DLN: 93493318135499 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable ZOOLOGICAL SOCIETY OF SAN DIEGO ☐ Address change 95-1648219 ☐ Name change Doing business as ☐ Initial return SAN DIEGO ZOO GLOBAL ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite POST OFFICE BOX 120551 ☐ Amended return ☐ Application pending (619) 231-1515 City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA  $\,\,$  921120551  $\,\,$ **G** Gross receipts \$ 412,482,101 Name and address of principal officer H(a) Is this a group return for DOUGLAS G MYERS PRESCEO □Yes ☑No subordinates? POST OFFICE BOX 120551 H(b) Are all subordinates SAN DIEGO, CA 921120551 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SANDIEGOZOO ORG L Year of formation 1916 M State of legal domicile CA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SAN DIEGO ZOO GLOBAL IS COMMITTED TO SAVING SPECIES WORLDWIDE (CONTINUED ON SCHEDULE O) BY UNITING OUR EXPERTISE IN ANIMAL CARE AND CONSERVATION SCIENCE WITH OUR DEDICATION TO INSPIRING PASSION FOR NATURE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 10 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 3,899 Total number of volunteers (estimate if necessary) . . . 2.064 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 6,279,639 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 134,343,678 113,796,393 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 180,262,230 195,431,597 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 7,532,887 13,498,710 19,956,440 20,303,143 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 342,095,235 343,029,843 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 1,968,864 2,875,625 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 147,923,141 156,375,955 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 353,446 368,729 b Total fundraising expenses (Part IX, column (D), line 25) ▶9,040,091 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 118,410,277 133,280,550 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 268,655,728 292,900,859 19 Revenue less expenses Subtract line 18 from line 12 . 73,439,507 50,128,984 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 682,457,047 698,029,059 197,727,134 21 Total liabilities (Part X, line 26) . 217,511,454 22 Net assets or fund balances Subtract line 21 from line 20 . 500,301,925 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-14 Signature of officer Sign Here PAULA BROCK CFO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-11-14 P00043433 Paid self-employed Firm's name COHNREZNICK LLP Firm's EIN ▶ 22-1478099 **Preparer** Use Only Firm's address ▶ 400 CAPITOL MALL SUITE 1200 Phone no (916) 442-9100 SACRAMENTO, CA 958144424 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	statement	of Program Servi	ce Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to	any line in this Part III		🗆
1	Briefly describe the o	rganization's mission		·		
	DIEGO ZOO GLOBAL IS NCE WITH OUR DEDIC				G OUR EXPERTISE IN ANIMAL CA	RE AND CONSERVATION
3010	NCE WITH OOK DEDIC	ATION TO INSPIRING	PASSION FOR N	ATORE		
2	Did the organization	undertake any signific	ant program ser	vices during the year v	vhich were not listed on	
	the prior Form 990 oi	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	se new services on So	hedule O			
3	Did the organization	cease conducting, or i	make significant	changes in how it cond	lucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedi	ule O			
4	Section 501(c)(3) and		ions are required	to report the amount	e largest program services, as me of grants and allocations to other	
4a	(Code	) (Expenses \$	218,789,881	ıncludıng grants of \$	) (Revenue \$	200,893,109 )
	See Additional Data					
4b	(Code	) (Expenses \$	27,239,875	including grants of \$	2,875,625 ) (Revenue \$	2,380,345 )
	See Additional Data					
4c	(Code	) (Expenses \$	7,590,912	ıncludıng grants of \$	) (Revenue \$	5,170,852 )
	See Additional Data					
4d	Other program service	ces (Describe in Sched	dule O )			
	(Expenses \$	inc	cluding grants of	\$	) (Revenue \$	)
4e	Total program serv	rice expenses ▶	253,620,6	68		

D-	tiv Checklist of Paguired Schedules			rage <b>3</b>
Pa	TIV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	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?	_		No No
7	If "Yes," complete Schedule D, Part I 🥦	6		
Q	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆  Did the organization maintain collections of works of art, historical treasures, or other similar assets?	7		No ——
	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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	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 2	11b		No
	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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	
15	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	
16	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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22		22	Yes	

Vest   No		tiV Checklist of Required Schedules (continued)			Page 4
23 Yes schedule J. Western of the organization answer "Yes" to Plant VII, Section A, Jins 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Western officers, directors, trustees, level employees and highest compensated employees? If "Yes," answer times 24b through 24d and complete Schedule J. Will No. 90 to the 25b.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an estrow eccount other than a refunding estrow at any time during the year to defease any tax-exempt bonds?  b Did the organization maintain an estrow eccount other than a refunding estrow at any time during the year?  24c No. 24d No. 0 Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization aware that it engaged in an excess benefit transaction with a disqualified person uning the year? If "Yes," complete Schedule I, Part I. 1 Did the organization may are 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 on payables to any current or former officer, director, trustee, level the organization of payables to any current or former officer, director, trustee, level employees, highest compensated employees, or disqualified persons?  17 "Yes," complete Schedule I, Part II.  25b No. 17 "Yes," complete Schedule I, Part IV.  27c No. 27c	Га	Checklist of Required Schedules (Continued)		Voc	No.
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 25e.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d No  25a Section 501(c)(13), 501(c)(14), and 501(c)(29) organizations. Did the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule L, Part I.  b Is the organization axis to tenge an an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  b Is the organization has not been reported on any of the organization's prior Forms 990 or 990-E2?  d 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, director, trustees, leve employees, and that the transaction is the tree of any of these persons? If "Yes," complete Schedule L, Part II.  D Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28a No.  D A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28b No.  28c No.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I.  30 Did the organization receive on thinking the schools, or the similar assets, or qualified conservation. On the organization receive on thinking the schedule of the part IV, institution or an experiment of the organiza	23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			NO
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d No  25b Section 501(c/13), 501(c/14), and 501(c/129) organizations.  25c Section 501(c/13) of 501(c/13) organizations.  25d the organization engage in an excess benefit transaction with a disqualified person un a prior year, and that the transaction have not been reported on any of the organization's prior Forms 990 or 990-627  25b No  25c 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, inheat compensated employees, or disqualified persons?  26 If "Yes," complete Schedule L, Part II , "Yes," complete Schedule L, Part IV , "Yes," complete Schedule N, Part II , "Yes," omplete Schedule N, Part II , "Yes," om	24a	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	24a	Yes	
to defease any tax-exempt bones?  d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section SO1(c)(3), SO1(c)(4), and SO1(c)(29) organizations.  Dd the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I .  1 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 organizations proor Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I .  25b No  1 Dd the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction as not been reported on any of the organization proval as grant or other assistance to an officer, director, trustee, even ployee, substantial contribution or employes thereof, a grant assistance to an officer, director, trustee, even ployee, substantial contribution or engage in any to these persons? If "Yes," complete Schedule L, Part II .  27  No difference persons? If "Yes," complete Schedule L, Part II .  28  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV .  28  Land III and	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
25a 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 .  15 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction is not been reported on any of the organization proper or professions 900 or 990-E27  16 If "Yes," complete Schedule L, Part II .  17 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?  18 Object the separal schedule L, Part II .  19 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 II .  10 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  11 Part IV .  12 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV .  12 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV .  12 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV .  12 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV .  13 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  14 Part IV, Ilms 1 .  15 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	С		24c		No
Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .  b Is the organization aware that it engaged in an excess benefit transaction have transaction have transaction have the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  b 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 .  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 II .  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II .  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part II .  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28b No  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  29c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  29d Yes .  10d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  29d Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I .  31 No  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule M, Part II .  33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net asse	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27  If "Yes," complete Schedule L, Part I .  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 .  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 .  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)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28  Did A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28  No  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  29  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  30  No  31  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 II .  31  No  32  Did the organization will not of an entity disregarded as separate from the organization under Regulations sections 30 17701-2 and 301 7701-2		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
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II .  To 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 II .  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28a No  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28b No  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .  28c No  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  29 Yes .  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I .  30 No  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  31 No  32 Und the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II .  33 No  34 Was the organization evalue on an inothy disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part V, Inne 2 .  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2 .  36 Sec	b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		No
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.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		No
Instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director indirect owner? If "Yes," complete Schedule L, Part IV.  28b No  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  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 II.  31 No  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  31 No  32 No  33 Did the organization on un 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-32 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, Ine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ine 2  35 Did the organization of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ine 2  36 Yes  37 No  38 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 V, Ine 2  37 No  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Ines 11b and 19? Note.	27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		No
Part IV	28				
Part IV.  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  28c No  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Yes  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 No  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 No  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  32 No  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I.  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 Yes  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, lines 11b and 19? Note.	а		28a		No
officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 No  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 No  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  31 No  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	b		28b		No
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N	C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
contributions? If "Yes," complete Schedule M	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
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	30		30		No
If "Yes," complete Schedule N, Part II	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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	32		32		No
Part V, line 1	33		33		No
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	34	A& 1	34	Yes	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
organization? If "Yes," complete Schedule R, Part V, line 2	b		35b		No
is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Note.  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.	36		36	Yes	
1 - 1 Voc 1	37		37		No
	38		38	Yes	

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

7a

7b

7c

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

7d

10a

10b

11a

11b

12b

13b

13c

Yes

Yes

Nο

No

No

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

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

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

d If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	r a "No" respo	onse to i	lines
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ection A. Governing Body and Management		• •	
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la	10		
	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	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	ther 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supe of officers, directors or trustees, or key employees to a management company or other person?	rvision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	. 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	. 6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	more <b>7a</b>	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, persons other than the governing body?	or <b>7b</b>	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yethe following	ar by		
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 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 Re	venue Code	2.)	
			Yes	No
10a	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, affilia and branches to ensure their operations are consistent with the organization's exempt purposes?	tes,		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the <b>11a</b>	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 risconflicts?	e to <b>12b</b>	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Schedule O how this was done	ın		
13	Schedule O how this was done	12c	Yes	
	Did the organization have a written whistleblower policy?	. 12c	Yes Yes	
14				
14 15	Did the organization have a written whistleblower policy?	. 13	Yes	
15	Did the organization have a written whistleblower policy?	. 13	Yes	
15 a	Did the organization have a written whistleblower policy?	. 13 14	Yes Yes	
15 a	Did the organization have a written whistleblower policy?	. 13 14 lent 15a	Yes Yes Yes	
15 a b	Did the organization have a written whistleblower policy?	. 13 14 lent 15a 15b	Yes Yes Yes	No
15 a b 16a	Did the organization have a written whistleblower policy?	. 13 14 lent 15a 15b . 16a pation	Yes Yes Yes	No
15 a b 16a b	Did the organization have a written whistleblower policy?	. 13 14 lent 15a 15b . 16a pation empt	Yes Yes Yes	No
15 a b 16a b	Did the organization have a written whistleblower policy?	. 13 14 lent 15a 15b . 16a pation empt	Yes Yes Yes	No
15 a b 16a b	Did the organization have a written whistleblower policy?	. 13 14 lent 15a 15b . 16a eation empt 16b	Yes Yes Yes	No
15 a b 16a b	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independence persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's existatus with respect to such arrangements?  Exection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed.  CA , HI	. 13 14 lent 15a 15b . 16a eation empt 16b	Yes Yes Yes	No

policy, and financial statements available to the public during the tax year

20

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

TREASURER

CHAIRMAN

(12) SHAWN DIXON

(13) STEVEN TAPPAN

(14) DWIGHT SCOTT

DIR-SAN DIEGO ZOO

(15) LISA PETERSON

(16) MARK STUART

(17) ROBERT MCCLURE

DIR-SD ZOO SAFARI PARK

DIR-SD ZOO SAFARI PARK

CHIEF DEVELOPMENT OFFICER

CHIEF OPERATING OFFICER

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

- year
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- organization and any related organizations

organization, more than \$10,000 of reportable co	mpensation fro	m the d	organ	ızatı	ion a	and ar	ny re	elated organizations	S	
List persons in the following order individual trus compensated employees, and former such persoi		rs, ınstı	tution	nal t	rust	ees, c	office	ers, key employees	s, highest	
$oxedsymbol{\square}$ Check this box if neither the organization no	r a <u>ny related or</u>	ganızat	ion c	omp	ens	a <u>ted</u> a	ny (	cur <u>rent officer, dire</u>	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	er than one box, unless st person is both an officer rs and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) CLIFFORD HAGUE TRUSTEE	5 00	x						0	0	0
(2) JUDITH WHEATLEY TRUSTEE	5 00	×						0	0	0
(3) ROBERT HORSMAN TRUSTEE	5 00	X						0	0	0
(4) ROLF BENIRSCHKE TRUSTEE	5 00	Х						0	0	0
(5) RYAN SULLIVAN TRUSTEE	5 00	х						0	0	0
(6) STEVEN SIMPSON TRUSTEE	5 00	×						0	0	0
(7) DOUGLAS MYERS PRESIDENT/CEO	50 00			х				933,268	0	171,793
(8) JAVADE CHAUDHRI VICE CHAIRMAN	10 00			x				0	0	0
(9) LINDA LOWENSTINE SECRETARY	10 00			х				0	0	0
(10) PAULA BROCK CHIEF FINANCIAL OFFICER	50 00			х				517,005	0	51,756
(11) RICHARD GULLEY	10 00			×				0	0	0

50 00

12 00

50 00

50 00

50 00

50 00

Х

Χ

Х

Х

0

409,010

351.011

261,342

315,453

215.965

0

0

0

0

0

17,564

36.750

12,900

7,046

117.682

Form **990** (2018)

# 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 • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount • 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 • 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

1255 DISTRIBUTION WAY VISTA, CA 92081 GIANT SPOON

71 COLUMBIA 6TH FL SEATTLE, WA 98104

130 N AVENIDA MALAGA ANAHEIM HILLS, CA 92808

6100 WILSHIRE BLVD STE 700 LOS ANGELES, CA 90048 ARIMAW PRODUCTIONS

NTHC LLC DBA NESTLE TOLL HOUSE CAFE BY C

compensation from the organization ► 27

(A)

Name and Title

Part VII

1,330,867

975,784

479,076

Form **990** (2018)

Page 8

	Name and Title	hours per week (list any hours for related	than c	one b	ox, i an of ctor/t	unle: fficer trust	<u> </u>	son a	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	s	amount of compen from organizat	of other isation the
		organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033 (1130)	MISC)		relat organiz	ted
	LLISON ALBERTS CONSERVATION OFFICER	50 00	1				×		259,718		0		1,452
	DBERT SPOONER HUMAN RESOURCES OFFICER	50 00	1				×		250,174		0		21,574
(20) ROI	DBERT WIESE LIFE SCIENCES OFFICER	50 00	1				х		262,019		0		26,017
(21) TEC	D MOLTER DIR OF MARKETING	50 00					х		252,527		0		-18,363
(22) WE	ENDY BULGER AL COUNSEL	50 00	1				×		235,198		0		-24,458
						$\perp$					$\Box$		
				igwdap	_	$\perp$		igdash	<u> </u>		$\dashv$		
			<del>                                     </del>	$\vdash$	+	+	_	$\vdash$			+		
c Tot	ub-Total	∕II <b>, Section A</b> .				•	<b>P</b>	<u>_</u>	1 - 12 - 20				
2 T	otal (add lines 1b and 1c)  Total number of individuals (including but of reportable compensation from the organisms)	t not limited to					<b>▶</b>   who re	ceiv	4,262,690 red more than \$100	0,000	1		421,713
	Teponation components.	111111111111111111111111111111111111111		—		—					_	Yes	No
	Did the organization list any <b>former</b> offic line 1a? <i>If "Yes," complete Schedule J for</i>									mployee on	3		No
c	For any individual listed on line 1a, is the organization and related organizations grandividual	reater than \$150	0,000?	If "Ye	es," d					he			
<b>5</b> D	individual	or accrue compe		n from	n any					dual for	4	Yes	
	ction B. Independent Contractors		Scheuu	lle J i	or s	исп	persoi	<del>'</del> -		,	5		No
1 (	Complete this table for your five highest of from the organization. Report compensation	compensated in								•	pens	sation	
	Name and h	(A) business address							Descrip	(B) tion of services		(C Compen	
	MEMORIES								PHOTOGRAPHY	(		2	,407,616
WHEAT	WEST 48TH AVE RIDGE, CO 80033												
SCOTT F	FENCE								GENERAL CON	TRACTOR		1	,345,132

(C)

Position (do not check more

(D)

Reportable

MEDIA PLANNING

ENTERTAINMENT

CONSESSIONS

(E)

Reportable

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

(B)

Average

Part	VIII	Statement of	Revenue									
				a respo	onse or note to any	line in th	ns Part VIII					🗆
				· ·		(/		Rel e> fu	(B) ated or cempt nction	Un bu	(C) related isiness venue	(D) Revenue excluded from tax under sections
	1	a Federated campaigi	ns	1a				ге	venue			512 - 514
nts Ints		<b>b</b> Membership dues		1b	31,569,129							
Gra not		c Fundraising events		1c	1,402,593							
\$. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		<b>d</b> Related organizatio	ns	1d								
		e Government grants (co	ontributions)	1e	17,569,040							
ns, Sim		<b>f</b> All other contributions,										
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts no above  9 Noncash contribution		1f	63,255,631							
		ın lınes 1a - 1f \$			<u>,148,196</u>							
<u>ة ك</u>		<b>h Total.</b> Add lines 1a-	-1f	•	•	11	13,796,393					
<u> 1</u>					Business	Code	107	200 400	107.60	2.600	107	144
Program Service Revenue		OPERATE 2 ANIMAL CAR				900099	,	380,400	187,68		197,7	11
á		EDUCATIONAL PROGRAM		ΤΙ		611710		170,852		0,852		
AC.	c	GRANT REVENUE FOR S	ERVICES			900099	2,.	380,345	2,38	0,345		
Ş	d	I										_
an	e	<del></del>		_								
rogr	f	All other program se	rvice revenue		105	424 507						
Φ	g	Total. Add lines 2a-2	f		► 195, <sup>2</sup>	431,597						
		Investment income (in		ends, ı			4,194,50	3				4,194,503
		similar amounts)  . Income from investme		mpt be	◆ ond proceeds	_	.,25.,60					1,25 1,000
				•	·	<b></b>	680,83	5				680,835
			(ı) Rea		(II) Personal							
	6a	Gross rents				1						
	ł	Less rental expenses	2	26,536		1						
	Ó	Rental income or 226,536 (loss)										
	•	Net rental income of	r (loss)			]	226,53	6				226,536
		_	oss amount in sales of 65,310,000 ets other		(II) Other							
	7 <i>a</i>	Gross amount from sales of assets other than inventory										
	ŀ	Less cost or other basis and	56,0	05,793		1						
	(	sales expenses Gain or (loss)	9,3	04,207		1						
		d Net gain or (loss) .			<b>&gt;</b>	1	9,304,20	7				9,304,207
ıne	8 <i>a</i>	Gross income from fu (not including \$ contributions reporte	1,402,593									
<u>₹</u>		See Part IV, line 18		а	506,242							
R		Less direct expenses		b	752,968							
Other Revenue		Net income or (loss)		_	ents ▶		-246,72	6				-246,726
ō	98	Gross income from g See Part IV, line 19		es								
				а								
		Less direct expenses		b								
		Net income or (loss)		activit	les <b>&gt;</b>							
	10	aGross sales of invent returns and allowand										
				a	31,403,203							
	ł	Less cost of goods s	sold	b	12,693,497							
	•	Net income or (loss)		ınvent			18,709,70	6	12,656,724		6,052,982	
	4 4	Miscellaneous			Business Code 900099		350,15					250 450
	11	La INSURANCE SETTLE	:MENT		900099	7	350,15	ĭ				350,150
		_			20000		100.00	4	120 442		30.046	
	t	MISCELLANEOUS RE	CEIPTS		900099	٦	168,36	4	139,418		28,946	
							,ee	4	, ee			
	(	FACILITY USE (RESE	ARCH & ATM	)	90009	9	155,42	4	155,424			
		All other revenue					258,85	4	258,854			
	•	e <b>Total.</b> Add lines 11a	–11d		•		932,79	2				
	12	<b>2 Total revenue.</b> See	Instructions				343,029,84	3	208,444,306		6,279,639	14,509,505

kev employees .

section 4958(c)(3)(B) .

9 Other employee benefits .

**d** Lobbying . . . . . . .

**f** Investment management fees .

**12** Advertising and promotion . . .

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

**19** Conferences, conventions, and meetings

21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization .

expenses on Schedule O ) a OPERATING SUPPLIES

c COST OF GOODS SOLD

e All other expenses

**b** CONSULTANTS AND SERVICE

g Other (If line 11g amount exceeds 10% of line 25, column

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

**b** Legal .

c Accounting .

13 Office expenses . .

14 Information technology

**20** Interest . . . .

15 Royalties .

**17** Travel .

16 Occupancy .

23 Insurance .

d FORAGE

7 Other salaries and wages

2,977,771

401,635

871,482

266,419

505

368,729

2,756

850,887

821,171

201,472

57,576

127,472

296,471

40,787

231,812

252,571

919,169

9.040.091

Form 990 (2018)

Part IX Statement of Functional Expenses

5 Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . .

Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anizations must com	plete column (A)	
Check if Schedule O contains a response or note to any	y line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,042,742	1,042,742		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	10,000	10,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	1,822,883	1,822,883		
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and	3,668,040	1,229,122	2,087,512	351,406

95,428,436

13,674,368

34,767,967

8,837,144

2,044,004

692,064

107.391

368,729

530,107

3,100,592

11,304,872

8,294,438

2,954,798

11,770,607

2,755,148

1,486,213

1,818,845

32,618,047

2,642,744

17,925,026

12,389,793

10,866,454

4,144,425

5,834,982

292,900,859

86,306,213

10,827,245

31,873,897

7,992,367

100,725

107,391

3,097,836

10,045,923

6,403,821

1,276,695

10,584,432

2,303,521

957,454

29,443,556

1,873,012

17,316,148

9.823.000

10,866,454

4,144,425

4,164,106

253,620,668

7,700

6,144,452

2,445,488

2,022,588

1.942.774

684,364

530,107

408,062

1,069,446

1,476,631

1,128,599

324,155

232,288

1,818,845

3,174,491

728,945

377,066

2,314,222

751,707

30,240,100

578,358

Forn	า 990	(2018)					Page <b>11</b>
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			<u> 🗆</u>
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			375,711	1	374,892
	2	Savings and temporary cash investments .		[	148,673,892	2	169,516,158
	3	Pledges and grants receivable, net		, [	33,863,504	3	34,988,697
	4	Accounts receivable, net	11,174,582	4	10,494,928		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensations and other receivables from current and for trustees, key employees, and highest compensations and other receivables from the desirable from t	5				
ts	7	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations valuntary employees' beneficiary organizations. Part II of Schedule L	n 4958 itions c (see in	s(c)(3)(B), and of section 501(c)(9) structions) Complete		6	
Assets	8	Inventories for sale or use		-	2.458.956	8	2.300.683
	9	Prepaid expenses and deferred charges		<b>⊢</b>	2.600.831	9	2.335.124
	-	Land, buildings, and equipment cost or other		ı ' '	2,000,001	9	2,550,124
	104	basis Complete Part VI of Schedule D	10a	659,667,714			
	ь	Less accumulated depreciation	<b>10</b> b	367,245,275	285,883,786	10c	292,422,439
	11	Investments—publicly traded securities .			123,506,796	11	112,553,823
	12	Investments—other securities See Part IV, line	11 .		30,702,000	12	30,400,000
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			43,216,989	15	42,642,315
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	682,457,047	16	698,029,059
	17	Accounts payable and accrued expenses			49,831,822	17	45,364,617
	18	Grants payable				18	
	19	Deferred revenue			19,225,734	19	18,687,633
	20	Tax-exempt bond liabilities			34,100,356	20	32,765,000
S	21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
<u>a</u>		persons Complete Part II of Schedule L				22	
⊐	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24				16 272 740		11 562 005

Unsecured notes and loans payable to unrelated third parties

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

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

25

31

32

33 34

and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 217.511.454 197.727.134 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 292.002.947 27 321.072.305 27

98.079.802

25

31

32

33

34

464,945,593

682,457,047

89.345.999

500,301,925

698,029,059

Form **990** (2018)

Net Assets or Fund Balances 28 Temporarily restricted net assets 109,802,001 28 111,276,036 67,953,584 29 Permanently restricted net assets 63,140,645 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . 30

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

3a

3b

Yes

Yes (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

**Software Version:** 

SUBSPECIES THE 1.800 ACRE SAFARI PARK AND BIODIVERSITY RESERVE IS HOME TO MORE THAN 2.600 ANIMALS REPRESENTING 300 SPECIES

**EIN:** 95-1648219

Name: ZOOLOGICAL SOCIETY OF SAN DIEGO

Form 990 (2018)

### \_\_\_\_\_\_

Form 990, Part III, Line 4a:

EXHIBITION AND ANIMAL CARE FACILITY OPERATIONS AN IMPORTANT PART OF SAN DIEGO ZOO GLOBAL'S MISSION OF SAVING SPECIES IS OUR ABILITY TO REACH A WIDE AUDIENCE ALLOWING THEM TO LEARN AND CARE ABOUT ENDANGERED SPECIES AS PART OF THIS EFFORT OUR TWO WILDLIFE SANCTUARIES HOST MORE THAN 45 MILLION GUESTS EACH YEAR INCLUDING MORE THAN 350,000 SCHOOL CHILDREN THAT RECEIVE FREE OR DISCOUNTED EDUCATION PROGRAMS THE SAN DIEGO ZOO & SAN DIEGO ZOO SAFARI PARK ARE ACCREDITED AND LICENSED TO CARE FOR CRITICALLY ENDANGERED PLANTS AND ANIMALS THE 100 ACRE 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

### Form 990, Part III, Line 4b: RESEARCH AND CONSERVATION ACTIVITIES. CONSERVATION PROGRAMSTHROUGH THE ZOOLOGICAL SOCIETY OF SAN DIEGO'S INSTITUTE FORCONSERVATION. RESEARCH, ONE OF THE LARGEST ZOO-BASEDMULTI-DISCIPLINARY RESEARCH TEAMS IN THE WORLD. THE MISSION OF THE INSTITUTE FOR CONSERVATION RESEARCH IS TO GENERATE. SHARE ANDAPPLY SCIENTIFIC KNOWLEDGE VITAL TO THE CONSERVATION OF ANIMALS PLANTS AND HABITATS. THE INSTITUTE HAS GROWN TO

INCLUDEINTERNATIONAL FIELD CONSERVATION PROGRAMS IN MORE THAN 35COUNTRIES WORLDWIDE

EDUCATIONAL AND OUTREACH PROGRAMS SERVICES TO OVER 350,000 STUDENTS AND EDUCATORS THROUGH SCHOOL FIELD TRIPS, ASSEMBLY & CLASSROOM PROGRAMS, CLASSROOM TEACHING KITS, CURRICULUM & ACTIVITIES, TEACHER WORKSHOPS AND VIDEOCONFERENCING AN ADDITIONAL 60,000GUESTS ARE REACHED THROUGH SLEEPOVERS, CAMP PROGRAMS, ART & PHOTOGRAPHY CLASSES, TEAM BUILDING PROGRAMS & SCAVENGER HUNTS AND SPECIAL TOURS OUTREACH AND OFESITE PROGRAMS SUCH AS SDZ KID'S TV FOR CHILDREN'S HOSPITALS AND THE ANIMAL AMBASSADORS PROGRAM FACH YEAR SDZG'S ANIMAL AMBASSADORS VISIT

MORE THAN FIFTY SD COUNTY HOSPITALS, SENIOR CENTERS, CHILD CARE FACILITIES AND ORGANIZATIONS SERVING THOSE WITH DEVELOPMENTAL DIFFICULTIES

Form 990, Part III, Line 4c:

SCHEDU Form 990 90EZ)	or	Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2018 Open to Public
epartment of the sternal Revenue lame of the	Service	ion	► Go to	www.irs.gov/Form	990 for the late	est information	Employer identific	Inspection
OOLOGICAL S	OCIETY OF SA	AN DIEGO					95-1648219	acion number
Part I	Reason f	or Public (	Charity Stat	<b>us</b> (All organization	s must comple	ete this part.) S		
e organizat	ion is not a	private foun	dation because	e it is (For lines 1 thro	ugh 12, check o	nly one box )		
<b>1</b>	A church, co	nvention of	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2 🗆 🗡	school des	scribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3	hospital o	r a cooperati	ve hospital ser	vice organization desci	nbed in <b>section</b>	170(b)(1)(A)(	iii).	
r	name, city,	and state	•	ed in conjunction with	·			
	-	tion operated i <b>v).</b> (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	bed in <b>section 170</b>
			•	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
			mally receives vi). (Complete	a substantial part of it Part II )	s support from a	ı governmental u	ınıt or from the gener	al public described in
B 🗆 A	\ communit	y trust descr	ıbed ın <b>sectio</b> ı	n 170(b)(1)(A)(vi)	(Complete Part I	Ι)		
				escribed in <b>170(b)(1)</b> See instructions Enter				lege or university or
f I	rom actıvıtı nvestment	es related to income and i	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer ness taxable income (le complete Part III )	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).	
□ r	nore public	y supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(a	
י י	T <b>ype I.</b> A si organization	upporting org (s) the powe	ganızatıon oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
□ r	nanagemer	t of the supp		pervised or controlled in ation vested in the sar and C.				
				supporting organizatio				ated with, its
<sup>1</sup> □ 1	Type III no unctionally	n-function integrated	ally integrate The organizatio	d. A supporting organi in generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
	heck this b	ox if the org	anızatıon recei	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
_	-		on-functionally organizations	integrated supporting	organization			
	the followi			upported organization(	1	anization lists d	(w) Amount of	(vi) Amount of
	me of supp rganization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
tal								
	rk Reduct	ion Act Not	ice, see the I	nstructions for	Cat No 1128!	5F :	Schedule A (Form 9	90 or 990-EZ) 201

instructions

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization fai						ry under rait
	ection A. Public Support	is to quality at	ider the tests his	tea below, pieus	se complete run	C 111.)	
	Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	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						
S	ection B. Total Support		•	•	•		
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	( <b>b</b> )2015	(6)2016	(4)2017	(e)2018	(T)TOLAT
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI ) <b>Total support.</b> Add lines 7 through						
11	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)		1	12	
13	First five years. If the Form 990 is for	-			•	1 / 1 / -	
	check this box and <b>stop here</b>					<u> ▶ L</u>	
S	ection C. Computation of Public	<b>Support Perc</b>	entage				
14	Public support percentage for 2018 (line	e 6, column (f) d	ıvıded by line 11, o	column (f))		14	
15	Public support percentage for 2017 Sch	edule A, Part II,	line 14			15	
	33 1/3% support test-2018. If the			on line 13, and lin	e 14 is 33 1/3% oi		box
	and <b>stop here.</b> The organization qualif					,	▶□
	33 1/3% support test—2017. If the				and line 15 is 22 i	/3% or more char	ok this
D		-			alid lille 13 15 33 1	73 70 OF HIOTE, CHEC	_
	box and <b>stop here.</b> The organization						▶□
<b>17</b> a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	ne "racts-and-cir	cumstances" test	ine organization	qualifies as a publi	iciy supported	_
	organization						▶□
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization	meets the "fact	s-and-circumstand	es" test The orga	nization qualifies a	as a publicly	
	supported organization						▶ □
18	Private foundation. If the organizatio	n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	<del>_</del>

Part III

	the organization fails	to qualify under	the tests listed b	pelow, please co	ompiete Part II.	)	
Se	ction A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
(	or fiscal year beginning in) 🕨	(4) 2011	(5) 2013	(0, 2020	(4) 2027	(0) 2010	(1) 10tai
1	Gifts, grants, contributions, and	74 400 560	66 153 350	60.750.403	120 005 221	100 704 056	424 002 500
	membership fees received (Do not include any "unusual grants")	74,409,569	66,153,350	69,750,492	120,885,321	100,704,856	431,903,588
,	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in	148,343,830	153,651,825	166,503,883	174,287,859	162,126,127	804,913,524
	any activity that is related to the				,	,	,
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or	38,486,293	40,985,048	44,567,918	44,867,848	50,812,290	219,719,397
	business under section 513	·					
4	Tax revenues levied for the						
	organization's benefit and either	10,974,115	11,476,308	12,055,965	13,458,357	13,091,537	61,056,282
	paid to or expended on its behalf	10,574,115	11,470,500	12,033,303	13,430,337	13,031,337	01,030,202
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5	272,213,807	272,266,531	292,878,258	353,499,385	326,734,810	1,517,592,791
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified	158,964	1,291,447	479,046	24,686,063	1,859,075	28,474,595
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						0
	disqualified persons that exceed the greater of \$5,000 or 1% of the						U
	amount on line 13 for the year						
_	Add lines 7a and 7b	158,964	1,291,447	479,046	24,686,063	1,859,075	28,474,595
8	Public support. (Subtract line 7c	130,304	1,231,777	475,040	24,000,003	1,033,073	20,474,333
	from line 6 )						1,489,118,196
Se	ction B. Total Support						
(	Calendar year or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	272,213,807	272,266,531	292,878,258	353,499,385	326,734,810	1,517,592,791
10a	Gross income from interest,	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,	, , , ,	,	
104	dividends, payments received on						
	securities loans, rents, royalties	4,678,840	3,149,962	3,214,367	3,990,286	5,101,874	20,135,329
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						

573,523

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.

275,990,016

19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2017. 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

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

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

3,214,367

583,382

296,676,007

3,990,286

2,893,681

360,383,352

5,101,874

1,334,883

333,171,567

15

16

17

18

Schedule A (Form 990 or 990-EZ) 2018

20,135,329

6,014,687

1,543,742,807

96 460 %

96 450 %

1 300 %

1 250 %

▶ | |

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

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

Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		
С	Add lines 10a and 10b	4,678,840	3,149,962
11	Net income from unrelated		

Section C. Computation of Public Support Percentage

Public support percentage from 2017 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2017 Schedule A, Part III, line 17

629,218

277,521,865

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))

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

Other income Do not include gain

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

check this box and stop here

11, and 12 \

12

14

15

16

17

18

20

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised 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 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

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

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

8 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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	<b>11</b> c		
S	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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> 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 <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

schedule A (	Page <b>8</b> Page <b>8</b>				
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, lines 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 Circumstances Test					
990 <b>S</b> ched	dule A, Supplemen	tal Information			
Ret	Return Reference Explanation				
SCHEDULE	A, PART III, LINE 12,	OTHER REVENUE - 2014 AMOUNT \$ 629,218 2015 AMOUNT \$ 573,523 2016 AMOUNT \$ 583,382 2017			

EXPLANATION OF OTHER AMOUNT \$ 2,893,681 2018 AMOUNT \$ 1,334,883

INCOME

**SCHEDULE C** 

## **Political Campaign and Lobbying Activities**

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

DLN: 93493318135499

(Form 990 or 990-

EZ)	,					
	Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.  Solution in Frequency Service  Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.  Solution in Frequency Service  Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.  Inspection					
			n Form 990, Part IV, Line 3, or Form nplete Parts I-A and B Do not comple		e 46 (Political Campaign <i>F</i>	Activities), then
•	Section 501(c) (other	er than section 5	01(c)(3)) organizations Complete Pai		Do not complete Part I-B	
● · If the	Section 527 organiz	ations Complet	e Part I-A only n Form 990, Part IV, Line 4, or Form	990-F7 Part VI lu	ne 47 (Lobbying Activities)	1 then
			have filed Form 5768 (election under			
			have NOT filed Form 5768 (election			
	e organization ans xy Tax) (see separ		n Form 990, Part IV, Line 5 (Proxy Ta s), then	ax) (see separate i	nstructions) or Form 990-1	EZ, Part V, line 35c
			zations Complete Part III			
	me of the organizat				Employer ident	ification number
20	OLOGICAL SOCIETY OF	SAN DIEGO			95-1648219	
Par	t I-A Complet	e if the orga	nization is exempt under secti	ion 501(c) or is	a section 527 organiz	ation.
1	Provide a descript "political campaig		nization's direct and indirect political ca	ampaign activities ir	n Part IV (see instructions fo	r definition of
2	Political campaign	activity expend	itures (see instructions)		<b>&gt;</b> \$	i
3			aign activities (see instructions)			
Par	t I-B Complet	e if the orga	nization is exempt under secti	ion 501(c)(3).		
1	Enter the amount	of any excise ta	ex incurred by the organization under	section 4955	<b>&gt;</b> \$	j
2	Enter the amount	of any excise ta	ex incurred by organization managers	under section 4955	<b>&gt;</b> \$	·
3	If the organization	n incurred a sect	cion 4955 tax, did it file Form 4720 for	this year?		🗌 Yes 🔲 No
4a	Was a correction	made?				☐ Yes ☐ No
b	If "Yes," describe				=047.770	
			nization is exempt under secti			
1			ed by the filing organization for sectio	•	·	<u> </u>
2	Enter the amount function activities		anızatıon's funds contributed to other	organizations for se	ection 527 exempt  • \$	s
3	Total exempt fund	tion expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b ► \$	5
4	Did the filing orga	ınızatıon file <b>For</b>	m 1120-POL for this year?			Yes No
5	organization made of political contrib	e payments For outions received	employer identification number (EIN) of each organization listed, enter the an that were promptly and directly delive ee (PAC) If additional space is needed	nount paid from the ered to a separate p	filing organization's funds olitical organization, such as	Also enter the amount
	<b>(a)</b> Nam	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1						cher o
2						
 3						
<del>-</del>						
_				1	1	

ь	Total lobbying expenditures to influence a legislative				
c	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures				
e	Total exempt purpose expenditures (add lines 1c and	i 1d)			
f	Lobbying nontaxable amount Enter the amount from the following table in both columns				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
				•	
g	Grassroots nontaxable amount (enter 25% of line 1f	)			
h	Subtract line 1g from line 1a If zero or less, enter -(	)-			

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

1

c

3

5

Part IV

PART II-B, LINE 1

expenditure next year?

Return Reference

Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

COMMITTEE HEARINGS

**Supplemental Information** 

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

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

(b)

Amount

(a)

No

Nο

Νo

Nο

Nο

Yes

Yes

### Nο Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Yes 107,391 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Nο Nο Other activities? Total Add lines 1c through 1i 107,391 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 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). 2a Current year b Carryover from last year 2b С 2c

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

Explanation

MEETINGS WITH LEGISLATIVE STAFF AND GOVERNMENT OFFICIALS REGARDING CONSERVATION PROGRAMS MONITORS FEDERAL, CALIFORNIA AND LOCAL LEGISLATION THAT COULD IMPACT ZOOS AND AQUARIUMS REPRESENTS SAN DIEGO ZOO GLOBAL AT FEDERAL, STATE AND LOCAL GOVERNMENT

3

4

**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. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

DLN: 93493318135499

Open to Public

Interi	nal Revenue Service	► Go to <u>www.irs.c</u>	<u>gov/Form990</u> for t	he la	ate	est information.			Inspe	ection
	me of the organ						Emp	oloyer identifica	ion nu	mber
20	OLOGICAL SOCIETY	OF SAN DIEGO					95-1	1648219		
Pa	art I Organi	zations Maintaining Donor Advi	ised Funds or Ot	her	S	imilar Funds o				
	Comple	te if the organization answered "Ye								
			(a) Donor	adv	'Ise	d funds		(b)Funds and ot	ner acco	ounts
1	Total number at	•								
2		of contributions to (during year)								
3		of grants from (during year)								
4	Aggregate value	•								
5		ation inform all donors and donor advisor property, subject to the organization's ex			sets	s held in donor ac	lvised	funds are the	□ Ye	es 🗆 No
6	Did the organiza charitable purpo private benefit?	ation inform all grantees, donors, and d oses and not for the benefit of the donor	onor advisors in writ r or donor advisor, o	ıng t r for	thai ar	t grant funds can ny other purpose	be use conferi	ed only for ring impermissible		es 🗆 Na
Pa	rt III Conser	rvation Easements. Complete if the	he organization ar	iswe	ere	d "Yes" on Forr	n 990	, Part IV, line 7		
1		onservation easements held by the orga	-							
	☐ Preservati	on of land for public use (e g , recreatio	n or education)		F	Preservation of an	histor	ically important la	nd area	ì
	Protection	of natural habitat	·		F	Preservation of a	certifie	d historic structur	e	
		on of open space							-	
2		2a through 2d if the organization held a	gualified conservation	on co	ont	ribution in the fo	rm of a	concervation		
2		e last day of the tax year	qualified Coffservation	JII CC	OH	induction in the for	1111 01 2	Held at the E	nd of tl	ne Year
а	Total number of	conservation easements					2a			
b	Total acreage re	stricted by conservation easements					2b			
С	Number of cons	ervation easements on a certified histor	ıc structure ıncluded	ın (a	a)		2c			
d		ervation easements included in (c) acqu in the National Register	ired after 7/25/06, a	and n	not	on a historic	2d			
3	Number of cons tax year ►	servation easements modified, transferro	ed, released, extingu	ııshe	؛d,	or terminated by	the or	ganızatıon durıng	the	
4	Number of state	es where property subject to conservation	on easement is locate	ed 🕨	•					
5		ızatıon have a written policy regardıng t nt of the conservation easements it hold		ng, ir	nsp	pection, handling	of viola	ations,	s F	] No
6	Staff and volunt	teer hours devoted to monitoring, inspe	cting, handling of vic	olatio	ons	, and enforcing c	onserv			
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violation	ns, a	and	enforcing conser	vation	easements during	the ye	ar
8	· —	ervation except reported on line 3/d	) above caticfy the re		ron	contract costion 1	70(h)/	4)(B)(ı)		
0	and section 170	ervation easement reported on line 2(d i/(h)(4)(B)(ii)?	above satisfy the re	=quii	. e 11	ients of section 1	70(11)(	+)(□)(1) □ <b>Y</b> e	<u>.</u> Г	] No
9	balance sheet, a	scribe how the organization reports con: and include, if applicable, the text of the n's accounting for conservation easemer	footnote to the orga					atement, and		- 110
Pa	rt IIII Organi	izations Maintaining Collections ete of the organization answered "Ye	of Art, Historica				er Si	milar Assets.		
1a	If the organizat art, historical tr	ion elected, as permitted under SFAS 1: easures, or other similar assets held for XIII, the text of the footnote to its final	16 (ASC 958), not to public exhibition, ed	repo lucat	ort	in its revenue sta n, or research in f				cs of
b	If the organizat historical treasu	ion elected, as permitted under SFAS 1: ires, or other similar assets held for pub	16 (ASC 958), to rep	ort II	ın ıt	ts revenue staten				
	_	nts relating to these items						<b>.</b> #		
	. ,	ded on Form 990, Part VIII, line 1						<b>S</b>		<del></del>
(	-	l in Form 990, Part X						<b>▶</b> \$		
2		ion received or held works of art, histor nts required to be reported under SFAS					ncıal g	ain, provide the		

Revenue included on Form 990, Part VIII, line 1

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

d Equipment . . . .

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

	edule D (Form 990) 2018					Page 2
Par	t III Organizations Maintaining	Collections of Art, His	storical Treasu	ires, or Other Sim	ilar Assets (cor	ntinued)
3	Using the organization's acquisition, accestitems (check all that apply)	ssion, and other records, c	·	llowing that are a sign	ficant use of its co	ollection
а	☑ Public exhibition		d 🗸 Loan	or exchange programs	;	
b	Scholarly research		e 🗌 Othe	r		
С	✓ Preservation for future generations					
4	Provide a description of the organization's Part XIII	s collections and explain ho	ow they further the	e organization's exemp	t purpose in	
5	During the year, did the organization solid assets to be sold to raise funds rather that				☐ Yes	☑ No
Pa	Complete if the organization a X, line 21.		ı 990, Part IV, lı	ne 9, or reported ar	ı amount on For	rm 990, Part
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other intermedia	ry for contribution	s or other assets not	☐ Yes	□ No
b	If "Yes," explain the arrangement in Part	XIII and complete the follo	owing table		Amount	
С	Beginning balance	·		1c		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			1f		
2a	Did the organization include an amount o	n Form 990, Part X, line 21	l, for escrow or cu	stodial account liability	/² □ <b>Y</b> es	□ No
b	If "Yes," explain the arrangement in Part	XIII Check here if the exp	lanation has been	provided in Part XIII	🗆	
Pa	art V Endowment Funds. Complet	e if the organization an	swered "Yes" or	n Form 990, Part IV	, line 10.	
	· ·	(a)Current year				Four years back
<b>1</b> a	Beginning of year balance	159,575,000	127,988,000	121,643,000	128,969,000	119,919,000
b	Contributions	4,813,000	15,155,000	2,886,000	965,000	7,458,000
c	Net investment earnings, gains, and losses	-9,889,000	21,293,000	8,151,000	-2,363,000	6,920,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	5,755,000	4,861,000	4,692,000	5,928,000	5,328,000
f	Administrative expenses					
g	End of year balance	148,744,000	159,575,000	127,988,000	121,643,000	128,969,000
2	Provide the estimated percentage of the o	current year end balance (I	ıne 1g, column (a	)) held as		
а	Board designated or quasi-endowment <b>&gt;</b>	47 000 %				
ь	Permanent endowment ► 53 000 %					
С	Temporarily restricted endowment ▶					
_	The percentages on lines 2a, 2b, and 2c s	should equal 100%				
3а	Are there endowment funds not in the po organization by	ssession of the organizatio	n that are held an	d administered for the		Yes No
	(i) unrelated organizations				3a(i	) Yes
	(ii) related organizations				3a(i	<u>-                                      </u>
ь 4	If "Yes" on 3a(II), are the related organization Describe in Part XIII the intended uses of	· ·			Зь	
	irt VI Land, Buildings, and Equip		nent lulius			
- (-	Complete if the organization a		990, Part IV, lı	ne 11a. See Form 9	90, Part X, line	10.
	Description of property (a) Cost of		other basis (other)	(c) Accumulated deprec		Book value
1a	Land					
b	Buildings		113,799,831	53,3	44,750	60,455,081
С	Leasehold improvements		440,461,657	256,1	69,689	184,291,968

89,591,439

15,814,787

31,860,603

15,814,787

292,422,439

57,730,836

Schedule D (Form 990) 2018				Page <b>3</b>
Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	organizati	on answe	red "Yes" on Form 990, Pa	rt IV, line 11b.
(a) Description of security or category (including name of security)		(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial derivatives          (2) Closely-held equity interests          (3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>			
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on For	m 990. Pa	art IV. line	11c. See Form 990. Part	X. line 13.
(a) Description of investment		ok value	(c) Method of v Cost or end-of-year	aluation
(1)			Cost of end-of-year	market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>			
Part IX Other Assets. Complete if the organization answered 'Y  (a) Description	es' on Forn	n 990, Part	IV, line 11d See Form 990, F	art X, line 15 <b>(b)</b> Book value
(1) SPLIT INTEREST AGREEMENTS (2) LONG TERM DEPOSITS				33,119,904 9,522,411
(3)				3,322,411
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )				42,642,315
<b>Part X Other Liabilities.</b> Complete if the organization and See Form 990, Part X, line 25.	swered 'Ye			11f.
(a) Description of liability     (1) Federal income taxes		<b>(b)</b> Boo	k value	
LIABILITY FOR PENSION BENEFITS			76,379,154	
ACCUMULATED LOSS - SWAP TRANS CHARITABLE GIFT ANNUITIES			4,297,500	
457B			7,380,533 1,288,812	
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>		89,345,999	
<ol><li>Liability for uncertain tax positions In Part XIII, provide the text of the organization's liability for uncertain tax positions under FIN 48 (ASC 740)</li></ol>				

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Reve zation answered 'Yes' on Form 990, Part IV, line 12a.	nue per Return	
1		upport per audited financial statements	. 1	
2		ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i	nvestments   2a		
b	Donated services and use of facil	ties		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b> .		3	
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) .	4b		
c	Add lines 4a and 4b	<del></del>	4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	. 5	
Par		penses per Audited Financial Statements With Expersation answered 'Yes' on Form 990, Part IV, line 12a.	enses per Return	
1	Total expenses and losses per au	dited financial statements	. 1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		
а	Donated services and use of facil	ties		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII ) $\ .$	2d		
е	Add lines 2a through 2d	<del></del>	. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .		. 3	
4	Amounts included on Form 990, I	Part IX, line 25, but not on line 1:		_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII ) $\ .$	4b		
С	Add lines 4a and 4b	<del></del>	. 4с	
5	Total expenses Add lines 3 and 4	1c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	ormation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b s 2d and 4b  Also complete this part to provide any additional info		4, Part X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			

Page **4** 

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

### **Additional Data**

Software Version: **EIN:** 95-1648219

**ENDOWMENT** 

Name: ZOOLOGICAL SOCIETY OF SAN DIEGO

Supplemental	Information

### Return Reference Explanation INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ENDOWMENT WITHDRAWALS ARE USED FOR

PART V, LINE 4 EDU CATION, CONSERVATION AND ZOOLOGICAL PROGRAMS SPECIFICALLY IDENTIFIED AS THE PURPOSE OF THE

Software ID:

Supplemental Information						
Return Reference	Explanation					
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 AMENDE D, AND THE REVENUE AND TAXATION CODE OF THE STATE OF CALIFORNIA IN ACCORDANCE WITH ACCOUN TING 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 DETER MINED 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 WIT H 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 ANTI CIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON SDZ GLOBAL'S COMB INED 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 INCO ME TAX POSITIONS AT YEAR END 2018 AND 2017 SDZ GLOBAL'S U S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEARS 2015 AND 2014, RESPECTIVELY, ARE CLOSED MANAGEMENT CONTINU ALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS MANAGEMENT IS NOT AWARE OF ANY PENDING REVIEWS OR E XAMINATIONS					

Supplemental Information					
Return Reference	Explanation				
SCHEDULE D, PART III, LINE 4	IN ACCORDANCE WITH CUSTOMARY PRACTICE AMONG ZOOLOGICAL ORGANIZATIONS, ANIMAL AND HORTICULT  URAL COLLECTIONS ARE RECORDED AT THE NOMINAL AMOUNT OF ONE DOLLAR, AS THERE IS NO OBJECTIV E BASIS FOR ESTABLISHING VALUE ADDITIONALLY, ANIMAL AND HORTICULTURAL COLLECTIONS HAVE NU MEROUS ATTRIBUTES, INCLUDING SPECIES, AGE, SEX, RELATIONSHIP AND VALUE TO OTHER ANIMALS, E NDANGERED STATUS, AND BREEDING POTENTIAL, WHEREBY IT IS IMPRACTICABLE TO ASSIGN VALUE EXP ENDITURES RELATED TO ANIMAL AND HORTICULTURAL ACQUISITIONS ARE EXPENSED IN THE PERIOD OF A CQUISITION IN AN ONGOING COMMITMENT TO ENHANCE THE WORLDWIDE REPRODUCTION AND PRESERVATIO  N 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				

(Form 990)	nt of A	Activities (	Outside the Uni	ted St	tates	OMB No 1545-0047	
			ent of Activities Outside the United S				
	ete if the organization answered "Yes" to Form 990, Part IV, line 14b, 1  Attach to Form 990.  Go to www.irs.gov/Form990 for instructions and the latest information				2010		
						Inspection	
Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO					<b>Employer iden</b> 95-1648219	tification number	
<b>General Information on Ac</b> Form 990, Part IV, line 14b.	tivities	Outside the U	Inited States. Comple	te if the	organızatıon a	nswered "Yes" to	
1 For grantmakers. Does the organizate other assistance, the grantees' eligibility to award the grants or assistance?				_		☑ Yes 🏻	
2 For grantmakers. Describe in Part V outside the United States	the orga	nization's proced	dures for monitoring the	use of its	s grants and oth	ner assistance	
<b>3</b> Activites per Region (The following Part	I, line 3 ta	able can be dupli	cated if additional space is	needed )			
office	umber of s in the gion	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of ants service(s) in region		(f) Total expenditures for and investments in region	
See Add'l Data							
Sub-total     Total from continuation sheets to     Part I	3	3				3,516, 690,	
c Totals (add lines 3a and 3b)	3	3				4,207,	

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (q) Amount (h) Description (i) Method of organization cash grant of non-cash of non-cash valuation section grant cash

Page 2

	and EIN (if applicable)		disbursement	assistance	assistance	(book, FMV, appraisal, other)
See Add'l Data						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-22 exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . Schedule F (Form 990) 2018

Schedule F (Form 990) 2018							Page <b>3</b>
Part IIII Grants and Otl				<b>ed States.</b> Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			T	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2018		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		<b>.</b>
		∐ Yes	<b>✓</b> 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)		
	Corporations (see Instructions for Form 5471)	<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>☑</b> 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)		
	(see Instructions for Point 6865)	☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	∐ Yes	<b>✓</b> No

seriedale i (i o	m 990) 2018 Page <b>5</b>
P a m	upplemental Information  ovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting lethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide my additional information (see instructions).
990 Schedu	e F, Supplemental Information
Return Reference	Explanation

990 Schedule F, Supplemental Information

Explanation

Reference	Laplatiation
PART I. LINE 3	ALL EXPENDITURES ARE REPORTED ON AN ACCRUAL BASIS AS EXPENSES ARE INCURRED AND AS GRANTS ARE

'AWARDED

#### **Additional Data**

SOUTH AMERICA

## Software ID: Software Version:

**EIN:** 95-1648219

Name: ZOOLOGICAL SOCIETY OF SAN DIEGO

779,571

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
SUB-SAHARAN AFRICA	1	2	PROGRAM SERVICES		1,254,698

1 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES 288.673 NORTH AMERICA 0 PROGRAM SERVICES 226,574

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) CENTRAL AMERICA AND THE 0 PROGRAM SERVICES 139.988 CARIBBEAN 0 PROGRAM SERVICES 78.245 SOUTH ASIA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) RUSSIA AND NEIGHBORING 0 PROGRAM SERVICE 12.032 STATES EAST ASIA AND THE PACIFIC O IGRANT MAKING 736.773

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) SUB-SAHARAN AFRICA 0 IGRANT MAKING 451,312 SOUTH ASIA O IGRANT MAKING 86,816

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) EUROPE (INCLUDING ICELAND O IGRANT MAKING 61,384 & GREENLAND) CENTRAL AMERICA AND THE O IGRANT MAKING 60,000 CARIBBEAN

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of fundraising, program region agents in services, grants to service(s) in region region recipients located in the region) NORTH AMERICA 0 IGRANT MAKING 31.421

(i) Method of (b) IRS code (h) Description (g) Amount of (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region cash non-cash (book, FMV, and EIN(ıf cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) **LEAST ASIA** IGIANT PANDA 600,000 WIRE TRANSFER IAND THE CONSERVATION PACIFIC

WIRE TRANSFER

ISUB-SAHARAN IRETETI ELEPHANT 250,000

**IAFRICA** 

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

ISANCTUARY ISUPPORT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (book, FMV. (c) Region cash non-cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SUB-SAHARAN IISHAOBINI 67,000 WIRE TRANSFER AFRICA IHTROLA ISANCTUARY LEAST ASIA AND UNIVERSITY OF 61.499 WIRE TRANSFER THE PACIFIC IMELBOURNE. IRESEARCH IGRANT

(ı) Method of l(b) IRS codel (h) Description (g) Amount of I (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) **IEUROPE JUNIVERSITY OF** 61,384 WIRE TRANSFER (INCLUDING loxford ICELAND & IRESEARCH GREENLAND) IFELLOW ISUB-SAHARAN **IWESTGATE** 50.000 WIRE TRANSFER IAFRICA COMMUNITY

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

CONSERVATORY ISUPPORT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV. cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISUB-SAHARAN BLACK RHINO 50,000 WIRE TRANSFER IAFRICA ISANCTUARY IAND RESERVE ISUPPORT 50.000 WIRE TRANSFER **ICENTRAL** BELIZE AMERICA AND LAUDUBON THE CARIBBEAN ISOCIETY JAGUAR

**IWARDENS** 

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (book, FMV. (c) Region cash non-cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISUB-SAHARAN RETICULATED 41.880 WIRE TRANSFER AFRICA GTRAFFFF CONSERVATION INITIATIVE ISOUTH ASIA 39,434 WIRE TRANSFER IDNA ANALYSIS LABORATORY FUNDING

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of l section (c) Region (book, FMV, non-cash cash and EIN(If organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA IKOALA 30,000 WIRE TRANSFER IAND THE **IECOLOGY** IPACIFIC. IGROUP RESEARCH ISUPPORT EAST ASIA SCIENCE FOR 30,000 WIRE TRANSFER AND THE **WILDLIFE** IPACIFIC. IGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (q) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (book, FMV, (c) Region cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) LEAST ASIA BEAR 21,400 WIRE TRANSFER IAND THE CONSERVATION PACIFIC ISUPPORT Isouth ANDEAN AMAZON 16,700 WIRE TRANSFER IAMERICA **IECOSYSTEM** CONSERVATION ISUPPORT

(i) Method of (g) Amount of (h) Description (b) IRS code (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 15,000 WIRE TRANSFER ISUB-SAHARAN INORTHERN AFRICA RANGELANDS ITRUST CONSERVATION SUPPORT FUROPE PENGUIN 15,000 WIRE TRANSFER (INCLUDING ICONSERVATION

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

IAND

TRANSLOCATION

GREENLAND)

ICELAND &

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (book, FMV, (c) Region non-cash cash cash grant organization and EIN(If grant non-cash disbursement assistance appraisal, applicable) assistance other) SUB-SAHARAN HORNBILL 10,000 WIRE TRANSFER IAFRICA IRESEARCH AND CONSERVATION NORTH SUPPORT OF 11.500 WIRE TRANSFER AMERICA BIOSPHERE RESERVE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (g) Amount of (h) Description i (b) IRS code (f) Manner of valuation (d) Purpose of grant (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant organization and EIN(If non-cash disbursement assistance appraisal, applicable) assistance other) **LEAST ASIA** MAINLAND QUOKKA 7.775 WIRE TRANSFER IAND THE IGENETIC PACIFIC SUPPLEMENTATION

**IPROJECT** 

DLN: 93493318135499

OMB No 1545-0047

### **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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

Name of the organization

ZOOLOGICAL SOCIETY OF SAN DIEGO

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Go to www irs gov/Form990 for instructions and the latest information

> **Employer identification number** 95-1648219

P	<b>Fundraising Activi</b> Form 990-EZ filers a	·	_			rm 990, Part IV, line 1	7.	
1	Indicate whether the organiza	ation raised funds thi	ough any	of the fo	llowing activities Check	all that apply		
а	✓ Mail solicitations			e	Solicitation of non-	government grants		
b	✓ Internet and email solicita	ations		f	Solicitation of gove	ernment grants		
c	c ✓ Phone solicitations g ✓ Special fundraising events							
d	✓ In-person solicitations							
2a b	or key employees listed in Fo	rm 990, Part VIÍ) or aid individuals or en	entity in tities (fur	connectio	n with professional fundr	aising services? 🗸 Ye	es 🗌 No er is	
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	) Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
	EPSILON L 2751	DONOR AQUISITIONS		No	1,388,036	290,973	1,097,063	
	COLUMBUS, OH 43260	DONOR						
	THE STELTER COMPANY 6715 SUNSET BLVD	STEWARDSHIP SOLICITING		No	0	23,573	-23,573	
	LOS ANGELES, CA 90028							
	MCALLISTER & QUINN 1368 N WASHINGTON AVE	CONSULTING		No	0	54,183	-54,183	
	SCRANTON PA 18509							

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

368,729

1,388,036

1,019,307

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ►						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493318135499 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number ZOOLOGICAL SOCIETY OF SAN DIEGO 95-1648219 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

## (5) (6)

(7)

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

Part IV

Return Reference Explanation

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS GRANT FUNDS ARE MONITORED THROUGH ACTIVITY REPORTS AND FINANCIAL REPORTS

SCHEDULE I, PART 1, LINE 2 SITE VISITS AND INSPECTIONS ARE MADE FOR CERTAIN ACTIVITIES WHEN APPROPRIATE

Schedule I (Form 990) 2018

#### **Additional Data**

UNIVERSITY

AQUARIUMS

PO BOX 79863

3900 LOMALAND DRIVE SAN DIEGO, CA 921062899 ASSOCIATION OF ZOOS &

BALTIMORE, MD 212790863

# Software ID: Software Version: EIN: 95-1648219

55-0526930

Name: ZOOLOGICAL SOCIETY OF SAN DIEGO

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

501 (C)(3)

Name: 20010dical 3001111 of 3aN Diego

15,000

(h) Purpose of grant

or assistance

SUMMER INTERN

2018 CONFERENCE

SPONSORSHIP

GRANT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
POINT LOMA NAZARENE	95-1644035	501 (C)(3)	22,000			

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 55-0526930 501 (C)(3) 5.380 ASSOCIATION OF ZOOS & AFRICAN PENGUIN AQUARIUMS I CONSERVATION 8403 COLESVILLE ROAD SUITE 710 SILVER SPRINGS, MD 209103314

AFRICAN PENGUIN

INEST GRANT

10,000

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

501 (C)(3)

DALLAS ZOO MANAGEMENT

DALLAS, TX 75203

650 S RL THORNTON FREEWAY

INC

27-0777846

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance R LEOPARD GRANT

ERIE ZOOLOGICAL SOCIETY	25-1114213	501 (C)(3)	6,000		AMUR
PO BOX 3268					SUPPO
ERIE, PA 16508					

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

6500 MAGAZINE STREET NEW ORLEANS, LA 70118

PORT AUDUBON NATURE INSTITUTE 51-0157624 501 (C)(3) 556,700 ANNUAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

COURSE BUY OUT

GRANT

LINCOLN PARK ZOO 2001 NORTH CLARK ST CHICAGO, IL 60614	36-2512404	501 (C)(3)	6,000		1	CONFERENCE SPONSORSHIP

20,600

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

501 (C)(3)

PORTLAND STATE UNIVERSITY

PO BOX 751 - SPA PORTLAND, OR 97207 93-0619733

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

ENDANGERED VULTURE

ELEPHANT CLUB	81-3209656	501 (C)(3)	25,000		ELEPHANT CLUB GALA
110 E AVENIDA PALIZADA 301					SUPPORT
SAN CLEMENTE CA 92672					

10,000

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

501 (C)(3)

THE PEREGRINE FUND

BOISE, ID 83709

5668 W FLYING HAWK LANE

23-1969973

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CSU FULLERTON AUXILIARY 95-2081258 501 (C)(3) 15.000 IGELADA MONKEY

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

PO BOX 790290

ST LOUIS, MO 631790290

SERVICES CORPORATION 2600 NUTWOOD AVE SUITE 250 FULLERTON, CA 92831					CONSERVATION
SAINT LOUIS ZOO ASSOCIATION	43-1727309	501 (C)(3)	30,000		GREVYS ZEBRA CONSERVATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 75-2954637 501 (C)(3) 10.000 IGUANA INTERNATIONAL IGUANA CONSERVATION

FOUNDATION 1989 COLONIAL PARKWAY FORT WORTH, TX 76110 POINT LOMA NAZARENE 95-1644035 501 (C)(3) 12.500 JAGUAR GRANT

UNIVERSITY SUPPORT 3900 LOMALAND DRIVE

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

SAN DIEGO, CA 921062899

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance WILDLIFF CONSERVATION 26-0035224 501 (C)(3) 5.000 OKAPI CONSERVATION

PESAVENTO

LABORATORY SUPPORT

WILDLII E COMBERTARION	LO COSSEE!	301 (0)(3)	3,000		1	OIGHT COMOEN
GLOBAL			ĺ			
1615 RIVERSIDE AVENUE						
JACKSONVILLE, FL 32204						

25.000

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

501 (C)(3)

94-3067788

UC REGENTS

ONE SHIELDS AVE

DAVIS, CA 95616

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

CONSERVATION

SUPPORT

RED PANDA NETWORK 494 W 10TH AVE STE 7 EUGENE, OR 97401	26-1103671	501 (C)(3)	15,000		1	RED PANDA CONSERVATION

SAHARA CONSERVATION FUND 26-0171939 501 (C)(3) 15,000 SAHARA

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

13220 N RED HILL ROAD

MARANA, AZ 85653

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance BROOKETELD 700 36-2167016 EU1 (C)(3) an non l SPECIES RISK ENT SUPPORT

3300 GOLF ROAD BROOKFIELD, IL 60513	30 210/010	301 (0)(3)	30,000		ASSESSMEN
WILDLIFE CONSERVATION	13-1740011	501 (C)(3)	10,000		SUMATRAN T

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

BRONX, NY 104601086

I TIGER CONSERVATION SOCIETY 2300 SOUTHERN BLVD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CAN DIECO NATURAL LICTORY 05-16/2275 E01 (C)(3) 126 000 ISUMMER FELLOW ORT

MUSEUM PO BOX 121390 SAN DIEGO, CA 921121390	93-1043373	301 (0)(3)	120,000		SUPPOR
LINIT/EDSITY OF CALTEODNIA	05-2872404	501 (C)(3)	12 000		THICK

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

LA JOLLA, CA 920930205

THICK-BILLED PARROT UNIVERSITY OF CALIFORNIA 90-20/2494 201 (C)(3) 13,000

SAN DIEGO SUPPORT 9500 GILMAN DRIVE 0205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

CONFERENCE SUPPORT

INTERNATIONAL ZOO EDUCATORS CONFERENCE	47-2311472	501 (C)(3)	10,000		ZOO EDUCATED

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

2000 BUNKER ROAD SAUSALITO, CA 949652619

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	8135	499
Sch	edule J	Co	mpensat	ion Information	40	IB No	1545-(	0047
(For	n 990)	For certain Office	<b>^</b>	4 (				
		► Complete if the org	anization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	<b>2</b> 0	18	5
Depar	tment of the Treasury	► Go to <u>www.irs.go</u>		n to Form 990. · instructions and the latest infori	mation.	pen i	o Pul	blic
	nl Revenue Service				Employer identificat		ectio	
	ne of the organiza DLOGICAL SOCIETY (					ion nu	ımber	
Da	rt I Questi	ons Regarding Compensat	ion		95-1648219			
Га	Questi	ons Regarding Compensat	.1011				Yes	No
1a				f the following to or for a person liste by relevant information regarding the				
		s or charter travel	$\overline{\checkmark}$	Housing allowance or residence for	personal use			
	_	companions	닏	Payments for business use of perso				
		nification and gross-up payments	; <u> </u>	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	- 1-2	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked in line	e lar			
3				ed to establish the compensation of t	he			
	_	•	11,	not check any boxes for methods CEO/Executive Director, but explain	ın Part III			
	☑ Compens	ation committee	П	Written employment contract				
	_ '	ent compensation consultant	<b>☑</b>	Compensation survey or study				
		of other organizations	<b>✓</b>	Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	_	ance payment or change-of-cont	rol navment?			4a		No
b		r receive payment from, a supple		lified retirement plan?		4b		No
c	•	r receive payment from, an equil	•	•		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Par	t III			
	Only E01(a)(2	), 501(c)(4), and 501(c)(29)	organizations	must complete lines E-0				
5			_	the organization pay or accrue any				
		ontingent on the revenues of						
а	The organization	n?				5a		No
b	Any related orga					5b		No
	·	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	n?				6a		No
b	Any related orga					6b		No
_	·	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe irt III	a	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follov	v the rebuttable	presumption procedure described in	Regulations section	9		110
For F	Paperwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	990)	2018

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	Base (ii) (iii) Other reportable compensation		deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-				+		-	
1							

Page 5							
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, LINE 1A	THE CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER RECEIVED FUNDS FOR COMPANION TRAVEL AND/OR HOUSING/RELOCATION THESE AMOUNTS						

WERE REPORTED AS TAXABLE INCOME ON THEIR W-2 AT THE END OF THE YEAR

Schedule 1 (Form 990) 2018

Return Reference	Explanation
	THE SOCIETY MAINTAINS AN ANNUAL INCENTIVE PLAN THE INCENTIVE IS CALCULATED AS A PERCENTAGE OF EACH PARTICIPATING EMPLOYEE'S ANNUAL SALARY THE PERCENTAGE IS BASED ON THE SOCIETY'S ACHIEVEMENT OF SPECIFIED GOALS EACH PARTICIPANT EMPLOYEE'S INCENTIVE PERCENTAGE IS ADJUSTED FURTHER, BASED ON ANNUAL PERFORMANCE REVIEW SCORES

Return Reference	Explanation
	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

(11)

(1)

(II)

(i)

(II)

(i)

(II)

(i)

(II)

(i)

281,879

252,733

234,455

209,581

135,820

190,069

198,525

184,241

178,202

171,938

## ionai i

SHAWN DIXON

DWIGHT SCOTT

LISA PETERSON

MARK STUART

OFFICER

**OFFICER** 

OFFICER
ROBERT WIESE

OFFICER

TED MOLTER

WENDY BULGER

GENERAL COUNSEL

DIR-SAN DIEGO ZOO

CHIEF DEVELOPMENT

ROBERT MCCLURE

ALLISON ALBERTS

ROBERT SPOONER

CHIEF LIFE SCIENCES

CORP DIR OF MARKETING

CHIEF CONSERVATION

CHIEF HUMAN RESOURCES

DIR-SD ZOO SAFARI PARK

DIR-SD ZOO SAFARI PARK

CHIEF OPERATING OFFICER

Software Version:

Software ID:

**EIN:** 95-1648219

Name: ZOOLOGICAL SOCIETY OF SAN DIEGO

Form 990	, Schedule J	, Part II - Office	rs, Directors	, Trustees, Ke	y Employ	ees, and	<b>Highest Com</b>	pensate	d Employees	
						<u> </u>	<u> </u>			

103,085

50,159

11,800

48,938

52,799

42,678

25,667

41,101

36,684

34,268

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D</b> ) 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	
DOUGLAS MYERS PRESIDENT/CEO	(E)	573,062	292,084	68,122	159,300	12,493	1,105,061	0	
	(11)	0	0	0	0	0	0	0	
PAULA BROCK CHIEF FINANCIAL OFFICER	(I)	338,965	122,406	55,634	49,067	2,689	568,761	0	
								,	

24,046

48,119

15,087

56,934

27,346

26,971

25,982

36,677

37,641

28,992

12,589

32,222

8,25

5,710

109,911

-12,980

18,909

21,554

-23,720

-24,458

4,975

4,528

4,649

1,336

7,771

14,432

2,665

4,463

5,357

426,574

387,761

274,242

322,499

333,647

261,170

271,748

288,036

234,164

210,740

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	hedule K	Sur	nnlemental	Information o	n Tav₋F	vemr	st R	onde				OMB N	o 1545	5-0047		
(F	orm 990)		•	swered "Yes" to Form					criptions,			2.	01	R		
		•		s, and any additional	information				•							
	artment of the Treasury rnal Revenue Service		▶Go to www.	► Attach to Form 990 irs.gov/Form990 for		nformati	ion.						n to Pu spectio			
Nam	ne of the organization	•								Emplo	yer ıden	tification				
200	OLOGICAL SOCIETY OF SAN DIEG	0								95-16	48219					
Pa	art I Bond Issues									•						
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice	(f	) Descripti	on of purpose	(g) De	efeased	(h) (			Pool	
												behalf of fir		Tinar	nancing	
										Yes	No	Yes	No	Yes	No	
Α	CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466		10-01-2012	40,1	65,000	SEE PA	ART VI			X		Х		×	
	FINANCE AUTHORITI															
Pä	Proceeds															
						4		E	3		;			D	-	
_1_	Amount of bonds retired					7,400,	000									
	Amount of bonds legally defeas															
	Total proceeds of issue					40,165,	000									
4	Gross proceeds in reserve fund															
	Capitalized interest from proce															
<u>6</u>	Proceeds in refunding escrows															
<u>7</u>	Issuance costs from proceeds															
8	Credit enhancement from proc															
9	Working capital expenditures f	•														
10	Capital expenditures from proc Other spent proceeds														-	
11	Other unspent proceeds					40,165,	000									
12	Year of substantial completion				20	.13										
13	real of substantial completion			• •	Yes	12 <b>No</b>	_	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part	of a current refunding	ıssue <sup>?</sup>		X	140		163	NO	163	140		163		<u> </u>	
15	Were the bonds issued as part	of an advance refundi	ng issue?			Х										
16	Has the final allocation of proc	eeds been made?			X											
17	Does the organization maintain proceeds?				×											
Pa	art Ⅲ Private Business U											'			-	
					,	4		E	3	C	}			D		
	344 11				Yes	No		Yes	No	Yes	No		Yes		No	
1 —	Was the organization a partner financed by tax-exempt bonds	?				Х										
2	Are there any lease arrangeme property?			e of bond-financed		х										
For	Panerwork Peduction Act Not			<b>.</b>	Cal	· No 501	103E		<u> </u>			chedule	K (For	m 000	1) 2019	

6

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2018

No

Yes

C D Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Χ 

Х

Χ

Χ

Yes

В

No

C

No

Yes

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d

Α

No

Χ

Χ

Χ

3000 0000000000 %

Χ

Χ

Yes

Χ

Х

Х

BANK OF AMERICA

counsel to review any research agreements relating to the financed property?

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

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

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Page 3

No

Nο

D

Yes

Yes

В

Nο

Explanation

No

Yes

Yes

No

No

Yes

No

Yes

No

Χ

Х

Χ

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

REFINANCING OF ABAG BONDS WHICH WERE ISSUED ON 6/30/2004

Yes

Schedule K (Form 990) 2018

(GIC)?

period?

Part V

Part VI

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

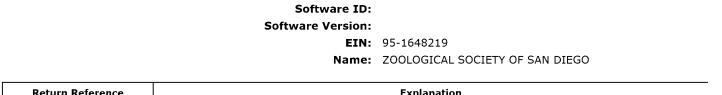
Return Reference

PART I, LINE A, COLUMN F

DESCRIPTION OF PURPOSE

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

#### **Additional Data**



#### Return Reference Explanation

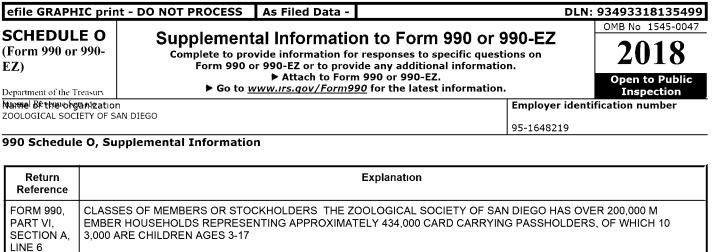
PART I, LINE A, COLUMN F REFINANCING OF ABAG BONDS WHICH WERE ISSUED ON 6/30/2004

DESCRIPTION OF PURPOSE

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318135499 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** ZOOLOGICAL SOCIETY OF SAN DIEGO 95-1648219 **Types of Property** (b) (c) (d) (a) Check if Number of contributions or Method of determining Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . . Χ 31 22,870 FAIR MARKET VALUE Cars and other vehicles Boats and planes . . Intellectual property . . Χ 66 8,664,469 STOCK PRICE Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . 15 Real estate—Residential . Х 513,000 REAL ESTATE APPRAISAL Real estate—Commercial . Х 17 Real estate—Other . . 3,802,185 REAL ESTATE APPRAISAL Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( Χ 145,672 FAIR MARKET VALUE AUCTION ITEMS ) 26 Other ▶ ( \_\_\_\_\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions 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 Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a 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 Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page <b>2</b>
	non required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part lumber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
	THE NUMBER OF NON-CASH CONTRIBUTIONS ARE REPORTED AS A COMBINATION OF THE NUMBER OF ITEMS RECEIVED AND THE NUMBER OF CONTRIBUTIONS
	SAN DIEGO ZOO GLOBAL HAS AN ARRANGEMENT 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) (2018)



Return

Deference

Reference	
FORM 990,	NATURE OF VOTING RIGHTS MEMBERS MAY NOMINATE TRUSTEES TO SUCCEED TRUSTEES WHOSE TERMS OF
PART VI,	OFFICE ARE EXPIRING, IN ACCORDANCE WITH THE TERMS OF ARTICLE VI, SECTION 4(B) OF THE BYLAW
SECTION A,	S IF MORE NOMINATIONS ARE RECEIVED THAN THE NUMBER OF TRUSTEES TO BE ELECTED, THEN THE TR
LINE 7A	USTEES WILL BE ELECTED BY WRITTEN BALLOT BY MEMBERS, IN ACCORDANCE AND CONDITIONS OF ARTIC
	LE VI, SECTION 3(B) OF THE BYLAWS

Explanation

Return Explanation

FORM 990, CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL AND THE TYPE OF VOTING RIGHTS ANY ADOPTI ON, AMENDMENT OR REPEAL OF THE BYLAWS BY THE BOARD OF TRUSTEES WHICH WOULD MATERIALLY AND SECTION A, 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
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW THE FORM 990 A DRAFT OF THE FO RM 990 AND ALL REQUIRED SCHEDULES IS DISTRIBUTED ELECTRONICALLY TO OUR GENERAL COUNSEL, CH IEF HUMAN RESOURCES OFFICER, CHIEF DEVELOPMENT OFFICER AND THE OFFICERS OF THE ORGANIZATIO N 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 COMMITT EE AND TO THE BOARD OF TRUSTEES THE 990 IS PRESENTED TO AND REVIEWED BY THE AUDIT COMMITT EE PRIOR TO BEING FILED WITH THE I R S

Return Explanation

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 FOR
M ANNUALLY THE HUMAN RESOURCES DIRECTOR AND GENERAL COUNSEL FOLLOW UP ON ANY ISSUES REVEA
LED ON THE DISCLOSURE FORM IN ADDITION, THEY FOLLOW UP ON ISSUES THAT MAY ARISE THROUGHOU
T THE YEAR IF A CONFLICT EXISTS, APPROPRIATE ACTION IS TAKEN, SUCH AS PROHIBITING PARTICI
PATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION

Return Explanation
Reference

FORM 990,	PROCESS FOR DETERMINING COMPENSATION OF OFFICERS, EXECUTIVES AND KEY EMPLOYEES THE COMPEN
PART VI,	SATION PACKAGES FOR OFFICERS AND OTHER EXECUTIVE TEAM MEMBERS ARE PERIODICALLY REVIEWED AN
SECTION B,	D APPROVED BY A COMPENSATION COMMITTEE CHARTERED BY THE BOARD OF TRUSTEES THE COMPENSATIO
LINE 15	N COMMITTEE PERIODICALLY ENGAGES AN INDEPENDENT FIRM TO PERFORM SALARY ANALYSIS FOR COMPAR
	ABLE POSITIONS TO ENSURE COMPENSATION PACKAGES ARE COMPETITIVE INCREASES IN 2018 FOLLOWED
	A STANDARDIZED POLICY THAT IS APPLIED TO ALL MONLINION EMPLOYEES

Return Explanation
Reference

ľ	FORM 990,	AVAILABILITY OF GOVERNING DOCS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO TH
l	PART VI,	E GENERAL PUBLIC BYLAWS, ARTICLES OF INCORPORATION, THE CONFLICT OF INTEREST POLICY AND A
	SECTION C,	UDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE AUDITED FINANCIAL STATEMENTS A
l	LINE 19	ND FORM 990 ARE ALSO AVAILABLE ON THE ZOOLOGICAL SOCIETY'S WEBSITE

Return Explanation

Reference	
FORM 990,	PENSION RELATED CHANGES INCLUDED IN OTHER CHANGES 9,288,673 CHANGE IN VALUE OF SPLIT INTE
PART XI.	REST -3.459.782 UNREALIZED GAIN ON SWAP TRANSACTION 1.035.021

LINE 9

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318135499 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

**Employer identification number** 

Inspection

ZOOLOGICAL SOCIETY OF SAN DIEGO							95-1	648219				
Part I Identification of Disregarded Entities Comp	lete if the organi	zation answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
(a) Name, address, and EIN (If applicable) of disregarded entity		(b) Primary ad	ctivity	(c Legal domic or foreign	) cile (state country)	(d) Total inco	ome	<b>(e)</b> End-of-year a	ssets	<b>(f</b> Direct co ent	) ntrolling ity	
Part II Identification of Related Tax-Exempt Organi related tax-exempt organizations during the tax		te if the orga	anızatıon	answered '	'Yes" on F	orm 990,	Part I\	/, line 34 be	cause	ıt had one or	more	
(a) Name, address, and EIN of related organization		(b) ary activity	Legal do	(c) micile (state gn country)	Exempt Co	) de section	Public ( (if secti	(e) charity status on 501(c)(3))	Dii	(f) rect controlling entity	Section (13) coi enti	ntrolled ty?
(1)FNDTN OF ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO, CA 92122	SUPPORTIN	G		CA	501(C)(3)		12A		ZSSD		Yes	No
20-8456251  (2)SAN DIEGO ZOO GLOBAL - PERU AVENIDA PERU F-10 URBANIZACION QUISPICANCHIS CUSCO PE	SUPPORTIN	G		PE	N/A		N/A		ZSSD		Yes	
For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		٦	it No 50135	5Y				Sche	edule R (Form	990) 20	18

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	Legal domicile of (state or foreign	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded fron tax under sections 512- 514)	total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	managin partner		<b>(k</b> Percer owner	ntag
					314)			Yes	No		Yes	No			
														_	
Identification of Related Organiza because it had one or more related o	ations Taxable as a C	Corporation s a corporation	or Trus	<b>t</b> Complete st during th	ıf the organ ne tax year.	ızatıon ansı	wered "Yes	" on Fo	orm 9!	90, Part IV	, line	34			
Identification of Related Organization because it had one or more related of Name, address, and EIN of related organization	ations Taxable as a C rganizations treated as (b) Primary activity	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e)	wered "Yes  (f) Share of total Income	Share	(g) of end- year assets	-of- Perce	, line h) entage	s (:	(I) ection 5 13) cont entity	512 trol y?	
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol	
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?	
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?	
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?	
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	tro y?	

Schedule R (Form 990) 2018		Pa	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	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)	<b>1</b> g		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
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
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
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
a Reimbursement hald by related organization(s) for expenses	1a		No

j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
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	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
0	Sharing of paid employees with related organization(s)	10	No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	No
r	Other 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 complete this line, including covered relationships and transaction thresholds		
	(a) Name of related organization  (b) Transaction Transaction type (a-s)  (c) Amount involved Method of determining	amount invo	lved
<b>(1)</b> SA	N DIEGO ZOO GLOBAL PERU B 536,000 FMV		

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Forn	1 99	0) 2018

