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DLN: 93493225031826

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

			C Name of organization	ning 01-01-2015 , and ending 12-3	1-2015				
		applicable	C Name of organization ZOOLOGICAL SOCIETY OF SAN DI	EGO		D Empl	oyer ident	tification number	
		change	% PAULA BROCK CFO			95-1	648219		
Na	ime cl	hange	Doing business as						
_ Inr	tıal re	turn	SAN DIEGO ZOO GLOBAL	E Telep	E Telephone number				
⊢ Fir		erminated	Number and street (or P O box i POST OFFICE BOX 120551	f mail is not delivered to street address) Ro	om/suite) 231-15		
•		d return	Charles	770 6		(619) 231-15	015	
		on pending	SAN DIEGO CA 921120551	ountry, and ZIP or foreign postal code		G Gross	receipts \$	339,782,416	
ј Ар	рисат	on penaing							
			F Name and address of p DOUGLAS G MYERS PRE		H(a)	Is this a grou		or □Yes ▽ No	
			POST OFFICE BOX 1205		н(р)	subordinates Are all subord		Tyes No	
			SAN DIEGO,CA 921120)551	"(5)	included?	illates	i resi No	
			<u> </u>			If "No," attac	halıst (see instructions)	
		empt status		(insert no) 4947(a)(1) or 527	H(c)	Group exemp	otion num	ber ►	
J W	/ebsi	te:► WW	VW SANDIEGOZOO ORG						
K For	m of	organızatıon	Corporation Trust Associa	ation Cother ►	L Yea	ar of formation 1	.916 M S	State of legal domicile CA	
Pa	irt I	Sum	ımary						
3		SAVÍNG	_	ion or most significant activities NITING OUR EXPERTISE IN ANIM ON FOR NATURE	AL CARE AN	D CONSERV <i>A</i>	ATION SO	CIENCE WITH OUR	
ᅙ									
Governance	_	Ch! !!	no how by the same	dia a antinua di tenangan tenangan di	a a d = £	han a Foy of t	- n-t -		
် ၁	2	Check th	nis box 🞮 if the organization	discontinued its operations or dispo	sed of more t	nan 25% of its	s net ass	ets	
	3	Number	of voting members of the gove	rning body (Part VI, line 1a)			з	11	
Activities &				s of the governing body (Part VI, line			4	11	
Ξ	5	Total nur	mber of individuals employed i	n calendar year 2015 (Part V, line 2	a)		5	3,343	
ଧ୍ୟ	6	Total nur	mber of volunteers (estimate i	fnecessary)			6	2,034	
	7a	Total uni	related business revenue from	Part VIII, column (C), line 12 .			7a	5,371,769	
	b	Net unrela	ated business taxable income	from Form 990-T, line 34			7b	-347,193	
						Prior Year		Current Year	
	8	Contri	ibutions and grants (Part VIII	, line 1 h)		74,157	,014	69,568,436	
ПE	9	Progra	am service revenue (Part VIII	, lıne 2g)		169,445	169,445,609 181		
Revenue	10	Inves	tment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)		33,143	,137	5,275,300	
Ξ	11	Other	revenue (Part VIII, column (A	A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,205	,128	18,658,421	
	12	Total 12)	revenue—add lines 8 through	11 (must equal Part VIII, column (A), line	294,950	,888,	274,635,898	
	13	Grants	s and sımılar amounts paıd (Pa	art IX, column (A), lines 1–3)		1,323	,569	1,733,687	
	14	Benefi	its paid to or for members (Pai	t IX, column (A), line 4)			0	0	
ø	15			oyee benefits (Part IX, column (A), li	nes	126,886	126,886,981		
Expenses	16	5-10) Profes	<i>)</i> ssional fundraising fees (Part :	IX column (A.) line 11e)		477	,544	351,588	
Φ ⊕	Ь					7//	,5 + +	331,300	
Δ	17		undraising expenses (Part IX, column), lines 11a–11d, 11f–24e)	_	97,552	173	105,951,477	
	18			must equal Part IX, column (A), line		226,240		244,952,106	
	19			ne 18 from line 12		68,710		29,683,792	
Not Assets or Fund Balances						ning of Current		End of Year	
tege Egg	20	Total	assets (Part X, line 16)		. 🗀	515,993	,539	545,207,267	
78 88	21		liabilities (Part X, line 26) .			192,784		195,037,203	
žĒ	22	Netas	ssets or fund balances Subtra	ct line 21 from line 20		323,209		350,170,064	
Pa	rt I		nature Block						
my k	nowl arer	edge and has any ki	belief, it is true, correct, and c nowledge	examined this return, including acco omplete Declaration of preparer (ot			n all infor		
	-		e or print name and title					_	
			Print/Type preparer's name	Preparer's signature	Date	Check T If	PTIN		
Pai	d	L	AURA O wilder	LAURA O wilder		self-employed	P005414	41	
Pre		er ⊢	Firm's name COHNREZNICK LLP			Firm's EIN 🟲			
Hec			Firm's address 🟲 400 CAPITOL MALL S	SUITE 900		Phone no (91	6) 442-910	00	

SACRAMENTO, CA 958144424

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

. ✓ Yes ☐ No

Form	990	(2015)
B-1		C+-+

4a

4d

Part III	Statement of Program Servi	ce Accomplishments
	-	•

Part III	Statement of Program Service Accomplishments						
	Check if Schedule O contains a response or note to any line in this Part III						

Briefly describe the organization's mission

SAN DIEGO ZOO GLOBAL IS COMMITTED TO SAVING SPECIES WORLDWIDE BY UNITING OUR EXPERTISE IN ANIMAL CARE AND CONSERVATION SCIENCE WITH OUR DEDICATION TO INSPIRING PASSION FOR NATURE

- 2 Did the organization undertake any significant program services during the year which were not listed on □Yes □No If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program □Yes □No If "Yes." describe these changes on Schedule O
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
 - (Code) (Expenses \$ 182,938,147 including grants of \$) (Revenue \$ 185.976.843) EXHIBITION AND ANIMAL CARE FACILITY OPERATIONS An important part of San Diego Zoo Global's mission of saving species is our ability to reach out to a wide audience allowing them to learn and care about endangered species. As part of this effort our two parks host more than 4.5 million quests each year including more than 350,000 schoolchildren that take part in our free or discounted education programs. The San Diego Zoo and San Diego Zoo Safari Park are accredited and licensed to care for critically endangered plant and animal species, creating sustainable populations for the future. The 100 acre San Diego Zoo is home to more than 3,700 animals representing more than 700 rare and endangered species with more than 700,000 plants of more than 600 species and subspecies. The Safari Park is
- 4b (Code) (Expenses \$ 23,026,565 including grants of \$ 1,733,687) (Revenue \$ 2,637,681) RESEARCH AND CONSERVATION ACTIVITIES CONSERVATION PROGRAMS THROUGH THE ZOOLOGICAL SOCIETY OF SAN DIEGO'S INSTITUTE FOR CONSERVATION RESEARCH, ONE OF THE LARGEST ZOO-BASED MULTI-DISCIPLINARY RESEARCH TEAMS IN THE WORLD THE MISSION OF THE INSTITUTE FOR CONSERVATION RESEARCH IS TO GENERATE, SHARE AND APPLY SCIENTIFIC KNOWLEDGE VITAL TO THE CONSERVATION OF ANIMALS, PLANTS AND HABITATS THE INSTITUTE HAS GROWN TO INCLUDE INTERNATIONAL FIELD CONSERVATION PROGRAMS IN MORE THAN 35 COUNTRIES WORLDWIDE
- 4c (Code) (Expenses \$ 4,900,820 including grants of \$) (Revenue \$ 5.259.832) EDUCATIONAL PROGRAMS SERVICES TO OVER 350,000 STUDENTS AND EDUCATORS THROUGH SCHOOL FIELD TRIPS, ASSEMBLY & CLASSROOM PROGRAMS,

a 1,800 acre park and biodiversity reserve home to more than 300 species representing 2,600 animals

- CLASSROOM TEACHING KITS, CURRICULUM & ACTIVITIES, TEACHER WORKSHOPS AND VIDEOCONFERENCING AN ADDITIONAL 60,000 GUESTS ARE REACHED THROUGH SLEEPOVERS, CAMP PROGRAMS, ART & PHOTOGRAPHY CLASSES, TEAM BUILDING PROGRAMS & SCAVENGER HUNTS AND SPECIAL TOURS FINALLY, PANDA NARRATORS SHARE EDUCATIONAL INFORMATION ABOUT PANDAS TO OVER 1 8 MILLION GUESTS
- Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$
 - Total program service expenses ► 210,865,532

FOIII 990 (2015)									
Part IV	Checklist of Required Schedules								
		Voc							

			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	Yes	
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	Yes	
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 "Yes," complete Schedule D, Part V</i> 😼	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 2	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes	
	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
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	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
L7	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
L9	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)			
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	165	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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		Νo
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	20		N.
.	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
	Part IV	28b		No
С	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		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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? Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

	990 (2015)			Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Chester is constant a constant a response or more to any mile in this raise is a re-		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 320			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	Yes	
	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	Yes	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u></u>		
7	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	l .		
h	required?	7g		
8	Form 1098-C?	7h		
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	I	1

Part VI	Governance.	Management,	and	Disclosure

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	1 03	No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	H	103	
	more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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 rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16=	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
_va	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			No
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a 16b		No
b Se	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			No
b Se	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			No
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			No

State the name, address, and telephone number of the person who possesses the organization's books and records PAULA BROCK CFO 2920 ZOO DRIVE SAN DIEGO, CA 92101 (619) 231-1515 Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ 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

Second Company Seco	(4)	(P)			10	`			(D)	(E)	(E)
13 JAVADE CHAUDHRI		A verage hours per week (list any hours for related organizations below	more pers and	than s dir o a Institutional Truste	(do one bot ecto	not box h ar or/tr	k, unle n offic rustee	ess er	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related
X	(1) TAVADE CHALIDHRI	5 0					<u> </u>				
C BERTI DURLER			х						0	0	0
X	TRUSTEE										
3 RICHARD GULLEY			×						0	0	0
TRUSTEE	• •	5 0	V						0	0	0
(4) CLIFFORD HAGUE			^							U	0
Solution Solution		5 0	х						0	0	0
TRUSTEE											
Column			x						0	0	0
TRUSTEE	TRUSTEE										
TRUSTEE			×						0	0	0
TRUSTEE	(7) PATRICIA ROSCOF										
X			х						0	0	0
CHAIRMAN 0 0 0 (9) SANDRA BRUE 10 0 X VICE CHAIRMAN 0 0 0 (10) JUDITH WHEATLEY 10 0 X SECRETARY 0 0 0 (11) STEVEN TAPPAN 10 0 X TREASURER 0 0 X (12) DOUGLAS MYERS 50 0 X PRESIDENT/CEO 0 0 X (13) MATTHEW MUSELLA 50 0 X CHIEF OPERATING OFFICER 0 0 X (14) PAULA BROCK 50 0 X CHIEF EINANCIAL OFFICER X 413,876 0 CHIEF EINANCIAL OFFICER 0 0 108,23	(8) ROBERT HORSMAN										
X					Х				0	0	0
10 0					х				0	0	0
X	(10) JUDITH WHEATLEY										
TREASURER 0 0 0 (12) DOUGLAS MYERS 50 0 PRESIDENT/CEO 0 0 0 (13) MATTHEW MUSELLA 50 0 CHIEF OPERATING OFFICER 0 0 0 (14) PAULA BROCK 50 0 CHIEF SINANCIAL OFFICER X 413,876 0 108,23					х				0	0	0
(12) DOUGLAS MYERS 50 0 X 667,957 0 108,93 PRESIDENT/CEO 0 0 X 667,957 0 108,93 (13) MATTHEW MUSELLA 50 0 X 448,681 0 83,27 CHIEF OPERATING OFFICER 0 0 X 413,876 0 108,23					х				0	0	0
PRESIDENT/CEO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	• •	50 0			<u> </u>					_	,
CHIEF OPERATING OFFICER 0 0 (14) PAULA BROCK CHIEF ETMANCIAL OFFICER X 448,681 0 83,27 X 413,876 0 108,23					×				667,957	0	108,936
(14) PAULA BROCK 50 0 X 413,876 0 108,23					х				448,681	0	83,277
CHIEF FINANCIAL OFFICER 0 0		50 0			х				413,876	0	108,238
	CHIEF FINANCIAL OFFICER	0 0									Form 990 (2015)

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

	1									
(A) Name and Tıtle	(B) A verage hours per week (list any hours	more pers	than on is	one bot recto	not box h ar	checl c, unle office	ss er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Officei Institutional Trustee Individual trustee or director		Former Highest compensated employee Key employee		Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(15) ROBERT MCCLURE	50 0				×			321,220		0 159,702
DIR-SD ZOO SAFARI PARK	0 0				Ĺ			321,220		1037,102
(16) TIM MULLIGAN CHIEF HUMAN RESOURCES OFFICER	50 0				x			324,236		0 32,957
(17) DWIGHT SCOTT	50 0				Х			324,202		0 17,242
DIR-SAN DIEGO ZOO	0 0				^			324,202		17,242
(18) MARK STUART CHIEF DEVELOPMENT OFFICER	50 0				х			288,343		0 24,437
(19) ROBERT WIESE	50 0				х			237,575		0 43,283
CHIEF LIFE SCIENCES OFFICER (20) ALLISON ALBERTS	50 0					х		243,099		0 49,516
CHIEF CONSERVATION OFFICER (21) ROBERT ERHARDT	0 0 50 0				<u> </u>					
CHIEF TECHNOLOGY OFFICER	0 0					х		290,534		0 119,743
(22) DONALD JANSSEN CORP DIR OF ANIMAL HEALTH	50 0					×		221,328		0 88,240
(23) TED MOLTER CORP DIR OF MARKETING	50 0					х		236,809		0 27,992
(24) DAVID RICE	50 0									
CORP DIR OF ARCHITECTURE	0 0					×		205,613		0 132,902
1b Sub-Total					•					
c Total from continuation sheets to Part					•					
d Total (add lines 1b and 1c)	<u></u>				•			4,223,473	0	996,465
2 Total number of individuals (including b	ut not limited to	those	liste	ed at	oove	e) who	rec	eived more than		

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 70

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee		
	on line 1a? If "Yes," complete Schedule J for such individual		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	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 I for such person		Νo

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROKO MEDIA GROUP, 3415 S SEPULVEDA BLVD 1100 LOS ANGELES, CA 90034	MEDIA PLANNING	4,801,395
LEVEL 10 CONSTRUCTION, 1050 ENTERPRISE WAY 250 SUNNYVALE, CA 94089	GENERAL CONTRACTOR	2,753,151
THE MILLER HULL PARTNERSHIP, 71 COLUMBIA 6TH FLOOR SEATTLE, WA 98104	ARCHITECTURAL DESIGN	2,495,461
ARIMAW PRODUCTIONS, 3233 MARKET ST SAN DIEGO, CA 92102	ENTERTAINMENT	784,377
SCOTT FENCE, 1255 DISTRIBUTION WAY VISTA, CA 92081	FENCING CONTRACTOR	559,050

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 ► 25

2,495,981

599,981

54,000

2,779,319

-107,944

Form 99		•							Page S
Part V	/III	Statement of				th Dt \/III			_
		Check II Sched	uie O contains a res	Брог	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္က	1a	Federated cam	paigns	1a					
Grants mounts	ь	Membership du	ies	1b	23,827,224				
Ģ,Ğ	c	Fundraising ev	ents	1c	2,803,207				
Giffs, iilar A	d	Related organiz	zations	1 d					
s, G imil	е	Government grant	ts (contributions)	1e	3,338,642				
lion r Si	f	All other contribute	ons, gifts, grants, and	1f	39,599,363				
Contributions, Giffs, Grants and Other Similar Amounts	g		ions included in lines		7,669,141				
on tr	-	1a-1f \$ Total. Add line:	0.10.16			69,568,436			
<u>ح ج</u>	h	iotal. Add lines	S 1a-11	•		09,300,430			
an	2a	OPER OF 2 ANIMA	L CARE/EXHIBIT		Business Code 900099	161,759,922	161,661,773	98,149	
wen	ь	FACILITIES CITY TAX REVENU						30,143	
Program Service Revenue	C	EDUCATIONAL PRO			900099 611710	11,476,308 5,259,830	11,476,308 5,259,830		
9r vic	d	ACTIVITIES GRANT REVENUE I							
S)	e	GRANT REVENUE I	FOR SERVICES		900099	2,637,681	2,637,681		
Ž Ta	f	All other progra	am service revenue						
š	g	Total Add line	s 2a-2f			181,133,741			
	3	Investment inc	ome (including divi	den	ds, interest,				2.405.00
	4		ar amounts) stment of tax-exempt b			2,495,981			2,495,98
	5		· · · · · · ·		· · · · · · · · · · · · · · · · · · ·	599,981			599,98
			(ı) Real		(II) Personal				
	6a	Gross rents	54,000)					
	ь	Less rental expenses							
	С	Rental income or (loss)	54,000)	0				
	d	Net rental inco	me or (loss)			54,000			54,000
	7a	Gross amount from sales of assets other than inventory	(1) Securities 54,966,000)	(II) O ther				
	ь	Less cost or other basis and	52,186,681						
	c	sales expenses Gaın or (loss)	2,779,319						
	d	Net gain or (los				2,779,319			2,779,319
Other Revenue	8a	events (not inc \$2,803	3,207 s reported on line 1	c) a					
her	ь	Less direct ex	penses	ь	613,067 721,011				
ŏ	С		(loss) from fundrais	- 1		-107,944			-107,94
	9a		from gaming activiti ne 19	es a					
	b		(loss) from gaming	b	ution	0			
		Gross sales of		acti 	vittes	o e			
		returns and allo	owances .	a	29,777,687				
	b c		oods sold (loss) from sales of	b	12,238,826 entory -	17,538,861	12,294,228	5,244,633	
		Mıscellaneou	s Revenue		Business Code				
	11a	USE OF FACIL (RESEARCH &			900099	162,733	133,746	28,987	
	ь	LAB SERVICE			900099	135,695	135,695		
	С	PLANTS FOR A			900099	41,055	41,055		
	d	CONSUMPTIO All other reven	N(BROWSE)		+	234,040	234,040		
	e		s 11a-11d	. '		573,523	·		
	12	Total revenue.	See Instructions		.	274,635,898	193,874,356	5,371,769	E 004 00
	1					274,035,898	173,074,356	5,3/1,/69	5,821,337

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 F [if following SOP 98-2 (ASC 958-720)

	990 (2015) EIX Statement of Functional Expenses				Page 1
	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	385,344	385,344		
2	Grants and other assistance to domestic individuals See Part IV, line 22	30,850	30,850		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,317,493	1,317,493		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,813,738	1,027,624	2,457,890	328,22
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	78,136,817	70,911,691	4,992,720	2,232,40
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,198,255	8,573,469	5,305,177	319,60
9	Other employee benefits	33,494,050	30,723,423	2,016,108	754,51
.0	Payroll taxes	7,272,494	6,577,088	492,463	202,94
1	Fees for services (non-employees)				
а	Management	0			
b	Legal	1,599,080	9,175	1,588,802	1,1
С	Accounting	441,488	6,500	434,988	
d	Lobbying	129,930	129,930		
e	Professional fundraising services See Part IV, line 17	351,588			351,58
f	Investment management fees	496,916		496,916	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,208,229	12,603,769	1,185,410	419,05
2	Advertising and promotion	11,740,448	10,111,743	453,754	1,174,95
3	Office expenses	2,707,513	1,864,536	206,692	636,28
4	Information technology	3,476,333	1,968,250	1,292,715	215,36
5	Royalties	0			
6	Occupancy	9,029,531	8,088,709	914,093	26,7
7	Travel	1,713,618	1,511,295	150,973	51,35
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings	385,172	230,229	144,338	10,60
0	Interest	1,832,297		1,832,297	
1	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	22,040,801	20,753,940	1,286,861	
3	Insurance	3,017,163	2,074,911	928,723	13,52
4	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)				
а	OPERATING SUPPLIES	13,557,399	12,950,549	440,872	165,9
b	COST OF GOODS SOLD	9,403,401	9,403,401		
c	FORAGE	3,496,639	3,496,639		
d	ANIMAL TRANSACTIONS	1,670,956	1,670,956		
e	All other expenses	5,004,563	4,444,018	413,496	147,04
, 5	Total functional expenses Add lines 1 through 24e	244 052 106	210 965 522	27 025 200	7.051.39

Part X Balance Sheet

		Balance Sheet		D = wt V			_
		Check if Schedule O contains a response or note to any	iine in this	rart x	(A)		· · · · .
					Beginning of year		End of year
	1	Cash-non-interest-bearing			586,025	1	448,150
	2	Savings and temporary cash investments			95,110,290	2	122,533,083
	3	Pledges and grants receivable, net			31,643,138	3	27,534,956
	4	Accounts receivable, net			9,035,237	4	8,515,172
	5	Loans and other receivables from current and former o key employees, and highest compensated employees Schedule L					
sts	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 495 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see in II of Schedule L	and)1(c)(9)	0	5	0	
Assets					0	6	0
ď	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			2,373,324	8	2,424,466
	9	Prepaid expenses and deferred charges			1,235,897	9	2,153,993
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	514,571,434			
	b	Less accumulated depreciation	10b	297,522,174	197,708,637	10 c	217,049,260
	11	Investments—publicly traded securities			121,316,238	11	102,720,642
	12	Investments—other securities See Part IV, line 11			22,228,496	12	24,650,422
	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			34,756,257	15	37,177,123
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)		515,993,539	16	545,207,267
	17	Accounts payable and accrued expenses			35,336,959	17	37,709,382
	18	Grants payable			0	18	0
	19	Deferred revenue			17,360,398	19	17,839,990
	20	Tax-exempt bond liabilities			37,915,000	20	36,710,000
	21	Escrow or custodial account liability Complete Part IV	/ of Schedu	e D	0	21	0
Liabilities	22	Loans and other payables to current and former officer key employees, highest compensated employees, and		trustees,			
įģ		persons Complete Part II of Schedule L \cdot . \cdot .			0	22	0
ï	23	Secured mortgages and notes payable to unrelated thi	rd parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third	parties .		18,102,012	24	17,685,028
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Complete Part X of Schedule D	s to related	third parties,			
					84,069,982	25	85,092,803
	26	Total liabilities. Add lines 17 through 25			192,784,351	26	195,037,203
s e s		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.	here ► 🔽 a	ind complete			
ank	27	Unrestricted net assets			202,315,749	27	226,453,073
	28	Temporarily restricted net assets			76,758,160	28	78,617,261
듣	29	Permanently restricted net assets			44,135,279	29	45,099,730
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check here	►			
0	30	Capital stock or trust principal, or current funds .				30	
Ř	31	Paid-in or capital surplus, or land, building or equipme	nt fund .			31	
	32	Retained earnings, endowment, accumulated income, o	or other fund	s		32	
Net	33	Total net assets or fund balances			323,209,188	33	350,170,064
_	34	Total liabilities and net assets/fund balances			-	34	545,207,267

	(2013)			ŀ	age 1
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				. I
1	Total revenue (must equal Part VIII, column (A), line 12)	1		274,6	35,898
2	Total expenses (must equal Part IX, column (A), line 25)	2		244,9	52,106
3	Revenue less expenses Subtract line 2 from line 1	3		29,6	883,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		323,2	209,188
5	Net unrealized gains (losses) on investments	5		-6,6	69,944
6	Donated services and use of facilities	6			31,500
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3,9	15,528
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		350,1	.70,064
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 revie a separate basis, consolidated basis, or both	wed 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 separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant.		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

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As Filed Data -

DLN: 93493225031826

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

		ne organization SOCIETY OF SAN DIEGO					Employer identifica	ation number			
							95-1648219				
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p	part.) See instruction	ons.			
The	organiz	zation is not a private fo	oundation beca	auseitis (Forlines 1	through 11, ch	eck only one b	ox)				
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).				
2		A school described in	=			=					
3		A hospital or a cooper									
4	, _	A medical research or) Enter the			
	,	hospital's name, city,	-	natea in conjunction .	vicii a nospica. L	escribed in ea-		J. Enter the			
5	_	An organization opera 170(b)(1)(A)(iv). (Co	ated for the bea	Ι)			-	lescribed in section			
6	Γ	A federal, state, or loc	al government	t or governmental unit	described in se	ection 170(b)(1	l)(A)(v).				
7	Γ	An organization that n				om a governme	ental unit or from the g	jeneral public			
_	_	described in section 1				\					
8	 	A community trust des									
9	고 _	receipts from activitie from gross investmen	es related to it it income and i e 30, 1975 S	ves (1) more than 33 as exempt functions—s unrelated business tax seesection 509(a)(2). (ated exclusively to tes	subject to certai xable income (le (Complete Part	in exceptions, a ess section 51 III)	and (2) no more than : 1 tax) from businesse	331/3% of its support			
11		An organization organi						ut the purposes of			
	•	one or more publicly s									
	_	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g									
а	J		I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the orted organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting								
						ty of the direct	ors or trustees of the	supporting			
ь	г	organization You must Type II. A supporting	-	•		with its sunno	erted organization(s) k	ov having control or			
	ı	management of the su	_				=	-			
		must complete Part IV			valle political	nac contact. c	manage the supported organization(s) Tou				
c	Γ	Type III functionally i	•		n operated in c	onnection with,	, and functionally integ	grated with, its			
	_	supported organization									
d	Γ	Type III non-function									
		not functionally integra					ement and an attentiv	eness requirement			
e	\vdash	(see instructions) You Check this box if the o					Catural Tyrall T	yno III functionally			
_	ļ	integrated, or Type III					Salypel, lypell, l	ype III lulicuoliany			
f	Enter	r the number of support									
g		Provide the following ii	_				_				
_		_			,						
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)			
Nar	ne of s	upported organization	(,	Type of	Is the organ		A mount of	A mount of other			
				organization	listed in your		monetary support	support (see			
				(described on lines 1-9 above (see instructions))	docume	:nt?	(see instructions)	instructions)			
				·							
					Yes	No					
								1			
				1	1 ,	1 '	1				

Pa	Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	jualify under
Se	ection A. Public Support	•	•		, <u>, , , , , , , , , , , , , , , , , , </u>		
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	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 Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
14	ection C. Computation of Pul Public support percentage for 2019			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
	33 1/3% support test—2015.If the	-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	and stop here. The organization qui 33 1/3% support test—2014. If the box and stop here. The organizatio	alıfıes as a publıc organızatıon dıd	ly supported organic not check a box	anızatıon on lıne 13 or 16a			► □
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	— 2015. If the organization meets the fa	anization did not o	check a box on lir tances test, chec	ck this box and st	op here. Explain	orted ▶□
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd stop here.	
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	- '

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.)

II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Gifts, grants, contributions, and membership fees received (Do 61,416,653 61,417,545 61,693,783 74,409,569 66,153,350 325,090,900 not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or 148,609,816 161,676,652 180,637,165 186,830,123 194,636,873 872,390,629 facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either 10,498,997 9,506,612 9,955,205 10,974,115 11,476,308 52,411,237 paid to or expended on its behalf The value of services or facilities furnished by a Λ governmental unit to the organization without charge 232,600,809 252,286,153 220,525,466 272,213,807 272,266,531 1,249,892,766 Total. Add lines 1 through 5 Amounts included on lines 1, 2, 12,830,378 1,022,661 67,757 158,964 1,291,447 and 3 received from disqualified 15,371,207 persons Amounts included on lines 2 and 3 received from other than disqualified persons that 2,740,000 4,936,157 1,002,906 8,013,482 4,765,775 21,458,320 exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 15,570,378 5,958,818 1,070,663 8,172,446 6,057,222 36,829,527 c Add lines 7a and 7b **Public support.** (Subtract line 7c 1,213,063,239 from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 220,525,466 232,600,809 252,286,153 272,213,807 272,266,531 1,249,892,766 Amounts from line 6 Gross income from interest. 10a dividends, payments received 2,602,814 3,001,433 3,089,436 4,678,840 3,149,962 16,522,485 on securities loans, rents, royalties and income from sımılar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3,149,962 2,602,814 3,001,433 3.089.436 4.678.840 16,522,485 Add lines 10a and 10b C Net income from unrelated 11 business activities not 0 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 798,007 1,385,348 901,617 629,218 573,523 4,287,713 capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 223,926,287 236,987,590 256,277,206 277,521,865 275,990,016 1,270,702,964 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 95 464 % 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 95 702 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) **17** 1 300 % 18 Investment income percentage from 2014 Schedule A, Part III, line 17 18 1 314 %

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support tests—2014.**If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.**If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493225031826

OMB No 1545-0047

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Political Campaign and Lobbying Activities **SCHEDULE C**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-区, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

line	35c (Proxy Tax) (see separate	· · · · · · · · · · · · · · · · · · ·	oxy Tax) (see se	eparate instructions) or l	Form 990-EZ, Part V,
Na	Section 501(c)(4), (5), or (6) orga ime of the organization OLOGICAL SOCIETY OF SAN DIEGO	inizations Complete Part III		Employer iden	tification number
				95-1648219	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c	c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politi	cal campaign acti	ıvıtıes ın Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Dar	t-T-B Complete if the or	ganization is exempt under	section 501/	-)(3)	
1	<u> </u>	e tax incurred by the organization un			<u></u>
2		e tax incurred by organization manag			\$
3	•	ection 4955 tax, did it file Form 472		14955	^{\$}
	Was a correction made?	tection 4955 tax, did it life Form 4/2	to for this year?		Yes No
4a					j řes j No
b Dat	If "Yes," describe in Part IV	ganization is exempt under	section 501/	c) except section 50	1(c)(3)
1		ended by the filing organization for se	•		± (0)(0).
2		organization's funds contributed to ot			₽
2	exempt function activities	ngamzation s idilus contributed to ot	iller organizations	5 101 Section 527 ▶-	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro lirectly delivered	m the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
_					

f Grassroots lobbying expenditures

5ch	edule C (Form 990 or 990-EZ) 2015					Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and fil	ed Form 5768	
	Check fithe filing organization belongs to expenses, and share of excess lobbed. Check fithe filing organization checked bo	oying expenditures)		_	up member's nam	e, address, EIN,
		ying Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public of	opinion (grass roots	<u> </u>		1918.9	
Ia	lobbying)			-		
b	Total lobbying expenditures to influence a legisl	iative body (direct lobb)	/ing)			
c	Total lobbying expenditures (add lines $1a$ and 1	b)				_
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount	from the following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxab	ole amount is:			
	Not over \$500,000	20% of the amount on lin	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
h i j	Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Y e s No					
	(Some organizations that made a columns below. See t	the separate instr	ection do not uctions for lin	have to cor les 2a throu		ne five
	Lobbying Exp	enditures During 4	4-Year Avera	ging Perioa	T	1
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

_	filed Form 5768 (election under section 501(h)).	T (a)		(b)	
For e <u>activ</u>	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No _		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			1	129,93
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?					
j	Total Add lines 1c through 1i				1	129,93
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501(c	(5),	or s	ectio	n
			-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		

line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Supplemental Information Part IV

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
	MEETINGS WITH LEGISLATIVE STAFF AND GOVERNMENT OFFICIALS REGARDING CONSERVATION PROGRAMS MONITORING CALIFORNIA LEGISLATION THAT COULD IMPACT ZOOS AND AQUARIUMS AND REPRESENTS SAN DIEGO ZOO GLOBAL AT STATE GOVERNMENT COMMITTEE HEARINGS

1 1

DLN: 93493225031826

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

rnal	Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ir</u>	<u>s.gov/form990</u> .	Inspection
	me of the organi DLOGICAL SOCIETY O			Employer identif	ication number
_U(PLOGICAL SOCIETY C	N DEGU		95-1648219	
Pa			r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds or Accour	nts.
	<u>'</u>	<u> </u>	(a) Donor advised funds	(b)Funds and o	other accounts
	Total numbe	er at end of year			
	Aggregate v year)	alue of contributions to (during			
	Aggregate v	alue of grants from (during year)			
	Aggregate v	alue at end of year			
	_		advisors in writing that the assets held in doi the organization's exclusive legal control?	nor advised	┌ Yes
	used only for c		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		┌ Yes ┌ No
a	rt III Conse	rvation Easements. Comple	ete if the organization answered "Yes" (on Form 990, Par	t IV, line 7.
	Purpose(s) of c	conservation easements held by th	ne organızatıon (check all that apply)		
	•	on of land for public use (e g , recre	·	n historically import	
	_	of natural habitat	Preservation of a	certified historic st	ructure
	Preservation	on of open space			
		2a through 2d if the organization ne last day of the tax year	held a qualified conservation contribution in	the form of a conse	rvation
	easement on ti	le last day of the tax year		Held at	the End of the Year
a	Total number o	of conservation easements		2a	the that of the real
b	Total acreage i	restricted by conservation easeme	ents	2b	
С		servation easements on a certified		2c	
d		servation easements included in (ure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
	Number of constax year ►	servation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the organızatı	on during the
	Number of stat	es where property subject to cons	ervation easement is located ▶		
		nization have a written policy regai enforcement of the conservation (ding the periodic monitoring, inspection, han easements it holds?		Yes No
	Staff and volun year	teer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing conservation ea	sements during the
	<u> </u>				
	A mount of expe	enses incurred in monitoring, insp	ecting, handling of violations, and enforcing c	onservation easem	ents during the year
	► \$				
		servation easement reported on li ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		Yes No
	balance sheet,		ts conservation easements in its revenue an : of the footnote to the organization's financia isements	•	,
ar			tions of Art, Historical Treasures,	or Other Simila	r Assets.
			ed "Yes" on Form 990, Part IV, line 8.	nuo etatament and	halanca sheet
а	works of art, his	storical treasures, or other similar	FAS 116 (ASC 958), not to report in its rever assets held for public exhibition, education, note to its financial statements that describe	or research in furth	
b	works of art, his		FAS 116 (ASC 958), to report in its revenue rassets held for public exhibition, education, othese items		
((i) Revenue inclu	ıded on Form 990, Part VIII, line	1	► \$	
(i	ii) Assets ınclude	ed ın Form 990, Part X		- \$	
	If the organizat	tion received or held works of art,	historical treasures, or other similar assets f SFAS 116 (ASC 958) relating to these items		ovide the
а	Revenue includ	ded on Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Pari	31111	Organizations Maintaining (continued)	g Collections of	Art, His	storic	al Tre	easures,	or Ot	her Similar A	ssets
3		g the organization's acquisition, acc ction items (check all that apply)	cession, and other re	ecords, cl						e of its
а	₽	Public exhibition		d	 ✓	oan o	rexchange	progra	ms	
b	∀ 9	Scholarly research		е	Γ (Other				
С	∀ F	reservation for future generations								
4	Provi Part :	de a description of the organization XIII	n's collections and e	xplaın ho	w they 1	urther	the organiz	ation's	s exempt purpose	ın
5		g the year, did the organization sol ts to be sold to raise funds rather t								✓ No
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		on Form	990, P	art IV	/, line 9, o	r repo	orted an amour	nt on Form 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	ıstodıan or other ınte	ermediary	for cor	ntrıbutı	ions or othe	rasse	ts not Yes	∏ No
b	If'	'Yes," explain the arrangement in F	Part XIII and comple	ete the fo	llowing	table			Am	ount
c		ginning balance	•		J			1c		
d		ditions during the year						1d		
е	Dis	stributions during the year						1e		
f	Εn	dıng balance						1f		
2a	Dıd tl	he organization include an amount	on Form 990, Part X	, line 21,	for esc	row or	custodial a	ccoun	t liability? TYes	□ No
b	If"Ye	es," explain the arrangement in Par								
Pa	rt V	Endowment Funds. Compl				_				
1a	Begir	nning of year balance	(a) Current year 128,969,000	(b) Prio	19,919,0	_	c) Two years b		d) Three years back 86,651,000	(e)Four years back 89,247,000
b	Cont	ributions	965,000		7,458,0	00	2,899	,000	2,986,000	1,210,000
C	Net i losse	nvestment earnings, gains, and	-2,363,000		6,920,0	00	21,946	,000	17,536,000	-2,108,000
d		ts or scholarships								
e		r expenditures for facilities programs	5,928,000		5,328,0	00	4,775	,000	7,324,000	1,922,000
f	A dmı	nistrative expenses								
g	End o	of year balance	121,643,000	12	28,969,0	00	119,919	,000	99,849,000	86,427,000
2	Provi	de the estimated percentage of the	•	alance (lır	ne 1g, c	olumn	(a)) held as	5		
а	Board	d designated or quasi-endowment	<u> </u>							
b	Perm	anent endowment ► 37 000 %								
С		orarily restricted endowment > percentages on lines 2a, 2b, and 2c	7 000 % should equal 100%	o′o						
За	orgar	here endowment funds not in the policy nization by		anızatıon	that ar	e held	and adminis	stered		Yes No
		related organizations elated organizations				•	• •			(ii) Yes No
b		es" on 3a(II), are the related organi		· · · · · · · · · · · · · · · · · · ·	• • Schedu	le R?				Bb
4	Desc	ribe in Part XIII the intended uses	of the organization's	s endowm	ent fun	ds				<u> </u>
Par	t VI	Land, Buildings, and Equi					1 - 44 - 6	·	000 B- I V	/ L = 10
		Complete if the organization Description of property	answered Yes to	Form 9	90, Pa (a)	rt IV,	(b)	see F	Accumulated	(d)Book value
					st or othe (investm		Cost or othe (other		(c)depreciation	, ,
				· ·						<u> </u>
b	Buildin • •	gs 					79,9	911,119	44,868,334	35,042,785
c	Leasel	nold improvements					386,5	514,034	215,776,572	170,737,462
d	Equipn	nent					33,6	533,237	24,704,603	8,928,634
e	Other • •						14,5	513,044	12,172,665	2,340,379
Tota	I. A dd	lines 1a through 1e (Column (d) mu		art X, colu	mn (B),	line 10		•	·	217,049,260

See Form 990, Part X, line 12. (a) Description of security or category		(b)Book value		od of valuation
(including name of security) (1)Financial derivatives			Cost or end-o	f-year market value
(2)Closely-held equity interests				
(3)0 ther				
			+	
			+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	Þ			
Part VIII Investments—Program Related. Complete if the organization answered 'Y	es' on Form 990	, Part IV, line 11c.c.	00 Form 990 Par	rt V. lino 13
(a) Description of investment		(b) Book value	(c) Metho	od of valuation
			Cost or end-of	f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	 -			
Part IX Other Assets. Complete if the organization a (a) Description		Form 990, Part IV, line		, Part X, line 15 Book value
(1) SPLIT INTEREST AGREEMENTS			(-)	31,938,359
(2) LONG TERM DEPOSITS				5,238,764
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.				37,177,123
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	ization answered	l 'Yes' on Form 990,	Part IV, line 11e	or 11f.
1. (a) Description of liability	(b) Book value			
Federal income taxes		0		
	: -			
LIABILITY FOR PENSION BENEFITS	70,152,	471		
ACCUMULATED LOSS - SWAP TRANS	6,906,	541		
CHARITABLE GIFT ANNUITIES	7,315,7	900		
457B	717,	791		
.5,5	/ 1 / ,	, , , ,		
Total. (Column (b) must equal Form 990. Part X. col (B) line 25)	0 - 000	803		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	85,092,	000		

244,952,106

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per F	Return
1	Total revenue, gains, and other support per audited financial statements	1	281,630,923
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	31,500
3	Subtract line 2e from line 1	3	281,599,423
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		-
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-6,963,52 <u>5</u>
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	274,635,898
	Reconciliation of Expenses per Audited Financial Statements With Expense		
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	254,861,719
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	-1,832,297
3	Subtract line 2e from line 1	3	256,694,016
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 496,916		
ь	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-11.741.910

Part XIII Supplemental Information

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

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

Return Reference	Explanation			
SCHEDULE D, PART V, LINE 4	INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ENDOWMENT WITHDRAWALS ARE USED FOR EDUCATION, CONSERVATION AND ZOOLOGICAL PROGRAMS SPECIFICALLY IDENTIFIED AS THE PURPOSE OF THE ENDOWMENT			
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 RESERVE OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT YEAR END 2015 AND 2014 SDZ GLOBAL'S US FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEARS 2012 AND 2011, RESPECTIVELY, ARE CLOSED MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS MANAGEMENT IS NOT AWARE			
SCHEDULE D, PART XI, LINE 4B	(12,238,826) - COST OF GOODS RECLASS 2,779,320 - REALIZED INVESTMENT GAIN 2,495,981 - INVESTMENT INCOME (6,963,525) - TOTAL			
SCHEDULE D, PART XII, LINE 2D	1,832,297 - INTEREST EXPENSE			
SCHEDULE D, PART XII, LINE 4B	(12,238,826) - COST OF GOODS RECLASS			
SCHEDULE D, PART III, LINE 4	IN ACCORDANCE WITH CUSTOMARY PRACTICE AMONG ZOOLOGICAL ORGANIZATIONS, ANIMAL AND HORTICULTURAL COLLECTIONS ARE RECORDED AT THE NOMINAL AMOUNT OF ONE DOLLAR, AS THERE IS NO OBJECTIVE BASIS FOR ESTABLISHING VALUE ADDITIONALLY, ANIMAL AND HORTICULTURAL COLLECTIONS HAVE NUMEROUS ATTRIBUTES, INCLUDING SPECIES, AGE, SEX, RELATIONSHIP AND VALUE TO OTHER ANIMALS, ENDANGERED STATUS, AND BREEDING POTENTIAL, WHEREBY IT IS IMPRACTICABLE TO ASSIGN VALUE EXPENDITURES RELATED TO ANIMAL AND HORTICULTURAL ACQUISITIONS ARE EXPENSED IN THE PERIOD OF ACQUISITION IN AN ONGOING COMMITMENT TO ENHANCE THE WORLDWIDE REPRODUCTION AND PRESERVATION OF ANIMALS, SDZ GLOBAL SHARES ANIMALS WITH OTHER ORGANIZATIONS CONSISTENT WITH INDUSTRY PRACTICE, SDZ GLOBAL DOES NOT RECORD ANY ASSET OR LIABILITY FOR SUCH SHARING ARRANGEMENTS THE 100 ACRE SAN DIEGO ZOO IS HOME TO MORE THAN 3,700 ANIMALS REPRESENTING MORE THAN 700 RARE AND ENDANGERED SPECIES AND SUBSPECIES THE SAFARI PARK IS A 1,800 ACRE PARK HOME TO MORE THAN 300 SPECIES REPRESENTING 2,600 ANIMALS			

Part XIII Supplemental Information (continued)							
Return Reference	Explanation						

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225031826

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

	e of the organization LOGICAL SOCIETY OF SAN DIE	=G0			Employer ident	ification number
					95-1648219	
Pa	General Informatio Complete if the organ				14b.	
1	For grantmakers. Does the of and other assistance, the grants or a used to award the grants or a	✓ Yes				
2	For grantmakers. Describe in assistance outside the United	ng the use of its gran	ts and other			
3	Activites per Region (The follow	ung Part I, line 3	3 table can be d	uplicated if additional spa	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(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
(1) See Add'l Data		-			
(2)					
(3)					
(4)					
(5)					
i	a Sub-total b Total from continuation sheets to Part I	3	4			3,097,035

Part II	Grants and Other	Assistance to Organizations	or Entities Outsid	e the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

11

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.

Part III can be	duplicated if addit	ionai space is ne	eaea.				
(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) MARIBEL RECHARTE USCAMAITA	South America	1	6,500	WIRE			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
					I .	I .	

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)	굣	Yes	Г	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 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; do not file with Form 990)	Г	Yes	⊽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	굣	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> ~</u>	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	দ	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	ᄀ	Vas	_	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5**

Part V

Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F PART I LINE 2	THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U S IS ACC OMPLISHED BY MONITORING THROUGH ACTIVITY REPORTS AND FINANCIAL REPORTS SITE VISITS AND IN SPECTIONS ARE MADE FOR CERTAIN ACTIVITIES WHEN APPROPRIATE

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F PART I & PART II	ACCOUNTING METHOD-EXPENDITURES ALL EXPENDITURES ARE REPORTED ON AN ACCRUAL BASIS AS EXPENSES ARE INCURRED AND AS GRANTS ARE AWARDED

Additional Data

Software ID: Software Version:

EIN: 95-1648219

Name: ZOOLOGICAL SOCIETY OF SAN DIEGO

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	1	1	· · · • • · · · · · · · · · · · · · ·	CONSERVATION RESEARCH	614,153
North America			· · · 3 · · · · · · · · · · · · · · · · · · ·	CONSERVATION RESEARCH	440,756
Sub-Saharan Africa	1	2	· · · • • · · · · · · · · · · · · · ·	CONSERVATION RESEARCH	394,098

Form 990 Schedule F	<u> Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	1	1		CONSERVATION RESEARCH	188,536
East Asia and the Pacific				CONSERVATION RESEARCH	102,758
South Asia			Program Services	CONSERVATION RESEARCH	45,741

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmakıng		882,163
South America			Grantmakıng		332,330
Sub-Saharan Africa			Grantmakıng		70,000

	<u>Form 990 Schedule F F</u>	<u>Part I - Activit</u>	ties Outside T	he United States		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
ì	North America			Grantmaking		26,500

Form 990 Schedu	le F Part II	- Grants or Entiti	ies Outside The Un	ited States	_	_	_	· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			GIANT PANDA CONSERVATION	600,000	WIRE			
			CONSERVATION RESEARCH	332,330	WIRE			
	1	Pacific	2015 CONSERVATION SUPPORT	104,363	WIRE			
			2015 GRANT AGREEMENT	100,000	WIRE			

, rorm 990 Scheau	ie F Part II	- Grants or Entition	es outside ine on	itea States	_	_	_	
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			2015 CORE SUPPORT	50,000	WIRE			
		East Asia and the Pacific	KOALA RESEARCH	47,800	WIRE			
			KOALA CONSERVATION	30,000	WIRE			
			CONDOR RESEARCH	16,500	WIRE			

, Form 990 Scheav	ue r Part II	- Grants or Entitle	as Outside The Un	ited States				· _
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			POLAR BEAR RESEARCH	10,000	WIRE			
			GRANT AGREEMENT	10,000	WIRE			
		Sub-Saharan Africa	ANNUAL SUPPORT	10,000	WIRE			
1								•

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DLN: 93493225031826

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

SCHEDULE G

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
 - ✓ Internet and email solicitations
 - Phone solicitations
- In-person solicitations

- e Solicitation of non-government grants
 - Solicitation of government grants
 - ▼ Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
DONOR SERVICES GROUP	DONOR STEWARDSHIP		No	25,124	114,850	
2 EPSILON	DONOR AQUISITIONS		No	918,467	114,747	
3 MCALLISTER QUINN	CONSULTING		No		55,992	
4 PUBLIC OUTREACH	CONSULTING		No	63,225	23,888	
5 HARVEY MCKINNON ASSOCIATES	CONSULTING		No	199,493	66,000	
6						
7						
8						
9						
10						
Total		•	>	1,206,309	375,477	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AR, CA, CO, CT, DC, FL, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC,

Schedule G (Form 990 or 990-EZ) 2015

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of
fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross
receipts greater than \$5,000

	receipts greater than \$5,000	(a)Event #1	(b) Event #2	(c)O ther events	(d)
		RITZ (event type)	FOOD & WINE (event type)	(total number)	Total events (add col (a) through col (c))
Direct Expenses Reveilue	1 Gross receipts		253,006 113,166 27,355 46,878	0 0 0 0 0 0 0	2,803,207 613,067 0 309,447
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revenue	1 Gross revenue	(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 Cash prizes				
	6 Volunteer labor 7 Direct expense summary Add lines 8 Net gaming income summary Subtra			Γ Yes	
9 a b	Enter the state(s) in which the organization licensed to conduct If "No," explain	gaming activities in eac	ch of these states?		「Yes 「No
	Were any of the organization's gaming l	icenses revoked, suspe	nded or terminated during		「Yes 「No

Schedule	G	(Form	990	or	99	0 -	EZ)	2	0 1	L 5

formed to administer charitable gaming?

11

12

13

Does the organization conduct gaming activities with nonmembers?

Indicate the percentage of gaming activity conducted in

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

Pag	e	3

□Yes □No

┌Yes ┌No

14 E	Address Does the organization have a conveyenue? If "Yes," enter the amount of game mount of gaming revenue retained and address I ame Address Gaming manager information	tract with a third party fro ling revenue received by ed by the third party 🟲 \$	the organizatio	rganization receives gan	ning and the	
15a C r. b I a c I	Iame Oddress Ooes the organization have a conevenue? If "Yes," enter the amount of gam mount of gaming revenue retained f "Yes," enter name and address Iame Oddress Gaming manager information	tract with a third party from the second sec	the organizatio	rganization receives gan	ning and the	
A 15a C r r a a c r r A	address Does the organization have a conevenue? If "Yes," enter the amount of gammount of gaming revenue retained for "Yes," enter name and address lame. Iddress Gaming manager information	tract with a third party from the second sec	the organizatio	rganization receives gan	ning and the	「Yes ΓΝο
15a C r. b I a c I	Address Does the organization have a conveyenue? If "Yes," enter the amount of game mount of gaming revenue retained and address I ame Address Gaming manager information	tract with a third party from the second sec	the organizatio	rganization receives gan	ning and the	「Yes ΓΝο
15a C r. b I a c I	oes the organization have a conevenue? f "Yes," enter the amount of gammount of gaming revenue retained f "Yes," enter name and address lame ddress	tract with a third party from the second sec	om whom the o	rganization receives gan	ning and the	「Yes 「No
b I a c I	evenue? f "Yes," enter the amount of gam mount of gaming revenue retaine f "Yes," enter name and address lame ddress Gaming manager information	ing revenue received by ed by the third party * \$ of the third party	the organizatio	on ► \$	and the	
b I a a	f "Yes," enter the amount of gam mount of gaming revenue retaine f "Yes," enter name and address lame ddress	ed by the third party 🟲 \$, of the third party				
с I	mount of gaming revenue retained f "Yes," enter name and address lame •	ed by the third party 🟲 \$, of the third party				
c I	f "Yes," enter name and address Jame ddress Gaming manager information	of the third party				
Л	Iame Iddress Gaming manager information					
Δ	address Gaming manager information					
	Gaming manager information					
16 G	Gaming manager information					
	lamo 🏲					
Ν	iailic 🚩					
G	Saming manager compensation					
D	Description of services provided					
Γ	Director/officer	Employee	Г	Independent contracto	or	
17 №	1andatory distributions					
	s the organization required unde	r state law to make chari	table distributi	ons from the gaming pro-	ceeds to	
	etain the state gaming license?					□Yes □No
b E	inter the amount of distributions	required under state law	distributed to	other exempt organizatio	ns or spent	
	n the organization's own exempt	activities during the tax	year 🟲 💲			
Part	Supplemental Inform Part III, lines 9, 9b, 10 additional information (b, 15b, 15c, 16, and 1				
	Return Reference			Explanation		
	DULE G PART I, B, COLUMN IV	MCKINNON & ASS DONOR SERVICES RELATED TO ACT	SOC) BUT SHA S GROUP EXPI IVITY WITH E	ARED GROSS RECEIPTS ECTED IN FUTURE YEA	S FROM ACTIVI RS REVENUE F TS MAIL RESPO	NSES THROUGH DIRECT
	DULE G PART I, B, COLUMN V	FOR SERVICES OF EXPENSES POSTA	NLY BASED OI AGE EXPENSE		ATE AND DO NO COLUMN V AS	IDRAISING SERVICES BILL DT GET REIMBURSED FOR IT IS NOT A FEE FOR
						orm 990 or 990-EZ) 2015

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Schedule I

DLN: 93493225031826OMB No 1545-0047

2015

Open to Public Inspection

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

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
ZOOLOGICAL SOCIETY OF SAN DIEGO

Employer identification number
95-1648219

Part I General Information	on Grants and	Assistance				•	
Does the organization maintain re the selection criteria used to awa Describe in Part IV the organizat	ard the grants or ass	sistance?				tance, and	⊮ Yes ┌
Part II Grants and Other Assistar that received more than \$				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	., for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 gra or assistance
See Addıtıonal Data Table							

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

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) JEFFREY LANG	1	12,000			
(2) DARCY OGADA	1	10,000			
(3) ELIZABETH REID-WAINSCOAT	1	8,850			
			I	<u>. </u>	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Schedule I (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 95-1648219

Name: ZOOLOGICAL SOCIETY OF SAN DIEGO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount 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
BROOKFIELD ZOO 3300 GOLF RD BROOKFIELD,IL 60513	36-2167016	501(C)(3)	30,000				2015 CONSERVATION CONTRIBUTION
SAHARA CONSERVATION FUND 60-450 HOPPATCH SPRING RD MTN CTR C MOUNTAIN CENTER, CA 92561	26-0171939	501(C)(3)	25,000				CORE SUPPORT
ST LOUIS ZOO ASSOCIATION PO BOX 790290 ST LOUIS,MO 63179	43-0788060	501(C)(3)	25,000				GREVY'S ZEBRA TRUST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
IUCN 1630 CONNECTICUT AVE NW 300 WASHINGTON, DC 20009	52-1443147	501(C)(3)	23,219				2015 ANNUAL SUPPORT			
SAHARA CONSERVATION FUND 60-450 HOPPATCH SPRING RD MTN CTR C MOUNTAIN CENTER, CA 92561	26-0171939	501(C)(3)	20,000				SAHARAN CONSERVATION FUND			
TURTLE SURVIVAL ALLIANCE 1989 COLONIAL PKWY FT WORTH,TX 76110	20-0785702	501 (C)(3)	20,000				2015 SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	, · ·	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PT LOMA NAZARENE 3900 LOMALAND DR SAN DIEGO,CA 92106	95-1644035	501(C)(3)	18,500				SUMMER INTERN PRO GRAM			
WILDLIFE SOS 406 E 300 S 302 SALT LAKE CITY,UT 84111	20-3274638	501(C)(3)	18,000				SLOTH BEAR RESEARCH			
INTERNATIONAL ELEPHANT FOUNDATION PO BOX 366 AZLE,TX 76098	75-2815706	501(C)(3)	15,000				2015 CONTRIBUTION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INTERNATIONAL RHINO FOUNDATION 201 MAIN ST 2600 FORT WORTH,TX 76102	75-2395006	501(C)(3)	15,000				ANNUAL SUPPORT			
ASSN OF ZOOS AND AQUARIUMS PO BOX 79863 BALTIMORE,MD 21279	55-0526930	501(C)(3)	15,000				GRANT SUPPORT			
CONSERVATION CENTERS FOR SPECIES SURVIVAL 2155 COUNTRY RD 2008 GLEN ROSE,TX 76043	47-2453835	501(C)(3)	12,500				ANNUAL CONSERVATION SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount 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			
CONSERVATION BREEDING SPECIALIST GROUP 12101 JOHNYCAKERIDGE APPLE VALLEY,MN 55124	41-1719362	501(C)(3)	12,500				CBSG SUPPORT			
CONSERVATION BREEDING SPECIALIST GROUP 12101 JOHNYCAKERIDGE APPLE VALLEY,MN 55124	41-1719362	501(C)(3)	12,500				CONSERVATION FUNDING			
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR LA JOLLA,CA 92093	95-6006144	501(C)(3)	11,000				DRONE TRACKING COLLABORATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC 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			
ASSN OF ZOOS AND AQUARIUMS 8403 COLESVILLE SILVER SPRINGS, MD 20910	55-0526930	501(C)(3)	10,000				APE TAG CONSERVATION INITIATIVE			
INTERNATIONAL IGUANA FOUNDATION 1989 COLONIAL PKWY FT WORTH,TX 76110	75-2954637	501(C)(3)	10,000				2015 ANNUAL SUPPORT			
JUNGLE FRIENDS PRIMATE SANCTUARY 13915 N STATE RD GAINSVILLE,FL 32653	86-0859789	501(C)(3)	10,000				CAPUCHIN CARE GRANT			

Form 990,Schedule I, Par	t II, Grants and	l Other Assistance	e to Domestic Org	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADAGASCAR FAUNA GROUP ONE GOVERNMENT DR ST LOUIS,MO 63110	43-1727309	501(C)(3)	10,000				ANNUAL SUPPORT
PT LOMA NAZARENE UNIVERSITY 3900 LOMALAND DR SAN DIEGO,CA 92106	95-1644035	501(C)(3)	10,000				COSTA RICA PROJECT GRANT
RED PANDA NETWORK 1859 POWELL ST 100 SAN FRANCISCO,CA 94133	26-1103671	501(C)(3)	10,000				CONSERVATION INITIATIVES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC 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			
WILDLIFE CONSERVATION NETWORK 209 MISSISSIPPI SAN FRANCISCO, CA 94107	30-0108469	501(C)(3)	10,000				EXPO SPONSORSHIP			
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD BRONX,NY 10460	13-1740011	501(C)(3)	10,000				TIGER CONSERVATION			
CSU FULLERTON AUXILIARY SERVICES 2600 NUTWOOD AVE FULLERTON,CA 92831	95-2081258	501(C)(3)	9,500				GELADA MONKEY RESEARCH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC 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			
WILDLIFE CONSERVATION NETWORK 209 MISSISSIPPI SAN FRANCISCO, CA 94107	30-0108469	501(C)(3)	9,500				SAVE THE ELEPHANTS			
GIANT PANDA CONSERVATION FND 8403 COLESVILLE SILVER SPRINGS, MD 20910	52-1931417	501(C)(3)	8,000				PANDA RESEARCH SUPPORT			
ST LOUIS ZOO ASSOCIATION PO BOX 790290 ST LOUIS,MO 63179	43-0788060	501(C)(3)	5 ,6 2 5				SUPPLEMENTAL SUPPORT			

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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

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

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

ZOOLOGICAL SOCIETY OF SAN DIEGO 95-1648219 **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 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 Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

compensation contingent on the net earnings of

If "Yes," on line 6a or 6b, describe in Part III

The organization?

ın Part III

Any related organization?

8

6a

6b

Yes

Νo

Νo

Nο

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

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

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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	` '	(E) Total of columns	(F) Compensation in
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 1A	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 I, LINE 7	THE SOCIETY MAINTAINS AN ANNUAL INCENTIVE PLAN FOR MANAGEMENT THE INCENTIVE AMOUNT 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 INCENTIVE PERCENTAGE IS ADJUSTED FURTHER, BASED ON ANNUAL PERFORMANCE REVIEW SCORES
SCHEDULE J PART II COLUMN C	DEFERRED COMPENSATION FOOTNOTE DEFERRED COMPENSATION INCLUDES THE CHANGE IN PRESENT VALUE OF ACCRUED PENSION PLAN BENEFITS ACCRUED BENEFITS CHANGE YEAR-OVER-YEAR AS DEFINED BY THE PLAN FORMULAS TO REFLECT ADDITIONAL SERVICE/PAY AND ANY INCREASES IN STATUTORY LIMITS IN ADDITION TO THE INCREASE IN ACCRUED BENEFITS, THE CHANGE IN PRESENT VALUE OF ACCRUED BENEFITS INCLUDES CHANGES IN ECONOMIC AND DEMOGRAPHIC ASSUMPTIONS TO REFLECT CURRENT CONDITIONS (DISCOUNT RATE, YEARS TO RETIREMENT AND MORTALITY) THE CHANGES IN ECONOMIC AND DEMOGRAPHIC ASSUMPTIONS MAY HAVE A SIGNIFICANT IMPACT ON THE VALUE OF DEFERRED COMPENSATION AND CAN EITHER EXACERBATE OR OFFSET THE COST ASSOCIATED WITH INCREASES IN THE ACCRUED BENEFITS FOR EXAMPLE, THE IMPACT OF THE DISCOUNT RATE CHANGE FROM JANUARY 1, 2015 TO DECEMBER 31,2015 WAS AN OVERALL DECREASE OF 5% IN PRESENT VALUE OF ACCRUED BENEFITS BY COMPARISON, THE IMPACT OF THE DISCOUNT RATE CHANGE FROM JANUARY 1, 2014 TO DECEMBER 31, 2014 WAS AN OVERALL INCREASE OF 12% IN PRESENT VALUE OF ACCRUED BENEFITS

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 95-1648219

Name: ZOOLOGICAL SOCIETY OF SAN DIEGO

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1DOUGLAS MYERS PRESIDENT/CEO	(1)	531,786	71,441	64,730	96,487	12,449	776,893	0
	(11)	- 0	-			-	-	-
1MATTHEW MUSELLA	(1)	335,566	59,093	54,022	74,012	9,265	531,958	0
CHIEF OPERATING OFFICER	(11)		-	-	-		-	
2PAULA BROCK	(.)	206.053	0	0	0	0	0	0
CHIEF FINANCIAL OFFICER	(1)		51,896 	65,927	103,248	4,990	522,114	0
	()	0	0	0	0	0	0	0
3ROBERT MCCLURE DIR-SD ZOO SAFARI PARK	(1)	223,678	44,902	52,640	145,623	14,079	480,922	0
	(11)	0	- 0	- 0	- 0	0	- 0	- 0
4 TIM MULLIGAN CHIEF HUMAN RESOURCES	(1)	245,509	40,460	38,267	31,477	1,480	357,193	0
OFFICER	(11)	- 0	-				-	
5DWIGHT SCOTT	(1)	239,123	42,611	42,468	12,095	5,147	341,444	0
DIR-SAN DIEGO ZOO	(11)							
CMADI/ CTHADT	4	0	0	0	0	0	0	0
6MARK STUART CHIEF DEVELOPMENT OFFICER	(1)		44,054	42,399	23,287	1,150	312,780	0
	()	0	0	0	0	0	0	0
7ROBERT WIESE CHIEF LIFE SCIENCES OFFICER	(1)		36,895	35,355	34,586	8,694	280,855	0
	(11)	0	- 0	- 0	- 0	0	- 0	- 0
8ALLISON ALBERTS CHIEF CONSERVATION	(1)	178,291	38,825	25,983	37,937	11,579	292,615	0
OFFICER	(11)	- 0					-	
9ROBERT ERHARDT	(1)	231,753	39,722	19,059	107,155	12,588	410,277	0
CHIEF TECHNOLOGY OFFICER	(11)		-	-	-		-	
10 DONALD JANSSEN	(1)	154.763	0	0	0	0	0	0
CORP DIR OF ANIMAL HEALTH	(1)		32,589 	33,977 	79,001	9,239 	309,568	0
		0	0	0	0	0	0	0
11TED MOLTER CORP DIR OF MARKETING	(1)		34,591	33,508	21,324	6,668	264,801	0
	(11)	0	0	- 0	- 0	0	0	0
12DAVID RICE CORP DIR OF	(1)	150,893	29,712	25,008	127,115	5,787	338,515	0
ARCHITECTURE	(11)	- 0	0	-		- - 0	- 0	- - 0

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

(Form 990)

10

Department of the Treasury

Internal Revenue Service Name of the organization DLN: 93493225031826

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

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.

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

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ZOOLOGICAL SOCIETY OF SAN DIEGO 95-1648219 **Bond Issues** Part I (c) CUSIP # (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On (i) Pool behalf of financing ıssuer Yes Yes No Yes No No 20-1563466 10-01-2012 40,165,000 |SEE PART IV Χ CALIFORNIA MUNICIPAL Χ Χ FINANCE AUTHORITY Part II **Proceeds** Α В С D 3,455,000 3 40,165,000 4 5 0 6 0 7 0 8 0 9 0

11	Other spent proceeds		40,165,000						
12	O ther unspent proceeds		0						
13	Year of substantial completion	20	12						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	x							
15	Were the bonds issued as part of an advance refunding issue?		Х						
16	Has the final allocation of proceeds been made?	Х							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х							
Par	t IIII Private Business Use								

Par	Private Business Use								
		-	4	ı	В		С	I)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
For P	aperwork Reduction Act Notice, see the Instructions for Form 990.	C	at No 5019	3E			Sch	edule K (For	m 990) 2015

Private Business l	Use (Continued
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			Δ.		В		С	!	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		х						
b	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								
<u>с</u>	Are there any research agreements that may result in private business use of bond- financed property?		х						
d	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?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %				•		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х						
8a	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 issued?		х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		х						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		х						
D	A TALL AMBITUAGE		•						

Part IV Arbitrage

Ра	Arbitrage								
			1	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		х						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
ь	Exception to rebate?		Х						
С	No rebate due?	Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х							
b	Name of provider	BANKOFA	MERICA						
С	Term of hedge		30 %						
d	Was the hedge superintegrated?		Х						
е	Was the hedge terminated?		Х						
		•	•	•	•	•	·	hedule K (Form	990) 2015

Pa	rt IV Arbitrage (Contil	nued)								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds inves contract (GIC)?	eted in a guaranteed investment		Х						
b	Name of provider		0							
С	Term of GIC									
d		rbor for establishing the fair market								
6	Were any gross proceeds i period?	nvested beyond an available temporary		X						
7	Has the organization estable the requirements of section	olished written procedures to monitor n 148?		X						
Pa	rt V Procedures To U	Indertake Corrective Action								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
	that violations of federal ta and corrected through the	olished written procedures to ensure ix requirements are timely identified voluntary closing agreement program if illable under applicable regulations?		х						
P	art VI Supplemental	Information. Provide additional infor	mation for resp	onses to qu	iestions on S	chedule K (s	ee ınstructıo	ns).		
	Return Reference		Explanation		· ·					
	TI, LINE A, COLUMN F	EFINANCING OF ABAG BONDS WHICH WE	RE ISSUED ON	06/30/2004						

Return Reference	Explanation
PART IV, LINE 2C ARBITRAGE	DATE OF REBATE COMPUTATION - 02/27/2013

DLN: 93493225031826

OMB No 1545-0047

SCHEDULE M

(Form 990)

Department of the Treasury

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

Attach to Form 990.

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

Noncash Contributions

Open to Public **Inspection**

Internal Revenue Service Name of the organization **Employer identification number** ZOOLOGICAL SOCIETY OF SAN DIEGO

95-1648219 Part I Types of Property (a) (b) (c) (d) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 Art—Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods 15,580 FAIR MARKET VALUE Cars and other vehicles . . Х **7** Boats and planes . . . Intellectual property . . . 5,738,158 STOCK PRICE 9 Securities—Publicly traded . Χ **10** Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . . **13** Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution-Other . . . 1,605,956 SALE PRICE 15 Real estate—Residential . Χ 16 Real estate—Commercial . . 17 Real estate—Other . . 18 Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . . **25** Other ▶ (Х 309,447 DETERMINED BY DONOR DONATED AUCTION **ITEMS** 26 Other ► (**27** Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo b If "Yes," describe the arrangement in Part II Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32<u>a</u> Yes b If "Yes," describe in Part II 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

Part II Supplemental Information.

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.

Return Reference	Explanation
	THIRD PARTIES HIRED TO PROCESS NONCASH CONTRIBUTIONS THE ZOOLOGICAL SOCIETY HAS AN AGREEMENT WITH A THIRD PARTY VEHICLE DONATION PROCESSOR BANKS AND BROKERAGE FIRMS ARE UTILIZED TO SELL PUBLICLY TRADED SECURITIES AT MARKET RATES

Schedule M (Form 990) (2015)

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As Filed Data -

DLN: 93493225031826

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Return Reference	Explanation
PART VI, SECTION A, LINE 4	DID THE ORGANIZATION MAKE ANY SIGNIFICANT CHANGES TO ITS GOVERNING DOCUMENTS SINCE THE PRIOR FORM 990 WAS FILED THE BY LAWS OF THE ORGANIZATION WERE A MENDED AND RESTATED ON OCTOBER 27, 2015 TO INCLUDE THE FOLLOWING CHANGES ARTICLE I - ADDED ALSO KNOWN AS SAN DIEGO ZOO GLOBAL ARTICLE III - EXPANDED TO INCLUDE A MISSION STATEMENT AND VISION STATEMENT CONSISTENT WITH AND SUPPORTIVE OF THE ORGANIZATION'S EXEMPT PURPOSE. NO CHANGES WERE MADE TO THE EXEMPT PURPOSE * MISSION STATEMENT SAN DIEGO ZOO GLOBAL IS COMMITTED TO SAVING SPECIES WORLDWIDE BY UNITING OUR EXPERTISE IN ANIMAL CARE AND CONSERVATION SCIENCE WITH OUR DEDICATION TO INSPIRING PASSION FOR NATURE * VISION STATEMENT SAN DIEGO ZOO GLOBAL WILL LEAD THE FIGHT AGAINST EXTINCTION * EXEMPT PURPOSE. The corporations exempt purpose is to operate, maintain and control zoological gardens, to acquire collections of insects, fish, amphibians, reptiles, birds, mammals and plants and to exhibit the same with appropriate surroundings and environment for the instruction, recreation and pleasure of the public and for scientific study, and to promote all branches of natural history, actively engage in biological research and participate in conservation and educational programs. ARTICLE X - THE COMPOSITION OF THE NOMINATING AND GOVERNANCE COMMITTEE WAS CHANGED TO ADD A RESPONSIBILITY TO RECOMMEND POLICIES AND PRACTICES FOR EFFECTIVE GOVERNANCE. ARTICLE X - ADDED THE RETIREMENT PLANS ADMINISTRATIVE COMMITTEE.

Return Reference	Explanation
PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS THE ZOOLOGICAL SOCIETY OF SAN DIEGO HAS OVER 230,000 MEMBER HOUSEHOLDS REPRESENTING APPROXIMATELY 500,000 CARD CARRYING PASSHOLDERS, OF WHICH 114,000 ARE CHILDREN AGES 3-17

Return Reference	Explanation
PART VI, SECTION A, LINE 7A	NATURE OF VOTING RIGHTS MEMBERS MAY NOMINATE TRUSTEES TO SUCCEED TRUSTEES WHOSE TERMS OF OFFICE ARE EXPIRING, IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF ARTICLE VI, SECTION 3(b) OF THE BY LAWS 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 BY LAWS

Return Reference	Explanation
PART VI, SECTION A, LINE 7B	CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL AND THE TYPE OF VOTING RIGHTS 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

Return Reference	Explanation
PART VI, SECTION B, LINE 11B	PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW THE FORM 990 A DRAFT OF THE FORM 990 AND ALL REQUIRED SCHEDULES IS DISTRIBUTED ELECTRONICALLY TO OUR GENERAL COUNSEL, CHIEF HUMAN RESOURCES OFFICER, CHIEF DEVELOPMENT OFFICER AND THE OFFICERS OF THE ORGANIZATION FOLLOWING THEIR REVIEW, THE 990 AND SUPPORTING SCHEDULES ARE 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 THE 990 IS PRESENTED TO AND REVIEWED BY THE AUDIT COMMITTEE PRIOR TO BEING FILED WITH THE IRS

Return Reference	Explanation
PART VI, SECTION B, LINE 12C	PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST 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

Return Reference	Explanation
SECTION B, LINES 15A & 15B	PROCESS FOR DETERMINING COMPENSATION OF OFFICERS, EXECUTIVES AND KEY EMPLOYEES THE COMPENSATION PACKAGES FOR OFFICERS AND OTHER EXECUTIVE TEAM MEMBERS IS REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE CHARTED BY THE BOARD OF TRUSTEES THE COMPENSATION COMMITTEE PERIODICALLY ENGAGES AN INDEPENDENT FIRM TO PERFORM SALARY ANALYSIS FOR COMPARABLE POSITIONS TO ENSURE COMPENSATION PACKAGES ARE COMPENSATION STUDY WAS PERFORMED IN 2015 THE COMPENSATION PACKAGE AND MERIT INCREASES FOR EACH EXECUTIVE TEAM MEMBER WAS FORMALLY APPROVED BY THE COMMITTEE AND RATIFIED BY THE BOARD OF TRUSTEES IN 2015 BASED ON THIS STUDY THE EXECUTIVE TEAM INCLUDES PRESIDENT/CEO, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, CHIEF DEVELOPMENT OFFICER, CHIEF HUMAN RESOURCES OFFICER, DIRECTOR-SAN DIEGO ZOO, DIRECTOR SAN DIEGO ZOO SAFARI PARK, CHIEF LIFE SCIENCES OFFICER, DIRECTOR-VETERINARY SERVICES, CHIEF TECHNOLOGY OFFIER, CHIEF CONSERVATION OFFICER, CORPORATE DIRECTOR OF MARKETING, AND CORPORATE DIRECTOR OF ANIMAL HEALTH

Return Reference	Explanation
SECTION C, LINE 19	AVAILABILITY OF GOVERNING DOCS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC BY LAWS, ARTICLES OF INCORPORATION, THE CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON THE ZOOLOGICAL SOCIETY'S WEBSITE.

Return Reference	Explanation
PART XI, LINE 9	OTHER CHANGES IN NET ASSETS (1,331,476) - CHANGE IN VALUE OF SPLIT INTEREST (153,167) - LOSS ON DONATED PROPERTY 168,719 - UNREALIZED GAIN ON SWAP AGREEMENT 5,231,452 - PENSION RELATED CHANGES INCLUDED IN OTHER CHANGES 3,915,528 - TOTAL

DLN: 93493225031826

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

95-1648219

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes (1) FNDTN OF ZOOLOGICAL SOCIETY OF SAN DIEGO SUPPORTING CA 501(c)(3) 11A ZSSD Yes PO BOX 120551 SAN DIEGO, CA 92122 20-8456251 (2)SAN DIEGO ZOO GLOBAL - PERU SUPPORTING PE N/A N/A ZSSD Yes AVENIDA PERU F-10 URBANIZACION QUISPICANCHIS, CUSCO

Schedule R (Form 990) 2015												Page 2
Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.											ŀ	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	e controlling or entity n	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income		(h) Disproprtionate r allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownership
				514)			Yes	No		Yes	No	
												-

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
									<u> </u>

Part V Transactions With Related Organizations Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization (s) . .				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
$oldsymbol{p}$ Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
${f r}$ O ther transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	iount in	volved	
L)SAN DIEGO ZOO GLOBAL PERU	В	332,330	FMV			
	1	1				

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

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

evenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 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
			314)	Yes	No			Yes	No		Yes	No	
												1	Ī

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Explanation

Return Reference

Schedule R (Form 990) 2015