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DLN: 93493224008743

Department of the Treasury

## **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)

2012

OMB No 1545-0047

Open to Public

		-			
		2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31  C Name of organization			
_		ZOOLOGICAL SOCIETY OF SAN DIEGO	D Emp	oyer iden	tification number
Add	ress cha	Doing Business As	95-1	648219	1
Nar	ne char	nge San Diego zoo Global			
Init	al retur	Number and street (of F o box if mail is not delivered to street address) Room/suit	e E Telep	hone numb	per
<b>Г</b> Теп	mınated	POST OFFICE BOX 120551 Suite	· ·		
┌ Am	ended r		(619	) 231-1	515
┌ <sub>App</sub>	lication	SAN DIEGO, CA 92112 pending	<b>G</b> Gross	receints \$	317,761,896
		F Name and address of principal officer	H(a) Is this a grou		
		DOUGLAS MYERS CEO	affiliates?	p return	⊤Yes <b>▽</b> No
		POST OFFICE BOX 120551 SAN DIEGO,CA 92112			
		SAN DIEGO, GA 72112	H(b) Are all affiliat		
I Tax	-exem	pt status	IT "No," attac	nalist (	(see instructions)
1 W	aheit e	:► WWW.SANDIEGOZOO ORG	H(c) Group exemp	tion num	nber ►
	_	anization  Corporation  Trust  Association  Other ►	<b>L</b> Year of formation	.916 <b>M</b> :	State of legal domicile CA
Pai	rt I	Summary			
		Briefly describe the organization's mission or most significant activities THE ZOOLOGICAL SOCIETY OF SAN DIEGO IS A CONSERVATION, EDUCA	TION AND RECREA	TIONO	RGANIZATION
		DEDICATED TO THE REPRODUCTION, PROTECTION AND EXHIBITION OF			
ice	_				
IIai	-				
Wel	2 (	Check this box 🛏 if the organization discontinued its operations or disposed of	more than 25% of it	s net ass	sets
95	_ `	sheek this box is a life organization discontinued its operations of disposed of	more than 25 % or it	J 1101 451	
<b>2</b> 5	<b>3</b> N	Number of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$ .		3	12
Activities & Governance	<b>4</b> N	Number of independent voting members of the governing body (Part VI, line 1b)		4	12
tivi	<b>5</b> T	otal number of individuals employed in calendar year 2012 (Part V, line 2a) .		5	2,925
Ac	<b>6</b> T	otal number of volunteers (estimate if necessary)		6	1,637
	<b>7a</b> ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	7,279,434
	bΝ	Net unrelated business taxable income from Form 990-T, line 34		7b	
			Prior Year		Current Year
a.	8	Contributions and grants (Part VIII, line 1h)	61,416	,653	61,417,545
Revenue	9	Program service revenue (Part VIII, line 2g)	140000	0 = 0	149,360,369
jawe	10		140,000	,853	2 12 /000 /000
_		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,949	,610	9,034,961
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	,610	9,034,961
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	10,949	,610 ,752	9,034,961 17,992,493
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160	,610 ,752 ,868	9,034,961 17,992,493 237,805,368
	12 13	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949	,610 ,752 ,868	9,034,961 17,992,493 237,805,368 1,070,203
	12 13 14	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160	,610 ,752 ,868 ,430	9,034,961 17,992,493 237,805,368 1,070,203
988	12 13	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160	,610 ,752 ,868 ,430	9,034,961 17,992,493 237,805,368 1,070,203
enses	12 13 14	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066	,610 ,752 ,868 ,430	9,034,961 17,992,493 237,805,368 1,070,203 0
Expenses	12 13 14 15	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066	,610 ,752 ,868 ,430 0	9,034,961 17,992,493 237,805,368 1,070,203 0
Expenses	13 14 15 16a	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066	,610 ,752 ,868 ,430 0 ,127 ,257	9,034,961 17,992,493 237,805,368 1,070,203 0 121,183,875 202,112
Expenses	12 13 14 15 16a b	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066 113,580	,610 ,752 ,868 ,430 0 ,127 ,257	9,034,961 17,992,493 237,805,368 1,070,203 0 121,183,875 202,112
	12 13 14 15 16a b	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066 113,580 178 90,877 205,702 22,458	,610 ,752 ,868 ,430 0 ,127 ,257 ,316 ,130 ,738	9,034,961 17,992,493 237,805,368 1,070,203 0 121,183,875 202,112 89,844,807 212,300,997
	12 13 14 15 16a b 17 18	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066 113,580 178 90,877 205,702 22,458 Beginning of Curr	,610 ,752 ,868 ,430 0 ,127 ,257 ,316 ,130 ,738	9,034,961 17,992,493 237,805,368 1,070,203 0 121,183,875 202,112 89,844,807 212,300,997
	12 13 14 15 16a b 17 18 19	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066 113,580 178 90,877 205,702 22,458 Beginning of Curr	,610 ,752 ,868 ,430 0 ,127 ,257 ,316 ,130 ,738 ent	9,034,961 17,992,493 237,805,368 1,070,203 0 121,183,875 202,112 89,844,807 212,300,997 25,504,371 End of Year
	12 13 14 15 16a b 17 18 19	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066 113,580 178 90,877 205,702 22,458 Beginning of Curryear 378,858	,610 ,752 ,868 ,430 0 ,127 ,257 ,316 ,130 ,738 <b>ent</b>	9,034,961 17,992,493 237,805,368 1,070,203 0 121,183,875 202,112 89,844,807 212,300,997 25,504,371 End of Year
Not Assets or Expenses Expenses	12 13 14 15 16a b 17 18 19	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066  113,580 178  90,877 205,702 22,458 Beginning of Curr Year 378,858 165,084	,610 ,752 ,868 ,430 0 ,127 ,257 ,316 ,130 ,738 <b>ent</b> ,977	9,034,961 17,992,493 237,805,368 1,070,203 0 121,183,875 202,112 89,844,807 212,300,997 25,504,371 End of Year 403,950,604 170,466,267
Net Assets or Fund Balances	12 13 14 15 16a b 17 18 19	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066 113,580 178 90,877 205,702 22,458 Beginning of Curryear 378,858	,610 ,752 ,868 ,430 0 ,127 ,257 ,316 ,130 ,738 <b>ent</b> ,977	9,034,961 17,992,493 237,805,368 1,070,203 0 121,183,875 202,112 89,844,807 212,300,997 25,504,371 End of Year 403,950,604 170,466,267
Mot Assets or Land Balances	12 13 14 15 16a b 17 18 19 20 21 22 t III	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066 113,580 178 90,877 205,702 22,458 Beginning of Curr Year 378,858 165,084 213,774	,610 ,752 ,868 ,430 0 ,127 ,257 ,316 ,130 ,738 ent ,977 ,972 ,005	9,034,961 17,992,493 237,805,368 1,070,203 0 121,183,875 202,112 89,844,807 212,300,997 25,504,371 End of Year 403,950,604 170,466,267 233,484,337
Mot Assets or a poly lead Balances	12 13 14 15 16a b 17 18 19 20 21 22 t III	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12)	10,949 15,793 228,160 1,066 113,580 178 90,877 205,702 22,458 Beginning of Curr Year 378,858 165,084 213,774	,610 ,752 ,868 ,430 0 ,127 ,257 ,316 ,130 ,738 ent ,977 ,972 ,005	9,034,961 17,992,493 237,805,368 1,070,203 0 121,183,875 202,112 89,844,807 212,300,997 25,504,371 End of Year 403,950,604 170,466,267 233,484,337
Met Assets or Not Assets or No	12 13 14 15 16a b 17 18 19 20 21 22 t III	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066 113,580 178 90,877 205,702 22,458 Beginning of Curr Year 378,858 165,084 213,774	,610 ,752 ,868 ,430 0 ,127 ,257 ,316 ,130 ,738 ent ,977 ,972 ,005	9,034,961 17,992,493 237,805,368 1,070,203 0 121,183,875 202,112 89,844,807 212,300,997 25,504,371 End of Year 403,950,604 170,466,267 233,484,337
Mot Assets or a poly lead Balances	12 13 14 15 16a b 17 18 19 20 21 22 t III	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,949 15,793 228,160 1,066 113,580 178 90,877 205,702 22,458 Beginning of Curr Year 378,858 165,084 213,774  Ing schedules and stan officer) is based of an officer of second se	,610 ,752 ,868 ,430 0 ,127 ,257 ,316 ,130 ,738 ent ,977 ,972 ,005	9,034,961 17,992,493 237,805,368 1,070,203 0 121,183,875 202,112 89,844,807 212,300,997 25,504,371 End of Year 403,950,604 170,466,267 233,484,337

Preparer's signature

Firm's name FRNST & YOUNG US LLP

Firm's address ► 4370 LA JOLLA VILLAGE DR

SAN DIEGO, CA 92122

May the IRS discuss this return with the preparer shown above? (see instructions)

Print/Type preparer's name

Paid

Preparer

**Use Only** 

Date

**Yes No** 

PTIN

Phone no (858) 535-7200

Check / ıf self-employed

Firm's EIN 🕨

Form	1990 (2012)					Page 2
Par		ent of Program Serv Schedule O contains a res				
1	Briefly describe	the organization's missio	n			
				•	N AND RECREATION ORGAN S AND THEIR HABITATS	IZATION DEDICATED
2	Did the organization of the prior Form 99	tion undertake any signifi 90 or 990-EZ?	cant program s	ervices during the yea	r which were not listed on	
	If "Yes," describe	e these new services on S	chedule O			
3	Did the organizations	tion cease conducting, or	make significa	nt changes in how it co	onducts, any program	
	If "Yes," describe	e these changes on Sche	dule O			
4	expenses Section		4) organization	s are required to repor	ree largest program services, at the amount of grants and allo	
4a	(Code	) (Expenses \$	164,677,452	ıncludıng grants of \$	135,785 ) (Revenue \$	141,491,694 )
	ANIMALS AND CON		AL COLLECTION WI	TH MORE THAN 700,000 PL	THE 100-ACRE ZOO IS HOME TO 3,7 ANTS THE SAFARI PARK IS AN 1800- DE AS PROTECTED HABITATS	
4b	(Code	) (Expenses \$	19,975,761	including grants of \$	934,418 ) (Revenue \$	4,060,000 )
					WHICH IS THE LARGEST ZOO-BASED RVATION PROGRAMS IN MORE THAN 3	
	(Code	) (Expenses \$	3,486,378	including grants of \$	) (Revenue \$	3,808,675 )
70	EDUCATIONAL PRO	GRAMS SUCH AS SCHOOL FIEL	D TRIPS, ASSEMBL	Y & CLASSROOM PROGRAM	S, CLASSROOM KITS, CURRICULUM & FUDENT CONSERVATION PROJECT	

) (Revenue \$

including grants of \$

Other program services (Describe in Schedule O )

4d

(Expenses \$

# Form 990 (2012) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10	Yes	
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	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	11b		No
С	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	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
<b>L</b> 5	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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? If "Yes," complete Schedule F, Parts III and IV	16		No
<b>L7</b>	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 (see instructions)	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

- 11	Statements Regarding Other IRS Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   306			140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
1	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	,	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	H		1.4
	required?	79 7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	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?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
ı	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		<u> </u>

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12c** 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . 15a Yes Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

#### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed▶AK, AZ, AR, CA, CT, FL, HI, IL, KS, LA, ME, MA, MI, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, TN, UT, WA, WV, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶PAULA BROCK CFO 2920 ZOO DRIVE SAN DIEGO, CA (619) 231-1515

## <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Richard Gulley	12 0	х								
Board President		_ ^								
(2) William May	10 0	х								
Vice President										
(3) Sandra Brue	10 0									
Secretary		X								
(4) Robert Horsman	10 0									
		Х								
Treasurer (5) Javade Chaudhri	5 0	-								
. ,	30	Х								
Trustee										
(6) STEVEN TAPPAN	5 0	l x								
TRUSTEE										
(7) Bent Durler	5 0	×								
Trustee										
(8) Clifford Hague	5 0	,,								
Trustee		X								
(9) Nan Katona	5 0									
Trustee		X								
(10) Patricia Roscoe	5 0									
		Х								
Trustee (11) Judith Wheatley	5 0									
,		x								
Trustee (12) David Woodruff PHD DSC	F 0				<u> </u>		_			
(12) David Woodidii PHD DSC	5 0	х								
Trustee						<u> </u>				
(13) Douglas Myers	50 0			X				387,195	0	265,639
Chief Executive Officer				<u> </u>				221,230		
(14) Matthew Musella	50 0			×				293,841	0	209,817
Chief Operating Officer		<u> </u>		L^	L	<u> </u>	L	293,641		203,617
(15) Paula Brock	50 0			Ü				267.605		120 120
Chief Financial Officer				Х				267,605	0	128,198
(16) Mark Stuart	50 0									
Chief Development Officer					Х			266,964	0	48,182
(17) Robert McClure	50 0									
					х			231,083	0	193,953
DIR - SD ZOO Safarı Park										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is a dir	(C) n (do not ch n one box, u s both an of irector/trust  (E) employee			ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) John Dunlap	50 0									
Dır - San Diego Zoo					Х			241,189	0	31,480
(19) Tim Mulligan Chief Human Resources Officer	50 0				х			227,877	0	49,938
(20) Robert Wiese	50 0									
Chief Life Sciences Officer					X			203,751	0	54,591
(21) Robert Erhardt Chief Tech Officer	50 0					х		228,028	0	102,079
(22) Allison Alberts	50 0									
Chief Conservation Officer						Х		215,742	0	125,426
(23) Ted Molter Corp Dir of Marketing	50 0					Х		210,741	0	72,859
(24) Donald Janssen	50 0									
Corp Dir of Animal Health						Х		193,889	0	164,862
(25) David Rice Corporate Dir of Architecture	50 0					Х		177,283	0	182,217
1b Sub-Total				•		•				
c Total from continuation sheets to Part	-					<u>.</u>				
d Total (add lines 1b and 1c)						•		3,145,188	0	1,629,241
Total number of individuals (including b \$100,000 of reportable compensation				ed at	ove	) who	rec	eived more than		

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
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 individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

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

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
EPSILON DATA MANAGEMENT , L-2751 COLUMBUS OH 63260	MEMBER AQUISITION	3,567,133
ROUND 2 COMMUNICATIONS LLC , 10866 WILSHIRE BLVD STE 900 LOS ANGELES CA 90024	ADVERTISING	3,558,123
SHARPSHOOTER SPECTURM VENTURE LLC , 11901 WEST 48TH ST STE 200 WHEAT RIDGE CO 80033	SOUVENIR PHOTOS	2,703,803
JD LAUDNER CONSTRUCTION INC , 1394 PIONEER WAY EL CAJON CA 92020	CONSTRUCTION MGMT	2,000,037
KAMAN ART SHOPPE , 16838 PARK CIRCLE DRIVE CHAGRIN FALLS OH 44023	ART CONCESSIONS	1,083,347

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►23

Part VIII		Statement o						
		Check if Schedi	ule O contains a respoi	ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
10	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>	21,171,000				
Gra mo	c	Fundraising eve	ents <b>1c</b>	2,109,052				
fs, r Ai	d	Related organiz						
Gil nila		Government grants		3,764,000				
ıns, Sin	e					ļ		
utio Ier	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	34,373,493				
rib Oth	g	Noncash contribute	ons included in lines	2,684,883		į		
ont	h	Total. Add lines	s 1a-1f		61,417,545			
C				Business Code				
Elle.	2a	OPER OF 2 ANIMAL	L EXHIBIT FACILITIES	900099	131,985,082	131,877,047	108,035	
ever	ь	CITY TAX REVENUE		900099	9,506,612	9,506,612	100,033	
ъ Д	c	EDUCATIONAL PRO		611710	3,808,675	3,808,675		
rwc	ي ا	ACTIVITIES						
Program Serwce Revenue	d	GRANT REVENUE F	OK SEKVICES	900099	4,060,000	4,060,000		
<u>raan</u>	e f	All other progra	am service revenue					
<b>્ર</b>	'							
	g	Total. Add lines			149,360,369			
	3		ome (including dividen ar amounts)		2,340,000			2,340,000
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties		🕨	509,089			509,089
		C	(ı) Real 152,344	(II) Personal				
	6a b	Gross rents Less rental	132,344					
	-	expenses Rental income	152,344	0				
	c	or (loss)	·	L o	152 244			152.244
	d	Net rental incol	me or (loss)  (i) Securities	<b>▶</b> - (II) O ther	152,344			152,344
	7a	Gross amount from sales of assets other	74,337,000	(ii) o circi				
	ь	than inventory Less cost or other basis and sales expenses	67,642,039					
	С	Gain or (loss)	6,694,961					
	d		ss)		6,694,961			6,694,961
Other Revenue	8a	Gross income f events (not inc \$ 2,109 of contributions See Part IV, lin	luding ,052 s reported on line 1c)	614 201				
ē	ь	Less direct ex	penses b	614,201 834,746				
₹	С		(loss) from fundraising	· · ·	-220,545			-220,545
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С		(loss) from gamıng acti	vities	0			
	10a	Gross sales of returns and allo		27,646,000				
	ь	Less cost of go	oods sold <b>b</b>	11,479,743				
	С		(loss) from sales of inv		16,166,257	9,031,912	7,134,345	
		Miscellaneous		Business Code	746,000	746 000		
	_	INSURANCES		900099	746,082	746,082		
	Ь	PLANTS FOR A CONSUMPTIO		900099	133,495	133,495		
	С	LAB SERVICES		900099	51,879	51,879		
	d	All other revenu	ue		453,892	416,838	37,054	
	e	<b>Total.</b> Add lines	s 11a-11d	🕨	1,385,348			
	12	Total revenue.	See Instructions .	🛌	237,805,368	159,632,540	7,279,434	9,475,849
	1				231,003,300	100,002,040	1,213,434	2,773,045

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 298,904 298,904 Grants and other assistance to individuals in the United States See Part IV, line 22 0 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 771,299 771,299 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 3,101,305 956,049 1,830,110 315,146 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 10,036 10,036 Other salaries and wages 69,174,803 63,353,332 3,836,854 1,984,617 Pension plan accruals and contributions (include section 401(k) 11,669,055 10,130,688 1,101,417 436,950 and 403(b) employer contributions) . . . . 30,530,778 27,772,060 1,967,459 Other employee benefits . . . . 791,259 10 6,697,898 5,979,204 527,910 190,784 11 Fees for services (non-employees) O Management . . . . 1,337,975 1,336,978 Legal . . . . . . . . 997 442,268 442,268 O Professional fundraising services See Part IV, line 17 202,112 202,112 Investment management fees . . . . . 819,065 819,065 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 12,134,530 10,794,556 1,167,757 Schedule O) . . . . . . . 172.217 Advertising and promotion . . 8,458,634 7,272,830 26,456 12 1,159,348 13 Office expenses . . . 2,799,082 1,903,776 214,419 680,887 3,598,825 1,844,099 1,504,272 14 Information technology . . 250,454 15 0 Royalties . 7,588,500 663,073 21,726 16 Occupancy . . . . . . 6,903,701 **17** 1,229,461 1,095,271 113,532 20,658 Travel . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 0 19 Conferences, conventions, and meetings . 1,164,721 639,830 199,267 325,624 20 Interest . . . . . . . . . . . . 2,168,000 2,168,000 Payments to affiliates . . . . . . 21 O 20,490,501 22 Depreciation, depletion, and amortization . 19,517,694 972,807 23 2,058,096 1,908,017 135,634 14,445 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a OPERATING SUPPLIES 11,173,179 10,628,638 479,110 65,431 COST OF GOODS SOLD 7,002,460 7,002,460 OTHER EXPENSES 4,562,054 4,371,691 175,943 14,420 2,817,456 d FORAGE 2,817,456 e All other expenses Total functional expenses. Add lines 1 through 24e 25 212,300,997 188,139,591 17,514,331 6,647,075 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pa	rt X	Check if Schedule O contains a response to any question in the	hıs Pa	rt X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			433,300	1	533,994
	2	Savings and temporary cash investments			39,997,689	2	54,958,718
	3	Pledges and grants receivable, net			51,452,537	з	30,093,166
	4	Accounts receivable, net			8,060,812	4	7,681,047
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete I Schedule L	Part II	of	0	5	0
its	6	Loans and other receivables from other disqualified persons ( $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	d conti emplo	ributing employers			0
Assets	7	Notes and loans receivable, net			0	_	0
	8	Inventories for sale or use			2,315,843		2,248,677
	9	Prepaid expenses and deferred charges			1,301,652		1,113,088
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	   10a	438,728,414			1,110,000
	Ь	Less accumulated depreciation	10b	251,353,756	190,067,335	10c	187,374,658
	11	Investments—publicly traded securities	82,166,073	11	88,882,000		
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			3,063,736		31,065,256
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			378,858,977	16	403,950,604
	17	Accounts payable and accrued expenses			34,187,284	17	36,700,958
	18	Grants payable			0	18	0
	19	Deferred revenue			14,944,682	19	16,961,408
	20	Tax-exempt bond liabilities			41,005,000	20	40,165,000
ω.	21	Escrow or custodial account liability Complete Part IV of Sc			0	21	0
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua	tors,				
æ		persons Complete Part II of Schedule L			О	22	0
	23	Secured mortgages and notes payable to unrelated third part	ies .		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to reland other liabilities not included on lines 17-24) Complete P					
		D			74,948,006		76,638,901
	26	Total liabilities. Add lines 17 through 25			165,084,972	26	170,466,267
8 92		lines 27 through 29, and lines 33 and 34.	,, ui				
ä	27	Unrestricted net assets			116,762,866	27	131,846,861
8 0	28	Temporarily restricted net assets			66,195,181	28	67,858,919
귤	29	Permanently restricted net assets			30,815,958	29	33,778,557
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here l	► 「 and			
S	30	Capital stock or trust principal, or current funds				30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other	r funds	;		32	
Ř	33	Total net assets or fund balances			213,774,005	33	233,484,337
Z	34	Total liabilities and net assets/fund balances			378,858,977	34	403,950,604
	1	· · · · · · · · · · · · · · · · · · ·			· · · · · ·		Form 000 (2012)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮	
1	Total revenue (must equal Part VIII, column (A), line 12)			237,8	305,368	
2	Total expenses (must equal Part IX, column (A), line 25)	2		212,3	300,997	
3	Revenue less expenses Subtract line 2 from line 1	3		25,5	504,371	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			774,005	
5	Net unrealized gains (losses) on investments	5			10,000	
6	Donated services and use of facilities	6		•	<u>, , , , , , , , , , , , , , , , , , , </u>	
7	Investment expenses	7				
8	Prior period adjustments	8		-6,2	210,000	
9	er changes in net assets or fund balances (explain in Schedule O)			-9,694,03		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			184,337	
Par	t XII Financial Statements and Reporting				-	
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$	
				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		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both	ewed on				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate				
	▼ Separate basis					
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	the <b>2c</b> Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın				
За	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?	ne	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	<b>3b</b>	Yes		

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As Filed Data -

DLN: 93493224008743

**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

ZOOLOGICAL SOCIETY OF SAN DIEGO

Department of the Treasury Internal Revenue Service

Total

## **Public Charity Status and Public Support**

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.

2012

Open to Public Inspection

				matructions))	Yes	No	Yes	No	Yes	No		
org	ja niza	ation		(described on lines 1-9 above or IRC section (see instructions))	col (i) list your gove docume	rning nt?	ın col (i) o suppor	t?	col (i) orga	S?	su	pport
SI	Nam uppor	ted	(ii) EIN	(iii) Type of organization	(iv) Is t	on in	(v) Did you the organiz	zation	(vi) Is to	on in	moi	mount of
h		Provide	e the followi	ng information about	the supporte	ed organizati	ion(s)					
_				lled entity of a perso						11g	(iii)	
				er of a person descr						11g		
		•		governing body of th	• •	•	۱۶			11g	• •	
			<b>J</b> ,	irectly or indirectly o	controls, eith	er alone or t	ogether with	persons des	scribed in (ii)		Yes	No
g			August 17, 2 ng persons?	2006, has the organi	ızatıon accep	ted any gift	or contribution	on from any	of the			
•		check	this box						, , ,	III Support	g organ	<u>2</u>
f			n 509(a)(2)	received a written de	etermination	from the IR	S that it is a <sup>-</sup>	Tyne I Tyn	e II or Tyne	III sunnorti	ına oraşı	nization
e	Γ			ox, I certify that the ion managers and ot								
11	ı	one or the box	more public <u>ct</u> hat descri	ganized and operated ly supported organiz ibes the type of supp <b>b</b> Type II <b>c</b>	ations descri or <u>ti</u> ng organi	ıbed ın sectı ızatıon and o	ion 509(a)(1) complete line	) or section s 11e th <u>ro</u> u	509(a)(2) Se gh 11h	ee section 5	09(a)(3)	<b>).</b> Check
10		_		ganized and operated	•		•		. , . ,		LL	
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee <b>section 5</b>	<b>509(a)(2).</b> (C	omplete Par	tIII)			
		•		oss investment inco				•		tax) from bu	ısınesse	s
		receipt	s from activ	rities related to its ex	xempt function	ons—subject	t to certain e	xceptions, a	ınd (2) no mo	re than 331,	/3% of	
9	<b>▽</b>	An orga	anızatıon th	at normally receives	(1) more th	an 331/3% o	fits support	from contrib	utions, meml	pership fees	, and gro	oss
8	$\Gamma$			described in <b>section</b>			nplete Part II	)				
7	ı	_		at normally receives on 170(b)(1)(A)(vi).		•	support from	a governme	ntal unit or fr	om the gen	eral publ	IC
6			•	local government or	=							
	_	sect ion	170(b)(1)(	(A)(iv). (Complete P	art II )							
5	$\Gamma$	Anorg	anızatıon op	erated for the benefi	t of a college	or universit	ty owned or o	perated by a	a government	al unit desc	rıbed ın	
7	'			ity, and state	teu iii conjun	ction with a	nospital dest	inbed in <b>sec</b>		1)(A)(III). L	incer che	
3 4	<u> </u>			perative hospital se h organization operat						1\/A\/;;;\ E	ntor the	
2	<u> </u>			in section 170(b)(1				170/b)/1)	(4)(:::)			
1	_		•	ion of churches, or a				ection 170(l	o)(1)(A)(i).			
The o	ganı:			te foundation becaus			-					
Par				blic Charity Sta						structions		
									95-16482	19		

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	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 Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	32,953,010	40,055,636	40,510,557	61,416,653	61,417,545	236,353,401
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	146,337,641	129,206,825	137,929,973	148,609,816	161,676,652	723,760,907
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	9,719,525	9,635,752	9,799,908	10,498,997	9,506,612	49,160,794
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
6	<b>Total.</b> Add lines 1 through 5	189,010,176	178,898,213	188,240,438	220,525,466	232,600,809	1,009,275,102
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	740,535	370,810	615,898	12,830,378	1,022,661	15,580,282
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	3,361,007		2,740,000	4,936,157	11,037,164
C	Add lines 7a and 7b	740,535	3,731,817	615,898	15,570,378	5,958,818	26,617,446
8	Public support (Subtract line 7c						982,657,656
<u> </u>	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year						
Cuic	beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	<b>(f)</b> Total
9	A mounts from line 6	189,010,176	178,898,213	188,240,438	220,525,466	232,600,809	1,009,275,102
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	857,713	2,057,477	2,204,678	2,602,814	3,001,433	10,724,115
	sımılar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						0
b c	Unrelated business taxable income (less section 511	857,713	2,057,477	2,204,678	2,602,814	3,001,433	10,724,115
_	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	857,713 0	2,057,477	2,204,678	2,602,814	3,001,433 0	
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or	857,713 0 78,100	2,057,477	2,204,678		3,001,433 0 1,385,348	10,724,115
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support. (Add lines 9,	0	0	0	0	0	10,724,115
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is	78,100 189,945,989	338,499 181,294,189	272,247 190,717,363	798,007	1,385,348 236,987,590	10,724,115 0 2,872,201 1,022,871,418 nization,
c 11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here	78,100 189,945,989 s for the organizat	338,499 181,294,189 :ion's first, second	272,247 190,717,363	798,007	1,385,348 236,987,590	10,724,115 0 2,872,201 1,022,871,418
c 11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support. (Add lines 9, 10c, 11, and 12 )  First five years. If the Form 990 is check this box and stop here	78,100 189,945,989 s for the organizat	338,499 181,294,189 cion's first, second	272,247 190,717,363 I, thırd, fourth, or	798,007	1,385,348 236,987,590 a 501(c)(3) orga	10,724,115 0 2,872,201 1,022,871,418 nization,
c 11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pulpublic support percentage for 201	78,100  189,945,989  5 for the organizat  blic Support F 2 (line 8, column	338,499  181,294,189  cion's first, second  Percentage  (f) divided by line	272,247 190,717,363 I, thırd, fourth, or	798,007	1,385,348 236,987,590 a 501(c)(3) orga	10,724,115 0 2,872,201 1,022,871,418 nization, 96 069 %
11 12 13 14 Se 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  Ction C. Computation of Pulpublic support percentage from 20	78,100  189,945,989 s for the organizat  blic Support F 2 (line 8, column )11 Schedule A, F	338,499  181,294,189  cion's first, second  Percentage  (f) divided by line  Part III, line 15	272,247 190,717,363 I, third, fourth, or	798,007	1,385,348 236,987,590 a 501(c)(3) orga	10,724,115 0 2,872,201 1,022,871,418 nization,
11 12 13 14 Se 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pulpublic support percentage for 201	78,100  189,945,989 s for the organizate blic Support F 2 (line 8, column )11 Schedule A, F vestment Inco	181,294,189 Ison's first, second Percentage (f) divided by line Part III, line 15 In the percentage	272,247 190,717,363 I, third, fourth, or 13, column (f))	798,007 223,926,287 fifth tax year as a	1,385,348 236,987,590 a 501(c)(3) orga 15 16	10,724,115 0 2,872,201 1,022,871,418 nization, 96 069 % 96 090 %
c 11 12 13 14 Se 15 16 Se	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support. (Add lines 9, 10c, 11, and 12 )  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pulpublic support percentage for 201 Public support percentage from 20 ction D. Computation of Investment income percentage for	78,100  189,945,989  Is for the organizate  blic Support F 2 (line 8, column 11 Schedule A, F  vestment Inc. 2012 (line 10c, c	338,499  181,294,189  cion's first, second  Percentage (f) divided by line  Part III, line 15  Dime Percenta  column (f) divided	272,247  190,717,363  I, third, fourth, or  13, column (f)) <b>ge</b> by line 13, colum	798,007 223,926,287 fifth tax year as a	1,385,348 236,987,590 a 501(c)(3) orga  15 16	10,724,115  0  2,872,201  1,022,871,418  nization,  96 069 %  96 090 %  1 048 %
c 111 12 13 14 Se 15 16 Se 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pulpublic support percentage from 20 ction D. Computation of Inventor in the sale of 20 ction D. Computation in the sale of 20 ction	78,100  189,945,989  5 for the organizate  blic Support F 2 (line 8, column )11 Schedule A, F  vestment Income 2012 (line 10 c, come 2011 Schedule	338,499  181,294,189  cion's first, second  Percentage  (f) divided by line  Part III, line 15  Dime Percenta  column (f) divided  A, Part III, line 1	272,247  190,717,363  1, third, fourth, or  13, column (f)) <b>ge</b> by line 13, colum	798,007 223,926,287 fifth tax year as a	1,385,348 236,987,590 a 501(c)(3) orga  15 16  17 18	10,724,115  0  2,872,201  1,022,871,418  nization,  96 069 % 96 090 %  1 048 % 1 213 %

33 1/3% support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493224008743

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Supplemental Financial Statements** 

Open to Public Inspection

	me of the organization DLOGICAL SOCIETY OF SAN DIEGO		Employer identification number
200	DEGLICAL SUCIETY OF SAN DIEGO		95-1648219
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		nds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advised <b>Yes No</b>
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?		
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of an Preservation of a c	ertified historic structure
	easement on the last day of the tax year	г	
_	Total number of conservation easements	-	Held at the End of the Year
a	Total acreage restricted by conservation easements	-	2a
b	Number of conservation easements on a certified histo	oric structure included in (a)	2b
c d	Number of conservation easements included in (c) acc	· · · · -	2c
u	historic structure listed in the National Register	quired after 0/17/00, and not on a	2d
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	d by the organization during
	the tax year ►		
4	Number of states where property subject to conservat	ion easement is located ►	_
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting  \$\blue \$	g, and enforcing conservation easements	during the year
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sect	(ion 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial :	
Par	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education, o	r research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education, o	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

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

Part	<b>Titl</b> Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal Ti</u>	reasure	es, or O	<u>ther</u>	Similar As	<u>ssets</u>	(con	tinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck	any of	the follow	ing that a	are a s	significant us	e of its		
а	Public exhibition		d	Γ	Loan	or excha	nge progr	ams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expl	aın ho	w the	y furth	er the org	anızatıon	's exe	empt purpose	ın		
5	During the year, did the organization solicit								lar	_		_
	assets to be sold to raise funds rather than								" -	┌ Yes	s	No
Par	Part IV, line 9, or reported an ar						nswere	a "Ye	es" to Form	990,		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					utions or (	other ass	ets no	ot	┌ Yes	s	□ No
b	If "Yes," explain the arrangement in Part XI	I and complete the	e follo	wing	table		г					
_	_						-	_	A	mount	—	
C	Beginning balance						-	1c			—	
d	Additions during the year						-	1d				
e •	Distributions during the year						-	1e				
f	Ending balance	000 D . W.					L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, Iir	ne 217	,						☐ Yes	5	Γ No
ь	If "Yes," explain the arrangement in Part XII										•	<u> </u>
Pa	rt V Endowment Funds. Complete	organizatic (a)Current year		Prior y					IV, line 10. iree years back	(e)For	ır vez	rs back
1a	Beginning of year balance	86,651,000	(6)		247,000		40,240,907		30,053,851	(6)		,396,892
ь	Contributions	2,986,000		1,	210,000		454,964		3,556,570			20,058
c	Net investment earnings, gains, and losses											
d	Grants or scholarships	17,536,000		-2,	108,000		4,843,920		9,205,555		-13	,904,280
e	Other expenditures for facilities											
Ū	and programs	7,324,000		1,	922,000		1,394,418		2,575,069		2	,337,220
f	Administrative expenses											
g	End of year balance	99,849,000		86,	427,000		44,145,373		40,240,907		25	,175,450
2	Provide the estimated percentage of the cur	rent year end balar	nce (lır	ne 1g	, colum	nn (a)) hel	ld as					
а	Board designated or quasi-endowment 🕨	62 000 %										
b	Permanent endowment ► 38 000 %											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse organization by	ssion of the organi	zatıon	that	are hel	d and adn	nınıstered	d for t	he	<b>V</b>	es	No
	(i) unrelated organizations								3a		es	
	(ii) related organizations								3a	(ii)		No
b	If "Yes" to 3a(II), are the related organization							•	3	b	丄	
4	Describe in Part XIII the intended uses of the					10						
Par	TEVI Land, Buildings, and Equipment  Description of property	ent. See Form 9	90, Pa				<b>(b)</b> Cost or	other	(c) Accumula	ted (	d) Bo	ok value
	bescription of property					estment)	basis (otl		depreciatio			
1a	Land											
b	Buildings							0		0		0
С	Leasehold improvements							0		0		0
	Equipment		•					0		0		0
					· · · · ·	10( ) )		0	<u> </u>	0		0
Iota	I. Add lines 1a through 1e (Column (d) must e	quai Form 990, Part	X, colι	ımn (	B), line	10(c).) .			🟲			0

Pair VIII Investments—Other Securities.			
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		od of valuation f-year market value
		Cost of elia-o	i-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	· •		
Part VIII Investments—Program Related.	See Form 990, Part X, line 1	3.	
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>		
Part IX Other Assets. See Form 990, Part 1	•		Γ
	scription		(b) Book value
(1) SPLIT INTEREST AGREEMENTS			23,669,447
(2) LONG TERM DEPOSITS			7,178,154
(3) PREPAID WORKERS COMP PREMIUM			217,655
Total. (Column (b) must equal Form 990, Part X, col.(B) lir	ne 15.)		31,065,256
Part X Other Liabilities. See Form 990, Pa			
1 (a) Description of liability	(b) Book value		
<del>-</del>			
Federal income taxes	0		
LIABILITY FOR PENSION BENEFITS	71,004,957		
CHARITABLE GIFT ANNUITIES	2,852,341		
LINE OF CREDIT - BANK OF AMERICA	2,500,000		
457B	281,603		
Total (Column (h) must assual Farry 2000 Part V and (2011)			
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 76,638,901		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the			

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	259,394,961
2	A mounts 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 XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	10,110,000
3	Subtract line <b>2e</b> from line <b>1</b>	3	249,284,961
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-11,479,593
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	237,805,368
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	222,961,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	222,961,000
4	Amounts 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 819,065		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-10,660,003
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	212,300,997
Part	XIII Supplemental Information		

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

Identifier	Return Reference	Explanation
The intended uses of the organization's endowment funds	Schedule D Part V line 4	ENDOWMENT WITHDRAWALS ARE USED FOR EDUCATION, CONSERVATION AND ZOOLOGICAL PROGRAMS SPECIFICALLY IDENTIFIED AS THE PURPOSE OF THE ENDOWMENT SCHEDULE DPART V LINE 1a THE BEGINNING BALANCE ON LINE 1a FOR THE CURRENT YEAR ENDOWMENTS IS GREATER THAN THE ENDING BALANCE FROM THE PRIOR YEAR ON LINE 1g DUE TO A PRIOR PERIOD ADJUSTMENT
SCHEDULE D, PART XI & PART XI LINE 4B	I	COST OF GOODS SOLD RECLASS (11,479,743) ROUNDING 150 (11,479,593)
SCHEDULE D, PART X, LINE 2		SDZ GLOBAL, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954, AS AMENDED, AND THE REVENUE AND TAXATION CODE OF THE STATE OF CALIFORNIA IN ACCORDANCE WITH ACCOUNTING STANDARDS FOR INCOME TAXES, INCOME TAX BENEFITS AND/OR LIABILITIES ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES SDZ GLOBAL HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD, SDZ GLOBAL BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON SDZ GLOBAL'S COMBINED FINANCIAL CONDITION, CHANGE IN NET ASSETS OR CASH FLOWS ACCORDINGLY, SDZ GLOBAL HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 30, 2012 SDZ GLOBAL'S US FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEARS 2009 AND 2008, RESPECTIVELY, ARE CLOSED MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGE IN TAX LAW AND NEW AUTHORITATIVE RULINGS MANAGEMENT IS NOT AWARE

DLN: 93493224008743

OMB No 1545-0047

## **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public Inspection

Name of the organization	n
ZOOLOGICAL SOCIET	Y OF SAN DIEGO

**Employer identification number** 

95-1648219

Part I	General Information on	<b>Activities Outside the United States.</b>	Complete if the organization answered
	"Yes" to Form 990, Part IV	line 14b.	

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the grants or assistance?	Yes	Γ	No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	1	1	Program Services	CONSERVATION RESEARCH	184,27
South America	1	1	Program Services	CONSERVATION RESEARCH	150,42
Sub-Saharan Africa	1	2	Program Services	CONSERVATION RESEARCH	95,02
East Asia and the Pacific		2	Program Services	CONSERVATION RESEARCH	74,43
North America			Program Services	CONSERVATION RESEARCH	61,80
Europe (Including Iceland and Greenland)			Investments		23,005,12
East Asia and the Pacific			Investments		13,107,09
East Asia and the Pacific			Grantmakıng		617,00
Sub-Saharan Africa			Grantmakıng		80,00
North America			Grantmaking		74,29
Sub-total Total from continuation sheets to Part I	3	6			37,449,47
<b>Totals</b> (add lines 3a and 3b)	3	6			37,449,47

(a) Name of organization	(b) IRS code section and EIN (if	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV,
	applicable)							appraisal, other)
		East Asia and the Pacific	GIANT PANDA LOAN AGREEMENT	600,000				
		Sub-Saharan Africa	GATE COMMUNITY CONSERVANCE	50,000	WIRE			
		North America	ANDEAN BEAR CONSERVATION	49,399	WIRE			
		Sub-Saharan Africa	HABITAT CONSERVATION	30,000	WIRE			
		North America	CONSERVATION SOCIETY	14,900	WIRE			
		North America	NEOTROPICAL FOREST	10,000	WIRE			
		East Asia and the Pacific	GENOTYPING CAPTIVE DEVILS	9,500	WIRE			
		East Asia and the Pacific	YELLOW FOOTED WALLABY	7,500	WIRE			

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		<del>                                     </del>		+
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			<del> </del>		<u> </u>	<del> </del>	
						1	

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	্	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ঘ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	ি	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	굣	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	্ব	Yes	Γ	Νo

Schedule F (Form 990) 2012

#### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Also cor	mplete this part to provide any ad	ditional information (see instructions).
Identifier	ReturnReference	Explanation
ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US	SCHEDULE F, PART I LINE II	THE ORGANIZATION SOMETIMES 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
ACCOUNTING METHOD- EXPENDITURES	FORM 990, SCHEDULE F PART I & PART II	ALL EXPENDITURES ARE REPORTED ON AN ACCRUAL BASIS AS EXPENSES ARE INCURRED AND AS GRANTS ARE AWARDED
		Schodulo E (Forms 000) 2012

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DLN: 93493224008743

OMB No 1545-0047

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

**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. Form 990-EZ filers are not required to complete this part.

Department of the Treasury Attach to Form 990 or Form 990-EZ. See separate instructions. Internal Revenue Service

Open to Public Inspection

	ne of the organization OLOGICAL SOCIETY OF S	AN DIEGO					Employer ident	tification number
201	OLOGICAL SOCILIT OF S.	AN DIEGO					95-1648219	
Pā	art I Fundraising Ac	<b>tivities.</b> Complete	e if the oi	ganızatı	ion answered "Yes" to	o Form	990, Part IV,	line 17.
a b c d	Phone solicitations In-person solicitation  Did the organization have or key employees listed in	licitations s a written or oral agre i Form 990, Part VII st paid individuals or	ement witl ) or entity entities (f	e f g n any indi in connec	Solicitation of non- Solicitation of gove Special fundraising	governr ernment gevents s, direct undraisir	ment grants grants ors, trustees ng services?	<b>Г Yes Γ N</b> o
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
	DONOR SERVICES	TELE-	Yes	No				
	GROUP	MARKETING		No	344,203		79,000	264,303
	CONVIO	ONLINE SOLICITING		No	561,584		123,112	438,472
Tot	List all states in which the	organization is regis	tered or li	<b>▶</b>	905,787 solicit funds or has bee	en notific	202,112 ed it is exempt	702,775 from registration or
AK, WI	licensing AZ, AR, CA, CT, FL, HI, IL,	KS, LA, ME, MD, MI,	, MN, MS,	MT, NE, N	NV, NH, NJ, NM, NY, NC	, ND, OI	H, OK, OR, PA,	SC, SD, TN, WA, WV,

Sche	dule	G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		<u> </u>	(a) Event #1  RITZ (event type)	(b) Event #2  CELEBRATION (event type)	(c) O ther events  1 (total number)	(d) Total events (add col (a) through col (c))
<u>Ф</u>			1,953,505	1		2,723,253
Revenue	1 2	Gross receipts				, ,
<del>Q</del>	3	Less Contributions  Gross income (line 1	1,725,656	317,636	65,760	2,109,052
		minus line 2)	227,849	191,137	195,215	614,201
	4	Cash prizes				
မွာ	5	Noncash prizes	85,919	79,975		165,894
Expenses	6	Rent/facility costs				
쯊	7	Food and beverages .	147,431	L		147,431
Direct	8	Entertainment				
ā	9	Other direct expenses .	222,503	120,290	178,628	521,421
	10	Direct expense summary Add lir	nes 4 through 9 in columr	n (d)		(834,746)
	11	Net income summary Combine I	ine 3, column (d), and line	e 10		-220,545
Par	t II			"Yes" to Form 990, Pa	ırt IV, lıne 19, or repo	
Revenue		\$15,000 on Form 990-EZ, li	ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
စ္	2	Cash prizes				
kpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteerlabor	┌ Yes	┌ Yes	☐ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column (	(d)	🛌	
	8	Net gaming income summary Con	nbine lines 1 and 7 in colu	ımn (d)	🛌	
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate 'No," explain	gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming 'Yes," explain	licenses revoked, susper	nded or terminated during		

Dues	the organization operate gaming	activities with nonmembers?			,	Yes	l No	
12	Is the organization a grantor, bei	neficiary or trustee of a trust	or a mem	ber of a partnership or other entity				
	formed to administer charitable of	gamıng <sup>,</sup>				Г	Yes [	– No
L3	Indicate the percentage of gamir					•		• • •
а	The organization's facility				13a			
b	An outside facility				13b			
14	Enter the name and address of the	ne person who prepares the o	rganızatıc	n's gaming/special events books a	nd record	s		
	Name 🟲							
	Address 🏲							
	Does the organization have a correvenue?			organization receives gaming			Yes T	<b>–</b>
b	If "Yes," enter the amount of gar amount of gaming revenue retain			:ion ► \$ and	d the			
С	If "Yes," enter name and address	s of the third party						
	Name 🟲							
	Address 🟲							
L6	Gaming manager information							
	Name ►							
	Gaming manager compensation I	<b>▶</b> \$						
	Description of services provided	<b>•</b>						
<b>17</b>	Director/officer Mandatory distributions	Employee		Independent contractor				
а	Is the organization required unde	er state law to make charitab	le distribu	itions from the gaming proceeds to				
	retain the state gaming license?						Yes [	<b>-</b> Nо
b	Enter the amount of distributions	required under state law dis	tributed t	o other exempt organizations or sp	ent			
	in the organization's own exempt							
Par	columns (III) and (v), a		l0b, 15b,	ovide the explanations require , 15c, 16, and 17b, as applicab ons).				
	Identifier	Return Reference		Explana	ion			
	INGUISHING PMTS TO DRAISERS	FORM 990 SCHEDULE G P/ COLUMN V	AKII	ALL PROFESSIONAL FUNDRAISI SERVICES ONLY BASED ON AN DO NOT GET REIMBURSED FOR	AGREED I	UPON		

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

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

OMB No 1545-0047

DLN: 93493224008743

Open to Public

Department of the Treasury

Schedule I

(Form 990)

Internal Revenue Service			- Attucil to Folili 550				Inspection
Name of the organization ZOOLOGICAL SOCIETY OF SAN D	DIEGO					Employer identification	on number
						95-1648219	
Part I General Informati	on on Grants and	l Assistance					
1 Does the organization maintain							✓ Yes
the selection criteria used to a  Describe in Part IV the organiz							) 1es   N
<u> </u>	<u> </u>			United States. Con	nplete if the orga		es" to
				art II can be duplicate			
(a) Name and address of organization	<b>(b)</b> EIN	(c) IRC Code section	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non- cash	<b>(f)</b> Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grar
or government		ıf applıcable	grant	assistance	(book, FMV,	non cash assistance	or assistance
					appraisal, other)		
					other		
See Additional Data Table							
		1	1	1			I
							<del></del>
							I
		_					
							<u> </u>
							<u> </u>
2 Enter total number of section 5	501(c)(3) and govern	nent organizations lis	ted in the line 1 table				14
3 Enter total number of other org						· · · · · <u>·</u> <u> </u>	0
			· · · ·	0.1 11 500550			

	· · ·
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

	,				
(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	I	1	I		

Part IV	Supplemental Informa	ation
---------	----------------------	-------

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Complete time part to provide	The state of the s					
Identifier	Return Reference	Explanation				
ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	· · · · · · · · · · · · · · · · · · ·	GRANT FUNDS ARE MONITORED THROUGH ACTIVITY REPORTS AND FINANCIAL REPORTS SITE VISITS AND INSPECTIONS ARE MADE FOR CERTAIN ACTIVITIES WHEN APPROPRIATE				

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

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	
AZA8403 COLESVILLE RD SILVER SPRINGS, MD 20910	55-0526930	501(C)(3)	100,000				STAND UP FOR ZOOS CAMPAIGN	
ST LOUIS ZOO FRIENDS ASSOCONE GOVERNMENT DRIVE ST LOUIS,MO 63110	43-0788060	501(C)(3)	25,000				SUPPORT FOR GREVY'S ZEBRA	
SAHARA CONSERVATION FUND60-450 HOPPATCHSPRING RD MOUMTAIN CENTER,CA 92561	26-0171939	501(C)(3)	25,000				2012 SUPPORT	
AZA8403 COLESVILLE RD SILVER SPRINGS, MD 20910	55-0526930	501(C)(3)	15,000				ANNUAL CONFERENCE SUPPORT	
SMITHSONIAN INSTITUTIONNATIONAL ZOOLOGICAL PARK FRONT ROYAL,VA 22630	53-0206027	501(C)(3)	12,500				ANNUAL SUPPORT	
POINT LOMA NAZARENE UNIVERSITY3900 LOMALAND DRIVE SAN DIEGO,CA 92106	95-1644035	501(C)(3)	12,000			l .	BIO DEPARTMENT FOR INTERNSHIPS	
AZA8403 COLESVILLE RD SILVER SPRINGS, MD 20910	55-0526930	501(C)(3)	10,000				APE TAG INITIATIVE	
CAL STATE FULLERTON PHILANTHROPIC FNDTN 2600 NUTWOOD AVE FULLERTON,CA 92831	33-0567945	501(C)(3)	10,000				BEH, ECO & CONS OF GELADA MONKEYS	
INTERNATIONAL IGUANA FOUNDATION1989 COLONIAL PARKWAY FORT WORTH,TX 76110	75-2954637	501(C)(3)	10,000				2013 SUPPORT CARIBBEAN WORKSHOP	
INTERNATIONAL IGUANA FOUNDATION1989 COLONIAL PARKWAY FORT WORTH,TX 76110	75-2954637	501(C)(3)	10,000				ANNUAL SUPPORT	
MADAGASCAR FAUNA GROUPONE GOVERNMENT DRIVE ST LOUIS,MO 63110	43-1727309	501(C)(3)	10,000			I .	CONSERVATION SUPPORT	
RED PANDA NETWORKPO BOX 868 NEWARK,CA 94560	26-1103671	501(C)(3)	10,000				ANNUAL SUPPORT	
CLEVELAND ZOOLOGICAL SOCIETY3900 WILDLIFE WAY CLEVELAND,OH 44109	34-0816490	501(C)(3)	9,904			I .	CHACOAN PECCARY SSP	
GLOBAL WILDLIFE CONSERVATION1106 WEST 6TH STREET AUSTIN,TX 78703	26-2887967	501(C)(3)	9,000			l .	SUPPORT ASIAN WILD CATTLE	
DOUC LANGUR FOUNDATIONPO BOX 23912 SAN DIEGO,CA 92193	26-1582234	501(C)(3)	12,800				FEEDING ECOLOGY OF RED SHANKED DOUCS	
WILDLIFE CONSERVATION SOCIETY2300 SOUTHERN BLVD BRONX,NY 10460	13-1740011	501(C)(3)	10,200				LANGUR & MONKEY CONSERVATION	
WILDLAND NETWORKPO BOX 5284 TITUSVILLE,FL 32765	16-1602497	501(C)(3)	7,500	l			TREWEST SPONSORSHIP & SUPPORT	

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DLN: 93493224008743

OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO

**Employer identification number** 

95-1648219

26	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		163	
	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)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
		<u> </u>	103	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee     ▼ Written employment contract     ▼ Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	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			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νο
c	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.			
5	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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	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 Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	<b>(E)</b> Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information							
Identifier	Return Reference	Explanation					
COMPANION TRAVEL	, , , , , , , , , , , , , , , , , , , ,	THE CHIEF EXECUTIVE OFFICER'S EMPLOYMENT AGREEMENT ALLOWS FOR COMPANION TRAVEL, WHICH IS REPORTED AS TAXABLE INCOME ON HIS W-2 AT THE END OF THE YEAR					
SCHEDULE J, PART 1, LINE 7		THE SOCIETY MAINTAINS A BONUS PLAN FOR MANAGEMENT THE BONUS IS CALCULATED AS A PERCENTAGE OF EACH MANAGER'S ANNUAL SALARY THE PERCENTAGE IS BASED ON THE SOCIETY'S ACHIEVEMENT OF SPECIFIED GOALS EACH PARTICIPATING EMPLOYEE'S BONUS PERCENTAGE IS ADJUSTED FURTHER, BASED ON ANNUAL PERFORMANCE REVIEW SCORES					
DEFERRED COMP FOOTNOTE		DEFERRED COMPENSATION INCLUDES THE CHANGE IN NET PRESENT VALUE OF THE ACCUMULATED BENEFIT OBLIGATION OF PENSION PLAN BENEFITS THE CHANGE IN NET PRESENT VALUE OF THE ACCUMULATED BENEFIT OBLLIGATION REFLECTS CHANGES IN ACCRUED BENEFITS AS WELL AS CHANGES IN ACTUARIAL ASSUMPTIONS SUCH AS THE DISCOUNT RATE, YEARS TO RETIREMENT AND MORTALITY THE CHANGES IN ACTUARIAL ASSUMPTIONS MAY HAVE A SIGNIFICANT IMPACT ON THE VALUE OF DEFERRED COMPENSATION					

Schedule J (Form 990) 2012

Software ID: **Software Version:** 

**EIN:** 95-1648219

Name: ZOOLOGICAL SOCIETY OF SAN DIEGO

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Douglas Myers	(I) (II)	277,666 0	57,259 0	52,270 0	258,504 0	7,135 0	652,834 0	0
Matthew Musella	(ı) (ıı)	211,803 0	46,833 0	35,205 0	203,707 0	6,110 0	503,658 0	0
Paula Brock	(I) (II)	203,488 0	<b>41</b> ,938 0	22,179 0	123,278 0	4,920 0	395,803 0	0
Mark Stuart	(I) (II)	187,893 0	37,315 0	<b>41,756</b> 0	47,639 0	543 0	315,146 0	0
Robert McClure	(ı) (ıı)	163,593 0	34,153 0	33,337 0	185,748 0	8,205 0	425,036	0
John Dunlap	(I) (II)	187,360 0	36,421 0	17,408 0	26,543 0	4,937 0	272,669 0	0
Tım Mullıgan	(I) (II)	176,195 0	35,344 0	16,338 0	48,732 0	1,206 0	277,815 0	0
Robert Wiese	(I) (II)	147,196 0	31,248 0	25,307 0	47,053 0	7,538 0	258,342 0	0
Robert Erhardt	(I) (II)	187,925 0	34,538 0	5,565 0	93,504 0	8,575 0	330,107 0	0
Allison Alberts	(I) (II)	158,841 0	33,691 0	23,210 0	119,221 0	6,205, 0	341,168 0	0
Ted Molter	(ı) (ıı)	152,818 0	30,487 0	27,436 0	69,223 0	3,636 0	283,600	0
Donald Janssen	(I) (II)	145,198 0	28,342 0	20,349 0	160,352 0	4,510 0	358,751 0	0
David Rice	(i) (ii)	131,246 0	26,760 0	19,277 0	175,936 0	6,281 0	359,500 0	0

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OMB No 1545-0047

2012

Open to Public

**Inspection** 

DLN: 93493224008743

(Form 990)

**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 Part VI.

► Attach to Form 990.

► See separate instructions.

Department of the Treasury Internal Revenue Service

Name	e of the organization							Em	ployer ic	lentifica	ation number				
200	LOGICAL SOCIETY OF SAN DI	EGO							95	-16482	19				
Pa	Tt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	<b>(f</b> )	) Description	n of purpose	( <b>g)</b> De	feased	beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
	CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466		10-01-2012	40,16	5,000 S	SEE PART VI				X		Х		х
Pai	Part II Proceeds			_											
						١		В	1		С			D	
	A mount of bonds retired						0								
	A mount of bonds legally defeas	sed 					0								
3	Total proceeds of issue	<del> </del>			,	40,165,0	000								
4	Gross proceeds in reserve fund						0								
5	Capitalized interest from proce						0								
6	Proceeds in refunding escrows						0	0							
7	Issuance costs from proceeds						0								
8	Credit enhancement from proce						0	0							
9	Working capital expenditures fr						0								
10	Capital expenditures from proc	:eeds					0								
11	Other spent proceeds					40,165,0	000								
12	O ther unspent proceeds						0								
13	Year of substantial completion				20	12			_						
					Yes	No		Yes	No	Yes	<u> </u>	No.	Yes		No
14	Were the bonds issued as part	of a current refundir	ng issue?		Х										
15	Were the bonds issued as part	of an advance refun	iding issue?			Х									
16	Has the final allocation of proce	eeds been made?			Х										
17						x									
Par	t IIII Private Business Us	se								•					
						_		B			C .			D	
	Was the organization a partner	rın a nartnershin or	a member of an II (	which owned	Yes	No	-	Yes	No	Yes	<u> </u>	lo	Yes	_	No
1	vvas tile organization a partiler	m a parmersmp, or	a member of all LLC	c, willen owned		X	- 1								

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Х

Part Private Business Use (Continued) C D Α В Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 % % 0 00000% other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 0 00000% % % % 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 00000% % % % Does the bond issue meet the private security or payment test? 7 Х Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Х 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С Α D Yes Yes No No Yes No Yes No Has the issuer filed Form 8038-T? 1 Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Exception to rebate? Х b No rebate due? Х C If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Has the organization or the governmental issuer entered 4a Χ into a qualified hedge with respect to the bond issue? Bank of America Name of provider Term of hedge 30 C Was the hedge superintegrated? d Χ Was a hedge terminated? Χ

Pai	rt IV Arbitrage (Continued)									
			А		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a contract (GIC)?	a guaranteed investment		×						
b	NI C I		0							
С	Term of GIC									
d	Was the regulatory safe harbor for value of the GIC satisfied?	r establishing the fair market								
6	Were any gross proceeds invested period?	d beyond an available temporary		Х						
7	Has the organization established the requirements of section 148?			x						
Pa	rt V Procedures To Under	take Corrective Action								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?			X						
						_				
P	art VI Supplemental Info	rmation. Complete this part to p	rovide addition	<u>ıal ınformatı</u>	on for respor	ises to ques	tions on Sche	edule K (see	instructions)	· •
	Identifier	Return Reference				Explan	ation			

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).									
Identifier	Return Reference	Explanation							
PART I, LINE A, COLUMN F DESCRIPTION OF PURPOSE	0	REFINANCING OF ABAG BONDS WHICH WERE ISSUED ON 06/30/2004							
PART IV.LINE 2C ARBITRAGE	О	DATE OF REBATE COMPUTATION - 02/27/2013							

Schedule K (Form 990) 2012

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DLN: 93493224008743

Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

**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, line 38a or 40b.

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

2012

Open to Public Inspection

Name of the organization

Employer identification number

1 (a) Name					between di	Part IV, line 25 squalified	(c) Descri					<b>(d)</b> Corr	ected
				person ar	d organizati	ion						Yes	No
											<u></u>		
	ount of ta	x incurre	d by organiza	ition man	agers or dis	qualified perso	ns during the	-	nder s	ection <b>b</b> \$	•		
rt II Loa	ns to an	d/or F	rom Inter	ested P	ersons.	ne organization D-EZ, Part V, li				<b>F</b> \$	e 26, o	r ıf the	
Enter the am  It II Loa  Comporgan	<b>ns to an</b> plete if the nization re	d/or F organiza ported ai	rom Inter ation answere n amount on I	<b>ested P</b> ed "Yes" ( Form 990	ersons. on Form 990 , Part X, line	)-EZ, Part V, lı e 5, 6, or 22	ne 38a, or Fo	rm 99(	), Pari	► \$			
Enter the am  The state of the	<b>ns to an</b> plete if the nization re	d/or F e organiza ported ai tionship	rom Interation answeren amount on I	<b>ested P</b> ed "Yes" ( Form 990	ersons. on Form 990 , Part X, line n to the	)-EZ, Part V, lı		rm 99(	D, Pari	<b>F</b> \$	oved ard or	(i)Wr	
Enter the am  Comporgan  Name of terested	ns to an plete if the nization re (b) Rela	d/or F e organiza ported ai tionship	rom Interation answeren amount on I	ested Ped "Yes" (Form 990 (d) Loa or from	ersons. on Form 990 , Part X, line n to the	D-EZ, Part V, li e 5, 6, or 22 (e)Original principal	ne 38a, or Fo	rm 990	D, Pari	IV, lin  (h Appro	oved ard or	(i)Wr	
Enter the am  Comporgan  Name of terested	ns to an plete if the nization re (b) Rela	d/or F e organiza ported ai tionship	rom Interation answeren amount on I	ested P ed "Yes" ( Form 990 (d) Loa or from organiza	ersons. on Form 990 , Part X, line n to the tion?	D-EZ, Part V, li e 5, 6, or 22 (e)Original principal	ne 38a, or Fo	rm 990 (g) defa	In ult?	IV, lin  (h Appro	oved ard or attee?	(i)Wr agreer	ment?
rt II Loan Comporgan Name of terested	ns to an plete if the nization re (b) Rela	d/or F e organiza ported ai tionship	rom Interation answeren amount on I	ested P ed "Yes" ( Form 990 (d) Loa or from organiza	ersons. on Form 990 , Part X, line n to the tion?	D-EZ, Part V, li e 5, 6, or 22 (e)Original principal	ne 38a, or Fo	rm 990 (g) defa	In ult?	IV, lin  (h Appro	oved ard or attee?	(i)Wr agreer	ment?
rt II Loan Comporgan Name of terested	ns to an plete if the nization re (b) Rela	d/or F e organiza ported ai tionship	rom Interation answeren amount on I	ested P ed "Yes" ( Form 990 (d) Loa or from organiza	ersons. on Form 990 , Part X, line n to the tion?	D-EZ, Part V, li e 5, 6, or 22 (e)Original principal	ne 38a, or Fo	rm 990 (g) defa	In ult?	IV, lin  (h Appro	oved ard or attee?	(i)Wr agreer	nent?
rt II Loan Comporgan Name of terested	ns to an plete if the nization re (b) Rela	d/or F e organiza ported ai tionship	rom Interation answeren amount on I	ested P ed "Yes" ( Form 990 (d) Loa or from organiza	ersons. on Form 990 , Part X, line n to the tion?	D-EZ, Part V, li e 5, 6, or 22 (e)Original principal	ne 38a, or Fo	rm 990 (g) defa	In ult?	IV, lin  (h Appro	oved ard or attee?	(i)Wr agreer	nent?
Enter the am  Tt II Loa  Comporgan  Name of terested	ns to an plete if the nization re (b) Rela	d/or F e organiza ported ai tionship	rom Interation answeren amount on I	ested P ed "Yes" ( Form 990 (d) Loa or from organiza	ersons. on Form 990 , Part X, line n to the tion?	D-EZ, Part V, li e 5, 6, or 22 (e)Original principal	ne 38a, or Fo	rm 990 (g) defa	In ult?	IV, lin  (h Appro	oved ard or attee?	(i)Wr agreer	nent?
rt II Loan Comporgan Name of terested person	ns to an plete if the nization re (b) Rela	d/or F e organiza ported ai tionship	rom Interation answeren amount on I	ested P ed "Yes" ( Form 990 (d) Loa or from organiza	ersons. on Form 990 , Part X, line n to the tion?	D-EZ, Part V, li e 5, 6, or 22 (e)Original principal	ne 38a, or Fo	rm 990 (g) defa	In ult?	IV, lin  (h Appro	oved ard or attee?	(i)Wr agreer	ment?
Enter the am  rt II Loa  Comporgan  Name of terested person	ns to an olete if the nization re (b) Rela with orga	d/or F e organiza ported an tionship anization	rom Interation answeren amount on formal (c) Purpose of loan	ested Ped "Yes" of Form 990 (d) Loa or from organiza  To	ersons. on Form 990 , Part X, line n to the tion?  From	(e) Original principal amount	ne 38a, or Fo	(g) defa	In ult?	IV, lin  (h Appro	oved ard or attee?	(i)Wr agreer	ment?
Enter the am  rt II Loa  Comported to the comported to th	ns to an olete if the nization re (b) Rela with organization of the nization of the nization re (b) relation to the nization re (b) relation to the nization re (c) relation r	d/or F e organiza ported an tionship anization ssistan ne organ	rom Interation answeren amount on Management (c) Purpose of loan  ce Benefit nization ans	ested Ped "Yes" of Form 990 (d) Loa or from organiza  To  **Sting Interest "	Persons. on Form 990 person to the tion?  From  Person to the tion?	Persons.	ne 38a, or Fo	(g) defa	In ult?	IV, lin  (h Approby boacommi Yes	oved ard or ttee?	(i)Wr agreer	No.
rt II Loan Comporgan Name of terested person	ns to an olete if the nization re (b) Rela with organization of the nization of the nization re (b) relation to the nization re (b) relation to the nization re (c) relation r	d/or Fe organizationship inization sistan ne organ (b) Rel interes	rom Interation answeren amount on Management (c) Purpose of loan  ce Benefit nization ans	ested Ped "Yes" (d) Loa or from organiza  To  **Sting Interest "Evered	Persons. on Form 990 person to the tion?  From  Person to the tion?	(e) Original principal amount	ne 38a, or Fo	(g) defa	In ult?	IV, lin  (h Approby boacommi Yes	oved ard or ttee?	(i)Wr agreer	No.

Part IV Business Transactions Complete if the organiza			ne 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organizatio revenues?		
				Yes	No	
(1) NEIL PISK	BROTHER OF KEY EMPLOYEE	•	REPORTABLE COMPENSATION		No	

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493224008743

OMB No 1545-0047

Inspection

Open to Public

**SCHEDULE M** (Form 990)

Internal Revenue Service

Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO

Department of the Treasury

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

**Noncash Contributions** 

**Employer identification number** 

Da	rt I Types of Property				95-1648219			
<u> </u>	Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of do noncash contrib	etermi	_	ts
1	Art—Works of art			- 5				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles	Х	14	117,605	FAIR MARKET VAL	UE		
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	41	23,142	STOCKPRICE			
	Securities—Closely held stock $\cdot$							
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	Х	1	1,345,000	APPRAISAL			
17	Real estate—Other	Х	1	967,500	APPRAISAL			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	DO NATED AUCTIO N							
25	Other►( <u>ITEMS</u> )	Х	31	231,636	MARKET VALUE			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			5
	_		,	- L	1		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme							
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell i	noncash			
	contributions?					32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report	an amount	in column (c) for a type of	property for which column (	a) is checked,			
	describe in Part II							

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTIES HIRED TO PROCESS NONCASH CONTRIBUTIONS		THE ZOOLOGICAL SOCIETY HAS AN AGREEMENT WITH A THIRD PARTY VEHICLE DONATION PROCESSER

Schedule M (Form 990) (2012)

OMB No 1545-0047

Inspection

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO

Employer identification number

95-1648219

ldentifier	Return	Explanation
	Reference	· · · · · · · · · · · · · · · · · · ·
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6	THE ZOOLOGICAL SOCIETY OF SAN DIEGO HAS OVER 242,000 MEMBER HOUSEHOLDS REPRESENTING APPROXIMATELY 525,000 CARD CARRYING PASSHOLDERS, OF WHICH 114,000 ARE CHILDREN AGES 3-17
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 BYLAWS IF MORE NOMINATIONS ARE RECEIVED THAN THE NUMBER OF TRUSTEES TO BE ELECTED, THEN THE TRUSTEES WILL BE ELECTED BY WRITTEN BALLOT BY MEMBERS, IN ACCORDANCE WITH THE TERMS OF ARTICLE VI, SECTION 4(b) OF THE BYLAWS
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 MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, QUESTION 11B	A DRAFT OF THE 990 AND ALL REQUIRED SCHEDULES IS DISTRIBUTED ELECTRONICALLY TO OUR GENERAL COUNSEL, DIRECTOR OF HUMAN RESOURCES, DIRECTOR OF DEVELOPMENT & MEMBERSHIP 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 TO THE BOARD OF TRUSTEES FOR REVIEW PRIOR TO BEING FILED WITH THE IRS
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, QUESTIONS 15A & 15B	THE BOARD OF TRUSTEES HAS A CHARTERED COMPENSATION COMMITTEE, FORMED IN 2005 IN 2012, THE COMPENSATION COMMITTEE REVIEWED AND CONFIRMED THE EXECUTIVE TEAM'S SALARIES USING COMPARABLE DATA THE MINUTES OF THE MEETING WERE UPDATED TO REFLECT THE REVIEW THE EXECUTIVE TEAM INCREASES ARE 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, CHIEF HUMAN RESOURCES OFFICER, DIRECTOR-SAN DIEGO ZOO SAFARI PARK, DIRECTOR-SAN 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	BY LAWS, ARTICLES OF INCORPORATION, THE CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ZOOLOGICAL SOCIETY'S WEBSITE
CHANGE IN NET ASSETS	FORM 990, PART X LINE 15 OTHER ASSETS	THE INCREASE TO THE END OF YEAR OTHER ASSETS AMOUNT IS DUE TO A RECLASS OF SPLIT INTEREST AGREEMENTS WHICH WERE PREVIOUSLY INCLUDED ON LINE 3, PLEDGES AND GRANTS RECEIVABLE, NET
PRIOR PERIOD ADJUSTMENTS - RESTATEMENT OF NET ASSETS	FORM 990, PART XI, LINE 8	IN 2012, SDZ GLOBAL DETERMINED THAT CERTAIN BALANCES WERE NOT RECORDED CORRECTLY THE EFFECT OF THE ADJUSTMENTS WAS A RESTATEMENT TO THE NET ASSETS AS FOLLOWS UNRESTRICTED NET ASSETS 1,066,000 TEMPORARILY RESTRICTED NET ASSETS (7,252,000) PERMANENTLY RESTRICTED NET ASSETS (24,000) TOTAL (6,210,000)
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9	UNREALIZED GAIN ON SWAP AGREEMENT 314,000 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION (10,009,000) ROUNDING 961 TOTAL (9,694,039)

**SCHEDULE R** 

ZOOLOGICAL SOCIETY OF SAN DIEGO

(Form 990)

#### DLN: 93493224008743

OMB No 1545-0047

Open to Public Inspection

## **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 95-1648219

Part I Identification of Disregarded Entities (C				1		<b>15</b>		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dı	<b>(f)</b> Irect controlling entity		
Part II Identification of Related Tax-Exempt O or more related tax-exempt organizations du	rganizations (Complete i uring the tax year.)	f the organization a	nswered "Yes"	to Form 990,	Part IV,	line 34 because i	t had o	ne
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion (e) Public charit (if section 50		<b>(f)</b> Direct controlling entity	Section (13) co en	ontro itity?
(a) Name, address, and EIN of related organization  1) FNDTN OF ZOOLOGICAL SOCIETY OF SAN DIEGO	(b) Primary activity SUPPORTING	Legal domicile (state	Exempt Code section 501(c)(3)	tion   Public charit	1(c)(3))	Direct controlling	Section (13) co	n 512 ontro ntity?
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code sec	tion Public charit (if section 50	1(c)(3))	Direct controlling entity	Section (13) co en <b>Yes</b>	n 512 ontro ntity?
Name, address, and EIN of related organization  1) FNDTN OF ZOOLOGICAL SOCIETY OF SAN DIEGO  O BOX 120551  AN DIEGO, CA 92122	Primary activity	Legal domicile (state or foreign country)	Exempt Code sec	tion Public charit (if section 50	1(c)(3))	Direct controlling entity	Section (13) co en <b>Yes</b>	n 512
Name, address, and EIN of related organization  1) FNDTN OF ZOOLOGICAL SOCIETY OF SAN DIEGO  O BOX 120551	Primary activity	Legal domicile (state or foreign country)	Exempt Code sec	tion Public charit (if section 50	1(c)(3))	Direct controlling entity	Section (13) co en <b>Yes</b>	n 512 ontro ntity?
Name, address, and EIN of related organization  1) FNDTN OF ZOOLOGICAL SOCIETY OF SAN DIEGO  O BOX 120551  AN DIEGO, CA 92122 0-8456251	Primary activity SUPPORTING	Legal domicile (state or foreign country)  CA	Exempt Code sec	tion Public chant (if section 50	1(c)(3))	Direct controlling entity  ZSSD	Section (13) co en Yes	n 512 ontro ntity?
Name, address, and EIN of related organization  1) FNDTN OF ZOOLOGICAL SOCIETY OF SAN DIEGO  O BOX 120551  AN DIEGO, CA 92122 0-8456251  2) SAN DIEGO ZOO GLOBAL - PERU  VENIDA PERU F-10 URBANIZACION OUISPICANCHIS, CUSCO	Primary activity SUPPORTING	Legal domicile (state or foreign country)  CA	Exempt Code sec	tion Public chant (if section 50	1(c)(3))	Direct controlling entity  ZSSD	Section (13) co en Yes	n 512 ontro ntity?
Name, address, and EIN of related organization  1) FNDTN OF ZOOLOGICAL SOCIETY OF SAN DIEGO  O BOX 120551  AN DIEGO, CA 92122 0-8456251  2) SAN DIEGO ZOO GLOBAL - PERU  VENIDA PERU F-10 URBANIZACION OUISPICANCHIS, CUSCO	Primary activity SUPPORTING	Legal domicile (state or foreign country)  CA	Exempt Code sec	tion Public chant (if section 50	1(c)(3))	Direct controlling entity  ZSSD	Section (13) co en Yes	n 512 ontro ntity?
Name, address, and EIN of related organization  1) FNDTN OF ZOOLOGICAL SOCIETY OF SAN DIEGO  O BOX 120551  AN DIEGO, CA 92122 0-8456251  2) SAN DIEGO ZOO GLOBAL - PERU  VENIDA PERU F-10 URBANIZACION OUISPICANCHIS, CUSCO	Primary activity SUPPORTING	Legal domicile (state or foreign country)  CA	Exempt Code sec	tion Public chant (if section 50	1(c)(3))	Direct controlling entity  ZSSD	Section (13) co en Yes	n 512 ontro ntity?
Name, address, and EIN of related organization  1) FNDTN OF ZOOLOGICAL SOCIETY OF SAN DIEGO  O BOX 120551  AN DIEGO, CA 92122 0-8456251  2) SAN DIEGO ZOO GLOBAL - PERU  VENIDA PERU F-10 URBANIZACION OUISPICANCHIS, CUSCO	Primary activity SUPPORTING	Legal domicile (state or foreign country)  CA	Exempt Code sec	tion Public chant (if section 50	1(c)(3))	Direct controlling entity  ZSSD	Section (13) co en Yes	n 512 ontro ntity?

(a)  Name, address, and EIN of  related organization		<b>(b)</b> Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo	ration is a cor	or Trust ( poration or	Complete if trust during	the organı the tax ye	zatıon ar ar.)	iswere	d "Ye	s" to Form	990,	Part	:IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of enti (C corp, S corp, or trust)		total Share e of	(g) e of end- -year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
											Yes		No

No	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> Durir	ng the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?				
a Re	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
<b>b</b> G	ıft, grant, or capıtal contribution to related organization(s)				1b		No
<b>c</b> Gi	ft, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Lo	pans or loan guarantees to or for related organization(s)				1d		No
<b>e</b> Lo	pans or loan guarantees by related organization(s)				1e		No
	vidends from related organization(s)				1f		No
g Sa	ale of assets to related organization(s)				1g		No
<b>h</b> Pi	urchase of assets from related organization(s)				1h		No
i Ex	change of assets with related organization(s)				1i		No_
<b>j</b> Le	ase of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Le	ease of facilities, equipment, or other assets from related organization(s)				1k		No
l Pe	rformance of services or membership or fundraising solicitations for related organization(s)				11		No
<b>m</b> Pe	rformance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sh	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
<b>o</b> SI	haring of paid employees with related organization(s)				10		No
<b>p</b> Re	eimbursement paid to related organization(s) for expenses				1р		No
<b>q</b> Re	eimbursement paid by related organization(s) for expenses				1q		No
r 01	ther transfer of cash or property to related organization(s)				1r		No
<b>s</b> 0	ther transfer of cash or property from related organization(s)				1s		No
<b>2</b> If	the answer to any of the above is "Yes," see the instructions for information on who must complete	this line including co	overed relationships	and transaction thresholds			
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount inv	volved	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

**EIN:** 95-1648219

Name: ZOOLOGICAL SOCIETY OF SAN DIEGO

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