. Complete if the organization answered "Yes" to Form 990-EZ filers are not required to complete this part.	n 990, Part IV, line 17.

- 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?

  Yes

  No.
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
GAVEL GROUP		Yes	No				
	AUCTION PRODUCTION		Νο	118,825	34,075	84,750	
DONOR SERVICES GROUP	TELE- MARKETING		No	300,000	128,523	171,477	
Total			<b>&gt;</b>	418,825	162,598	256,227	

<sup>3</sup> 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

Pai	t II	Fundraising Events. Com more than \$15,000 on Form					eport	:ed
			(a) Event #1  RITZ (event type)	(b) Event #2  CELEBRATION (event type)	(c) O ther Events  1 (total number)	(d) Tot (Add col col		
Me	1	Gross receipts	1,448,055		,		2,05	9,065
Reveilue	2	Less Charitable contributions	1,209,162	334,288	52,000		1,59	5,450
	3	Gross income (line 1 minus line 2)	238,893	159,888	64,834		46	3,615
	4	Cash prizes						
မွာ	5	Non-cash prizes	68,069	45,137			11	3,206
Expenses	6	Rent/facility costs						
	7	Food and beverages	158,056				15	8,056
Direct	8	Entertainment						
	9	Other direct expenses .	281,591	140,302	90,016		51	1,909
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌		78	3,171
	11	Net income summary Combine III	<u> </u>					9,556
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	rganization answered ' ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e thar	1
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
မွ	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct B	4	Rent/facility costs						
툴_	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes				
		Direct expense summary Add lines  Net gaming income summary Com						
							Yes	No
9 a	Ist	er the state(s) in which the organiza the organization licensed to operate				· 9a		
Ь	If "I	No," Explain						
10a b		re any of the organization's gaming   Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12		es the organization operate gaming a the organization a grantor, beneficia				11		<u> </u>
		ned to administer charitable gaming				12 90 or 990-	EZ) 20	009

		1	Yes	No
.3	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🟲			
	A ddress 🟲			
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
	<u> </u>	5a		
D	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			
	Name 🕨			
	Address ►			
6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation ► \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
7	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	7a		
b	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 I

(Form 990)

DLN: 93493309004160

OMB No 1545-0047

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

Inspect ion

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service

Employer identification number Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO 95-1648219

Part I General Information	on Grants and	Assistance				•			
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance		
See Additional Data Table									

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 (c)A mount of recipients cash grant		(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	

Part IV Suppleme	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.								
Ident if ier	Return Reference	Explanation							
ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	FORM 990, SCHEDULE I, PART I, LINE 2	ELIGIBILITY IS DETERMINED BY CURATORIAL STAFF, DIRECTOR OF COLLECTIONS HUSBANYRY SCIENCE, AND CHIEF LIFE SCIENCES OFFICER BASED ON ORGANIZATIONAL AND SPECIES SUSTAINABILITY NEEDS WE ARE REQUIRED BY THE UNITED STATES DEPARTMENT OF INTERIOR/FISH AND WILDLIFE SERVICE TO PARTICIPATE IN AND CONTRIBUTE TOWARDS CONSERVATION PROJECTS IN COUNTRY OF ORIGIN FOR SPECIES WE WANT TO IMPORT AS A PART OF THEIR ENDANGERED SPECIES ENHANCEMENT REQUIREMENTS STAFF SUBMITS PROPOSALS FOR CONSERVATION PROJECTS TO THE CONSERVATION RESEARCH GROUP (CRG) WHO THEN WORK CLOSELY WITH STAFF TO PROVIDE FUNDING FOR PROJECTS THAT WILL BENEFIT THE LONG-TERM SUSTAINABILITY OF SPECIES AND WILL ALSO BE IN KEEPING WITH OUR CONSERVATION MISSION CURATORIAL STAFF, DIRECTOR OF COLLECTIONS HUSBANDRY SCIENCE, AND THE CHIEF LIFE SCIENCES OFFICER WILL ALSO DECIDE WHEN CONSERVATION EFFORTS WORLDWIDE REQUIRE OUR ASSISTANCE BASED ON THEIR KNOWLEDGE OF THE WORLD SITUATION AS IT PERTAINS TO ANIMALS							

DLN: 93493309004160

**Employer identification number** 

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ZOOLOGICAL SOCIETY OF SAN DIEGO 95-1648219 Questions Regarding Compensation Yes Νo 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b 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 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III 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 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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 VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DOUGLAS MYERS	(I) (II)	264,754 0	20,314 0	44,002 0	113,547 0	8,151 0	450,768 0	(
MATTHEW MUSELLA	(I) (II)	196,814 0	16,215 0	33,569 0	84,515 0	4,724 0	335,837 0	
PAULA BROCK	(1) (11)	185,784 0	14,789 0	18,339 0	41,027	1,825	261,764 0	(
MARK STUART	(ı) (ıı)	177,769 0	14,426 0	22,618 0	11,132 0	<b>412</b> 0	226,357 0	(
ROBERT MCCLURE	(ı) (ıı)	155,089 0	11,245 0	32,088 0	53,375 0	7,712 0	259,509 0	
JOHN DUNLAP	(ı) (ıı)	183,802 0	6,051 0	1,550 0	4,612 0	2,570 0	198,585 0	
TIM MULLIGAN	(ı) (ıı)	171,801 0	13,206 0	4,749 0	10,987	572 0	201,315	
ROBERT WIESE	(1) (11)	143,606 0	11,918 0	14,668 0	13,344	3,548 0	187,084 0	
ROBERT ERHARDT	(I) (II)	161,231 0	12,994 0	22,536 0	37,214 0	6,071 0	240,046 0	
ALLISON ALBERTS	(I) (II)	148,781 0	12,783 0	22,855 0	40,994 0	4,969 0	230,382 0	
TED MOLTER	(I) (II)	143,802 0	11,762 0	25,448 0	17,533 0	1,850 0	200,395	
DONALD JANSSEN	(I) (II)	141,185 0	10,756 0	16,973 0	49,223 0	4,401 0	222,538 0	
DAVID RICE	(I) (II)	124,750	8,012 0	18,215 0	42,626 0	4,696 0	198,299 0	(

#### Part III Supplemental 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

_			
	Ident if ier	Return Reference	Explanation
	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

Schedule K

(Form 990)

Department of the Treasury

DLN: 93493309004160

OMB No 1545-0047

#### **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public

**Inspection** Internal Revenue Service Employer identification number Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO 95-1648219 **Bond Issues** Part I (h) O n Behalf of (a) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No ABAG FINANCE AUTHORITY FOR NON-PROFIT CONSTRUCTION/IMPROV TO 45,000,000 Χ Χ 94-3130123 00037CGJ3 06-01-2004 CORPORATIONS **FACILITIES Proceeds** Α В D Е Total proceeds of issue 47,672,414 Gross proceeds in reserve funds Proceeds in refunding or defeasance escrows 3 0 Other unspent proceeds Issuance costs from proceeds 711,980 Working capital expenditures from proceeds Capital expenditures from proceeds 46,960,434 Year of substantial completion 8 2007 Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Х 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? Part IIII Private Business Use C D Ε Α В Yes No No No Yes No Yes Yes Yes Was the organization a partner in a partnership, or a member of an LLC, Х which owned property financed by tax-exempt bonds?

Χ

Are there any lease arrangements with respect to the financed property

which may result in private business use?

Page 2 Part Private Business Use (Continued) E В С D Α No Yes No Yes No Yes Yes No Yes No Are there any management or service contracts with respect to the За Χ financed property which may result in private business use? Are there any research agreements with respect to the financed property 3Ь Χ which may result in private business use? Does the organization routinely engage bond counsel or other outside 3с counsel to review any management or service contracts or research Х agreements relating to the financed property? Enter the percentage of financed property used in a private business use 4 by entities other than a section 501(c)(3) organization or a state or local 0 % government Enter the percentage of financed property used in a private business use 5 as a result of unrelated trade or business activity carried on by your 0 % organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 % 6 Has the organization adopted management practices and procedures to 7 Х ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage Α В C D Ε Yes No Yes No Yes No Yes No Yes Nο Has a Form 8038-T. Arbitrage Rebate, Yield Reduction and 1 Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Х Is the bond issue a variable rate issue? 2 Χ Has the organization or the governmental issuer identified a 3a hedge with respect to the bond issue on its books and records? Χ **BANK OF AMERICA** Name of provider Term of hedge 30 Were gross proceeds invested in a GIC? Х 4a Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available 5 temporary period? Х Did the bond issue qualify for an exception to rebate? 6

Χ

DLN: 93493309004160

OMB No 1545-0047

Open to Public

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO							Employer identification number 95-1648219			
Part I	Excess Benefit Trai					organı	zations oi	nly).	40b	
1	(a) Name of disq			<b>(b)</b> Desc				·		rrected?
sec	er the amount of tax ımpos tıon 4958				ons durı • •	ng the y	vear under	\$		
3 Ent	er the amount of tax, ıf any	, on line 2, abov	e, reimbursed by t	he organization .	• •		· · •	\$		
Part II	Loans to and/or I Complete if the organiz			O Part IV line 26	or Forn	n 990-F	=7 Part V	line 38a		
(a) Nam	e of interested person and purpose	(b) Loan to or from the organization?	(c)O riginal principal amount	(d)Balance due	( <b>e)</b> I defaul	n	(f) Approve by board committe	ed or a	<b>(g)</b> Writte	
		To From			Yes	No	Yes		Yes	No
Total .			<b>b</b> \$		I		I	ı		
Part III										
(3	Complete if the orga	/h	Relationship betw	•			nount of gra	ant or type	of assis	tance
Part IV										
(a)	Complete If the orga	<b>(b)</b> betwe n per	vered "Yes" on Fo Relationship een interested son and the rganization	orm 990, Part IV (c) Amount of transaction		-	b, or 28c		organ	naring of ization's enues? <b>No</b>
KAREN W	/IESE	SPOUS EMPLO	E OF KEY YEE	47,0	31 REP	ORTAE				Νο
NEIL PIS	K		ER OF KEY	12,3	34 REP					Νο

EMPLOYEE

COMPENSATION

DLN: 93493309004160

## **NonCash Contributions**

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO

**SCHEDULE M** 

Department of the Treasury

Internal Revenue Service

(Form 990)

**Employer identification number** 

95-1648219

D-	rt I Types of Property				33-10-0213			
Pe	itte Types of Property	(a)	(b)	(c)	(d	•		
		Check If applicable	Number of Contributions	Revenues reported on Form 990, Part VIII, line 1g	Method of do reven		nıng	
1	Art—Works of art	аррпсавіс		<u> </u>				
	Art—Historical treasures .							
	Art—Fractional interests							
4								
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	X	19	229,516	STOCK PRICE			
	Securities—Closely held stock .			,				
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
26	O ther ►()							
27	O ther ▶()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl		<u>-</u>		29		ı <u>ı</u>	0
20-	D		- h.,h.,h.,h.,	who was a subard on Dank T. Ionaa	1 20 16-1.1		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			•	d to be used			l <u>.</u> .
	for exempt purposes for the enti					30a		No
ь 31	If "Yes," describe the arrangement			aviou of any non-standard	contributions?	31	Yes	
	Does the organization have a gif						162	
32a	Does the organization hire or us contributions?	e third part • • •		to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
THIRD PARTIES HIRED TO PROCESS NONCASH CONTRIBUTIONS		THE SOCIETY HAS AN AGREEMENT WITH A THIRD PARTY VEHICLE DONATION PROCESSER THE SOCIETY ALSO USES A BROKER TO SELL SECURITIES RECEIVED

Schedule M (Form 990) 2009

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

**Supplemental Information to Form 990** 

Name of the organization
ZOOLOGICAL SOCIETY OF SAN DIEGO

Employer identification number

95-1648219

ldentifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6	THE ZOOLOGICAL SOCIETY OF SAN DIEGO HAS OVER 250,000 MEMBERS (INCLUDING DUAL MEMBERSHIPS CONSISTING OF TWO ADULT MEMBERS OF AN IMMEDIATE HOUSEHOLD ISSUED AN INDIVISIBLE INTEREST IN A SINGLE ANNUAL MEMBERSHIP)
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, QUESTION 7A	MEMBERS MAY NOMINATE TRUSTEES TO SUCCEED TRUSTEES WHOSE TERMS OF OFFICE ARE EXPIRING, IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF ARTICLE VI, SECTION 3(b) OF THE BY LAWS
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	FORM 990, PART VI, QUESTION 7B	ANY ADOPTION, AMENDMENT OR REPEAL OF THE BYLAWS BY THE BOARD OF TRUSTEES WHICH WOULD MATERIALLY AND ADVERSELY AFFECT THE RIGHTS OF MEMBERS AS TO VOTING OR TRANSFER SHALL REQUIRE APPROVAL OF THE MEMBERS PURSUANT TO ARTICLE XVI OF THE BYLAWS
DESCRIBE THE PROCESS USED BY MANA GEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, QUESTION 11	A DRAFT OF THE 990 AND ALL REQUIRED SCHEDULES WAS DISTRIBUTED ELECTRONICALLY TO OUR GENERAL COUNSEL, DIRECTOR OF HUMAN RESOURCES AND THE OFFICERS OF THE ORGANIZATION FOLLOWING THEIR REVIEW, THE 990 AND SUPPORTING SCHEDULES WERE REVIEWED BY AN OUTSIDE TAX PREPARER AND THEN DISTRIBUTED EITHER ELECTRONICALLY OR IN PAPER FORM TO THE AUDIT COMMITTEE AND THE BOARD OF TRUSTEES FOR REVIEW
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C	OFFICERS, DIRECTORS OR TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY THE HUMAN RESOURCES DIRECTOR AND GENERAL COUNSEL FOLLOW UP ON ANY ISSUES REVEALED ON THE DISCLOSURE FORM IN ADDITION, THEY FOLLOW UP ON ISSUES THAT MAY ARISE THROUGHOUT THE YEAR IF A CONFLICT EXISTS, APPROPRIATE ACTION IS TAKEN, SUCH AS PROHIBITING PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, QUESTION 15A & 15B	THE BOARD OF TRUSTEES HAS A CHARTERED COMPENSATION COMMITTEE, FORMED IN 2005 EACH YEAR, THE COMPENSATION COMMITTEE REVIEWS AND CONFIRMS THE EXECUTIVE TEAM'S SALARIES IN 2008, AN OUTSIDE COMPENSATION FIRM PERFORMED A COMPREHENSIVE SALARY SURVEY OF THE ENTIRE EXECUTIVE TEAM IN 2009, THE EXECUTIVE TEAM'S INCREASES WERE BASED ON THE SOCIETY'S STANDARDIZED MERIT BASED INCREASE PROGRAM THE EXECUTIVE TEAM INCLUDES CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, CHIEF DEVELOPMENT OFFICER, DIRECTOR-SAN DIEGO ZOO SAFARI PARK, DIRECTORSAN DIEGO ZOO, CHIEF LIFE SCIENCES OFFICER, DIRECTOR-VETERINARY SERVICES, CHIEF TECHNOLOGY OFFICER, CHIEF CONSERVATION OFFICER, CORPORATE DIRECTOR OF MARKETING & CORPORATE DIRECTOR OF ANIMAL HEALTH
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 19	BYLAWS, ARTICLES OF INCORPORATION, THE CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE ANNUAL REPORT IS AVAILABLE UPON REQUEST AND IS POSTED ON THE ZOOLOGICAL SOCIETY'S WEBSITE THE AUDITED FINANCIAL STATEMENT IS ALSO AVAILABLE ON THE ZOOLOGICAL SOCIETY'S WEBSITE
DISTINGUISHING PYMTS FOR PROF FUNDRA ISING SERV ICES FROM EXP PYMT OR REIMB	FORM 990, SCHEDULE G, PART I, COL V	ALL PROFESSIONAL FUNDRAISING SERVICES BILL FOR SERVICES ONLY BASED ON AN AGREED UPON RATE AND DO NOT GET REIMBURSED FOR EXPENSES

ldentifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D PART V	THE PRIOR YEAR ENDING BALANCE AND CURRENT YEAR BEGINNING BALANCE OF THE SOCIETY'S ENDOWMENTS REFLECT A DIFFERENCE DUE TO A RECLASSIFICATION OF FUNDS FROM DONATION REVENUE TO AN ENDOWMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493309004160

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

(Form 990)

**SCHEDULE R** 

Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO Employer identification number

95-1648219

**Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

► Attach to Form 990.

Name, address, and EIN of disregarded entity

**(b)** Primary activity (c)
Legal domicile (state
or foreign country)

See separate instructions.

(d) Total income (e) End-of-year assets (f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

(f)
Direct controlling
entity

FNDTN OF ZOOLOGICAL SOCIETY OF SAN DIEGO

PO BOX 120551

20-8456251

SAN DIEGO, CA 92122

SUPPORTING

CA

501(c)(3)

11A

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

Cat No 50135Y

Schedule R (Form 990) 2009

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	, Part IV,	, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

**(f)** Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations?

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (j) General or managing partner?

Yes No

Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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 income

(g) Share of end-of-year assets (h) Percentage ownership

(5)

(6)

	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34	, 33, 01 30.)		Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			165	
	ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a			1a		No
Ь			1b		No
С			1c		No
d	Loans or loan guarantees to or for other organization(s)		1d		No
е	Loans or loan guarantees by other organization(s)		1e		No
f	Sale of assets to other organization(s)		1f		No
g	Purchase of assets from other organization(s)		<b>1</b> g		No
h	Exchange of assets		1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)		<b>1</b> j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n	Sharing of paid employees		1n		No
o	Reimbursement paid to other organization for expenses		10		No
р	Reimbursement paid by other organization for expenses		<b>1</b> p		No
q	O ther transfer of cash or property to other organization(s)		<b>1</b> q		No
r	O ther transfer of cash or property from other organization(s)		1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and tr		sholds		
		<b>(b)</b> Transaction type(a-r)	Amoun	(c) t involve	ed .
(1) (2)					
(3)					
(-)					
(4)					

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

# Software ID: Software Version:

**EIN:** 95-1648219

Name: ZOOLOGICAL SOCIETY OF SAN DIEGO

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	A verage hours per (C)  A verage that apply)				( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
FREDERICK A FRYE MD BOARD PRESIDENT	12 0	Х					,	0	0	0
RICHARD GULLEY VICE PRESIDENT	10 0	Χ						0	0	0
SANDRA BRUE SECRETARY	10 0	Χ						0	0	0
WILLIAM MAY TREASURER	10 0	X						0	0	0
JAVADE CHAUDHRI TRUSTEE	6 0	X						0	0	0
WELDON DONALDSON TRUSTEE	6 0	X						0	0	0
BERIT DURLER TRUSTEE	6 0	X						0	0	0
GEORGE L GILDRED TRUSTEE	6 0	Χ						0	0	0
NAN KATONA TRUSTEE	6 0	Χ						0	0	0
PATRICIA ROSCOE TRUSTEE	6 0	Χ						0	0	0
JUDITH WHEATLEY TRUSTEE	6 0	X						0	0	0
DAVID WOODRUFF PHD DSC TRUSTEE	6 0	Χ						0	0	0
DOUGLAS MYERS CHIEF EXECUTIVE OFFICER	40 0			X				329,070	0	121,698
MATTHEW MUSELLA CHIEF OPERATING OFFICER	40 0			X				246,598	0	89,239
PAULA BROCK CHIEF FINANCIAL OFFICER	40 0			Х				218,912	0	42,852
MARK STUART CHIEF DEVELOPMENT OFFICER	40 0				X			214,813	0	11,544
ROBERT MCCLURE DIR - SD ZOO SAFARI PARK	40 0				X			198,422	0	61,087
JOHN DUNLAP DIR - SAN DIEGO ZOO	40 0				X			191,403	0	7,182
TIM MULLIGAN CHIEF HUMAN RESOURCES OFFICER	40 0				X			189,756	0	11,559
ROBERT WIESE CHIEF LIFE SCIENCES OFFICER	40 0				X			170,192	0	16,892
ROBERT ERHARDT CHIEF TECH OFFICER	40 0					X		196,761	0	43,285
ALLISON ALBERTS CHIEF CONSERVATION OFFICER	40 0					Χ		184,419	0	45,963
TED MOLTER CORP DIR OF MARKETING	40 0					Χ		181,012	0	19,383
DONALD JANSSEN CORP DIR OF ANIMAL HEALTH	40 0					Χ		168,914	0	53,624
DAVID RICE CORPORATE DIR OF ARCHITECTURE	40 0					Х		150,977	0	47,322

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

<del>-</del>					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
OPER OF 2 ANIMAL EXHIBIT FACILITIES	900,099	110,908,903	110,860,119	48,784	
EDUCATIONAL PRO GRAMS AND ACTIVITIES	611,710	2,319,721	2,319,721		
GRANT REVENUE FOR SERVICES	900,099	1,662,386	1,662,386		
CITY TAX REVENUE	900,099	9,635,752	9,635,752		
FOOD CONCESSIONS	722,320	93,135		93,135	

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
COST OF GOODS SOLD	6,471,995	6,471,995		
OPERATING SUPPLIES	9,123,278	8,550,770	497,076	75,432
SHARED REVENUE EXPENSE	2,324,656	2,324,656		
UTILITIES & WATER	4,940,217	4,940,217		
FO RA GE	2,764,910	2,764,910		

Software ID: Software Version:

**EIN:** 95-1648219

Name: ZOOLOGICAL SOCIETY OF SAN DIEGO

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS ZOOONE GOVERNMENT DRIVE ST LOUIS,MI 63110	43-1727309	501(C)(3)	50,000				CONSERVATION SUPPORT
INTL ELEPHANT FOUNDATIONPO BOX 366 AZLE,TX 76098	75-2815706	501(C)(3)	15,000				ELEPHANT CONSERVATION SUPPORT
SMITHSONIAN INSTITUTE NATL ZOOLOGICAL PARK 1000 JEFFERSON DR SW WASHINGTON, DC 20560	53-0206027	501(C)(3)	12,500				CONSERVATION SPECIES SURVIVAL PROGRAM
CBSGCONSERVATION BREEDING SPECIALIST GROUP12101 JOHNNY CAKE RIDGE RD APPLE VALLEY,MN 55124	41-1719362	501(C)(3)	12,500				PROGRAM SUPPORT
GILMAN INTL CONSERVATIONWHITE OAKS CONSERVATION 581705 WHI YULEE,FL 32097	26-0035224	501(C)(3)	12,500				PROGRAM SUPPORT
PT LOMA NAZARENE3900 LOMALAND DR SAN DIEGO,CA 92106	95-3948691	501(C)(3)	21,000				ANIMAL STUDIES PROGRAM & PROGRAM SUPPORT
POLAR BEARS INTLPO BOX 66142 BATON ROUGE, LA 70896	77-0322706	501(C)(3)	10,000				A ERIAL TRANSECT RESEARCH
TREES FOUNDATIONPO BOX 2202 REDWAY,CA 95560	68-0259810	501(C)(3)	10,000				CONSERVATION AWARD FUNDING
INTL IGUANA FOUNDATION C/OFT WORTH ZOO 1989 COLONIAL PKWY FT WORTH,TX 76110	75-2954637	501(C)(3)	10,000				CONSERVATION SUPPORT
MADAGASCAR FAUNA GROUPC/O ST LOUIS ZOO ONE GOVERNMENT DRIVE ST LOUIS,MI 63110	43-1727309	501(C)(3)	10,000				CONSERVATION SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TOLEDO ZOO2 HIPPO WAY TOLEDO,OH 43609	34-4440256	501(C)(3)	10,000				CROCODILE TAGS			
PANDRILLUS FOUNDATION PO BOX 10082 PORTLAND,OR 97296	93-1289932	501(C)(3)	10,000				PANDRILLUS PRESERVATION			
ASSOCIATION OF ZOOS AND AQUARIUMS8403 COLESVILLE RD SILVER SPRINGS, MD 20910	55-0526930	501(C)(3)	20,000				HONORS AND AWARDS SPONSORSHIP			
GIANT PANDA PRESERVATION8403 COLESVILLE SILVER SPRINGS, MD 20910	52-1931417	501(C)(3)	8,000				GIANT PANDA CONSERVATION			