

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

2019

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

ZOOLOGICAL SOCIETY OF SAN DIEGO

95-1648219

Name and title of officer

DAVID PAGE

INTERIM CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	422,092,199.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize COHNREZNICK LLP to enter my PIN 48219
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

12345695814

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature COHNREZNICK LLP Date 10/12/20

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: ZOOLOGICAL SOCIETY OF SAN DIEGO
Doing business as SAN DIEGO ZOO GLOBAL
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: POST OFFICE BOX 120551
City or town, state or province, country, and ZIP or foreign postal code: SAN DIEGO, CA 92112-0551
D Employer identification number: 95-1648219
E Telephone number: 619-231-1515
G Gross receipts \$: 470,734,759.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW.SANDIEGOZOO.ORG
K Form of organization: Corporation
L Year of formation: 1916
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer DAVID PAGE, INTERIM CFO
Date
Paid: Print/Type preparer's name LISA M. CUMMINGS, Preparer's signature LISA M. CUMMINGS, Date 10/12/20, Check if self-employed, PTIN P00043433
Preparer Use Only: Firm's name COHNREZNICK LLP, Firm's EIN 22-1478099, Firm's address 400 CAPITOL MALL, SUITE 1200, SACRAMENTO, CA 95814-4424, Phone no. 916-442-9100

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SAN DIEGO ZOO GLOBAL IS COMMITTED TO SAVING SPECIES WORLDWIDE BY UNITING OUR EXPERTISE IN ANIMAL CARE AND CONSERVATION SCIENCE WITH OUR DEDICATION TO INSPIRING PASSION FOR NATURE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 223,122,902. including grants of \$) (Revenue \$ 239,176,449.) ZOOLOGICAL HABITAT AND WILDLIFE CARE: SAN DIEGO ZOO GLOBAL IS ACCREDITED BY THE ASSOCIATION OF ZOOS AND AQUARIUMS AND THE AMERICAN ASSOCIATION OF MUSEUMS AS A BOTANICAL GARDEN. THE FACILITIES CARE FOR CRITICALLY ENDANGERED PLANTS AND ANIMALS. THE SAN DIEGO ZOO IS GLOBALLY RECOGNIZED AND A SAN DIEGO ICON, HOSTING CLOSE TO FOUR MILLION GUESTS EACH YEAR. A HOME TO MORE THAN 3,700 ANIMALS REPRESENTING MORE THAN 700 RARE AND ENDANGERED SPECIES WITH MORE THAN 700,000 PLANTS OF MORE THAN 600 SPECIES AND SUBSPECIES. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 28,503,387. including grants of \$ 2,523,194.) (Revenue \$) RESEARCH AND CONSERVATION: SAN DIEGO ZOO GLOBAL REPRESENTS MORE THAN A CENTURY OF WORK ON BEHALF OF WILDLIFE. AT THE SAN DIEGO ZOO, SAN DIEGO ZOO SAFARI PARK, AND THE INSTITUTE FOR CONSERVATION RESEARCH, WE HAVE HONED OUR SKILLS IN ANIMAL AND PLANT CARE, VETERINARY MEDICINE, AND MULTIDISCIPLINARY SCIENCE. EXPERIENCED IN REINTRODUCING SUSTAINABLE POPULATIONS OF ENDANGERED SPECIES BACK INTO THEIR NATIVE HABITATS, WE HONOR OUR EXTRAORDINARY HISTORY WITH A CALLING TO CONSERVE THE NATURAL WORLD. OUR FIELD PROGRAMS HELP PROVIDE A FUTURE FOR MORE THAN 100 RARE AND ENDANGERED SPECIES ON 6 CONTINENTS. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 8,562,608. including grants of \$) (Revenue \$ 5,999,372.) EDUCATION AND OUTREACH: 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 60,000 GUESTS ARE REACHED THROUGH SLEEPOVERS, CAMP PROGRAMS, ART & PHOTOGRAPHY CLASSES, TEAM BUILDING PROGRAMS & SCAVENGER HUNTS AND SPECIAL TOURS. OUTREACH AND OFFSITE PROGRAMS SUCH AS SDZ KID'S TV FOR CHILDREN'S HOSPITALS AND THE ANIMAL AMBASSADORS PROGRAM. EACH YEAR SDZG'S ANIMAL AMBASSADORS VISIT MORE THAN FIFTY SAN DIEGO COUNTY HOSPITALS, SENIOR CENTERS, CHILD CARE FACILITIES AND ORGANIZATIONS SERVING THOSE WITH DEVELOPMENTAL DIFFICULTIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 260,188,897.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (11), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, HI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DAVID PAGE - 619-231-1515 2920 ZOO DRIVE, SAN DIEGO, CA 92101

Part VII 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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLIFFORD HAGUE TRUSTEE	5.00	X					0.	0.	0.	
(2) JUDITH WHEATLEY TRUSTEE	5.00	X					0.	0.	0.	
(3) KATHLEEN CAIN CARRITHERS TRUSTEE	5.00	X					0.	0.	0.	
(4) ROBERT HORSMAN TRUSTEE	5.00	X					0.	0.	0.	
(5) ROLF BENIRSCHKE TRUSTEE	5.00	X					0.	0.	0.	
(6) RYAN SULLIVAN TRUSTEE	5.00	X					0.	0.	0.	
(7) STEVEN SIMPSON TRUSTEE	5.00	X					0.	0.	0.	
(8) DOUGLAS MYERS PRESIDENT/CEO	50.00			X			977,859.	0.	378,309.	
(9) JAVADE CHAUDHRI BOARD VICE CHAIRMAN	10.00			X			0.	0.	0.	
(10) LINDA LOWENSTINE BOARD SECRETARY	10.00			X			0.	0.	0.	
(11) PAUL BARIBAULT PRESIDENT/CEO	50.00			X			392,160.	0.	23,439.	
(12) PAULA BROCK CHIEF FINANCIAL OFFICER	50.00			X			536,398.	0.	185,357.	
(13) RYAN SULLIVAN BOARD TREASURER	10.00			X			0.	0.	0.	
(14) SHAWN DIXON CHIEF OPERATING OFFICER	50.00			X			423,178.	0.	40,553.	
(15) STEVEN TAPPAN BOARD CHAIRMAN	12.00			X			0.	0.	0.	
(16) DWIGHT SCOTT DIR-SAN DIEGO ZOO	50.00				X		361,418.	0.	46,941.	
(17) LISA PETERSON DIR-SD ZOO SAFARI PARK	50.00				X		304,311.	0.	19,823.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK STUART CHIEF DEVELOPMENT OFFICER	50.00				X			239,443.	0.	148,440.
(19) ALLISON ALBERTS CHIEF CONSERVATION OFFICER	50.00					X		269,145.	0.	267,298.
(20) DHEVSIVANAND GOVENDER CHIEF TECHNOLOGY OFFICER	50.00					X		322,871.	0.	13,673.
(21) ROBERT SPOONER CHIEF HUMAN RESOURCES OFFI	50.00					X		317,746.	0.	10,984.
(22) ROBERT WIESE CHIEF LIFE SCIENCES OFFICE	50.00					X		274,058.	0.	136,843.
(23) TED MOLTER CHIEF MARKETING OFFICER	50.00					X		253,757.	0.	167,880.
1b Subtotal								4,672,344.	0.	1,439,540.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,672,344.	0.	1,439,540.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 116

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SCOTT FENCE 1255 DISTRIBUTION WAY, VISTA, CA 92081	GENERAL CONTRACTOR	868,040.
TATRO AND LOPEZ LLP, 12760 HIGH BLUFF DRIVE SUITE 240, SAN DIEGO, CA 92130	LEGAL SERVICES	732,040.
ARIMAW PRODUCTIONS 71 COLUMBIA 6TH FL, SEATTLE, WA 98104	ENTERTAINMENT	659,033.
NTHC LLC DBA NESTLE TOLL HOUSE CAFE BY CHIP 130 N AVENIDA MALAGA, ANAHEIM HILLS, CA 928	CONSESSIONS	531,119.
PAUL WOODS CONSTRUCTION, 32696 COLE GRADE RD, VALLEY CENTER, CA 92082	GENERAL CONTRACTOR	497,004.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	3,458,704.				
	c Fundraising events	1c	1,493,630.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	19,613,399.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	133,293,731.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,332,576.				
	h Total. Add lines 1a-1f		157,859,464.				
Program Service Revenue	2 a ANIMAL CARE/EXHIBIT-2 FACILITIES	Business Code	900099	226,030,004.	225,906,500.	123,504.	
	b EDUCATION PROGRAMS & ACTIVITIES		611710	5,999,372.	5,999,372.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		232,029,376.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,756,341.		5,756,341.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			557,439.		557,439.	
	6 a Gross rents	6a	(i) Real	244,575.			
			(ii) Personal				
	b Less: rental expenses ...	6b		0.			
	c Rental income or (loss)	6c		244,575.			
	d Net rental income or (loss)			244,575.		244,575.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	41,634,000.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		35,970,764.			
	c Gain or (loss)	7c		5,663,236.			
d Net gain or (loss)			5,663,236.		5,663,236.		
8 a Gross income from fundraising events (not including \$ 1,493,630. of contributions reported on line 1c). See Part IV, line 18	8a		796,394.				
			848,227.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-51,833.		-51,833.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		30,653,474.				
			11,823,569.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			18,829,905.	12,100,074.	6,729,831.		
Miscellaneous Revenue	11 a ONLINE TRAINING	Business Code	900099	374,698.	374,698.		
	b FACILITY USE		900099	201,811.	201,811.		
	c LAB SERVICES		900099	194,393.	194,393.		
	d All other revenue		900099	432,794.	398,973.	33,821.	
	e Total. Add lines 11a-11d			1,203,696.			
12 Total revenue. See instructions			422,092,199.	245,175,821.	6,887,156.	12,169,758.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any 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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,246,256.	1,246,256.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,276,938.	1,276,938.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,553,014.	788,597.	2,634,250.	130,167.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	104,929,977.	93,787,812.	7,782,251.	3,359,914.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,624,489.	9,469,116.	799,880.	355,493.
9 Other employee benefits	37,346,020.	34,031,085.	2,322,487.	992,448.
10 Payroll taxes	8,845,672.	7,910,380.	661,745.	273,547.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,270,154.	2,393.	2,264,028.	3,733.
c Accounting	750,904.		750,904.	
d Lobbying	53,734.		53,734.	
e Professional fundraising services. See Part IV, line 17	209,137.			209,137.
f Investment management fees	417,534.		417,534.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,918,645.	2,655,970.	191,416.	71,259.
12 Advertising and promotion	10,942,639.	10,298,633.	68,683.	575,323.
13 Office expenses	4,203,738.	2,528,354.	793,162.	882,222.
14 Information technology	3,547,970.	1,493,300.	1,857,267.	197,403.
15 Royalties				
16 Occupancy	12,358,014.	11,060,802.	1,245,039.	52,173.
17 Travel	2,700,935.	2,169,108.	422,957.	108,870.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,623,468.	940,384.	324,816.	358,268.
20 Interest	1,766,935.		1,766,935.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,427,321.	29,983,323.	2,430,615.	13,383.
23 Insurance	5,093,168.	2,065,648.	2,990,816.	36,704.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OPERATING SUPPLIES	17,338,806.	16,189,993.	988,790.	160,023.
b CONSULTANTS AND SERVICE	13,308,913.	9,930,033.	2,810,561.	568,319.
c COST OF GOODS SOLD	11,304,837.	11,304,837.		
d FORAGE	4,268,807.	4,268,686.	121.	
e All other expenses	8,188,436.	6,787,249.	315,906.	1,085,281.
25 Total functional expenses. Add lines 1 through 24e	303,516,461.	260,188,897.	33,893,897.	9,433,667.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	374,892.	1	392,141.
	2 Savings and temporary cash investments	169,516,158.	2	215,938,041.
	3 Pledges and grants receivable, net	34,988,697.	3	79,634,873.
	4 Accounts receivable, net	10,494,928.	4	12,429,726.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,300,683.	8	2,731,458.
	9 Prepaid expenses and deferred charges	2,335,124.	9	3,047,846.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 695,598,193.		
	b Less: accumulated depreciation	10b 391,183,105.	292,422,439.	10c 304,415,088.
	11 Investments - publicly traded securities	112,553,823.	11	132,631,000.
	12 Investments - other securities. See Part IV, line 11	30,400,000.	12	36,120,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	42,642,315.	15	51,198,433.
16 Total assets. Add lines 1 through 15 (must equal line 33)	698,029,059.	16	838,538,606.	
Liabilities	17 Accounts payable and accrued expenses	45,364,617.	17	49,631,334.
	18 Grants payable		18	
	19 Deferred revenue	18,687,633.	19	22,174,355.
	20 Tax-exempt bond liabilities	32,765,000.	20	31,312,760.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	11,563,885.	24	9,707,346.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	89,345,999.	25	96,255,190.
	26 Total liabilities. Add lines 17 through 25	197,727,134.	26	209,080,985.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	321,072,305.	27	384,187,115.
	28 Net assets with donor restrictions	179,229,620.	28	245,270,506.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	500,301,925.	32	629,457,621.
33 Total liabilities and net assets/fund balances	698,029,059.	33	838,538,606.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	422,092,199.
2	Total expenses (must equal Part IX, column (A), line 25)	2	303,516,461.
3	Revenue less expenses. Subtract line 2 from line 1	3	118,575,738.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	500,301,925.
5	Net unrealized gains (losses) on investments	5	21,623,123.
6	Donated services and use of facilities	6	25,000.
7	Investment expenses	7	
8	Prior period adjustments	8	-3,768,559.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-7,299,606.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	629,457,621.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
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 on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO	Employer identification number 95-1648219
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66,153,350.	69,750,492.	120,885,321.	100,704,856.	142,976,418.	500,470,437.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	153,651,825.	166,503,883.	174,287,859.	162,126,127.	197,404,662.	853,974,356.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	40,985,048.	44,567,918.	44,867,848.	50,812,290.	50,144,636.	231,377,740.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	11,476,308.	12,055,965.	13,458,357.	13,091,537.	14,883,045.	64,965,212.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	272,266,531.	292,878,258.	353,499,385.	326,734,810.	405,408,761.	1650787745.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,291,447.	479,046.	24,686,063.	1,859,075.	38,154,496.	66,470,127.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	1,291,447.	479,046.	24,686,063.	1,859,075.	38,154,496.	66,470,127.
8 Public support. (Subtract line 7c from line 6.)						1584317618.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	272,266,531.	292,878,258.	353,499,385.	326,734,810.	405,408,761.	1650787745.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,149,962.	3,214,367.	3,990,286.	5,101,874.	6,558,355.	22,014,844.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,149,962.	3,214,367.	3,990,286.	5,101,874.	6,558,355.	22,014,844.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	573,523.	583,382.	2,893,681.	1,334,883.	1,865,818.	7,251,287.
13 Total support. (Add lines 9, 10c, 11, and 12.)	275,990,016.	296,676,007.	360,383,352.	333,171,567.	413,832,934.	1680053876.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	94.30 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	96.46 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	1.31 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	1.30 %

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2015 AMOUNT: \$ 573,523.

2016 AMOUNT: \$ 583,382.

2017 AMOUNT: \$ 2,893,681.

2018 AMOUNT: \$ 1,334,883.

2019 AMOUNT: \$ 1,865,818.

Schedule A

**Payments from Disqualified Persons
Included on Part III, Line 7a**

2019

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
TOTAL	1,291,447.	479,046.	24,686,063.	1,859,075.	38,154,496.
Total to Schedule A, Part III, Line 7a	1,291,447.	479,046.	24,686,063.	1,859,075.	38,154,496.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

ZOOLOGICAL SOCIETY OF SAN DIEGO

Employer identification number

95-1648219

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 37,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 28,955,451.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 14,883,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 10,196,793.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 9,281,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 3,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 28,955,451.	12/31/19
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____

Name of organization ZOOLOGICAL SOCIETY OF SAN DIEGO	Employer identification number 95-1648219
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">ZOOLOGICAL SOCIETY OF SAN DIEGO</p>	Employer identification number <p style="text-align: center;">95-1648219</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(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-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.			
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 -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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 beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		186,161.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			186,161.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	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 campaign activity expenditures from the prior year?	3	

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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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 COMMITTEE HEARINGS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	148,744,000.	159,575,000.	127,988,000.	121,643,000.	128,969,000.
b Contributions	4,420,000.	4,813,000.	15,155,000.	2,886,000.	965,000.
c Net investment earnings, gains, and losses	27,434,000.	-9,889,000.	21,293,000.	8,151,000.	-2,363,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,166,000.	5,755,000.	4,861,000.	4,692,000.	5,928,000.
f Administrative expenses					
g End of year balance	174,432,000.	148,744,000.	159,575,000.	127,988,000.	121,643,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 45.00 %
 - b Permanent endowment 55.00 %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		119,987,238.	57,542,128.	62,445,110.
c Leasehold improvements		438,887,738.	275,154,182.	163,733,556.
d Equipment		96,687,769.	58,486,795.	38,200,974.
e Other		40,035,448.		40,035,448.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				304,415,088.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SPLIT INTEREST AGREEMENTS	44,479,486.
(2) LONG TERM DEPOSITS	6,718,947.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	51,198,433.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY FOR PENSION BENEFITS	74,752,190.
(3) ACCUMULATED LOSS - SWAP TRANS	5,398,280.
(4) SPLIT INTEREST AGREEMENTS	14,511,148.
(5) 457B	1,593,572.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	96,255,190.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART III, LINE 1A:

IN ACCORDANCE WITH CUSTOMARY PRACTICE AMONG ZOOLOGICAL ORGANIZATIONS,

ANIMAL AND HORTICULTURAL COLLECTIONS ARE RECORDED AT THE NOMINAL AMOUNT OF

ONE DOLLAR, AS THERE IS NO OBJECTIVE BASIS FOR ESTABLISHING VALUE.

ADDITIONALLY, ANIMAL AND HORTICULTURAL COLLECTIONS HAVE NUMEROUS

ATTRIBUTES, INCLUDING SPECIES, AGE, SEX, ENDANGERED STATUS, AND BREEDING

POTENTIAL, WHEREBY IT IS IMPRACTICABLE TO ASSIGN VALUE. COSTS RELATED TO

ANIMAL AND HORTICULTURAL ACQUISITIONS ARE EXPENSED IN THE PERIOD OF

ACQUISITION. IN AN ONGOING COMMITMENT TO ENHANCE THE WORLDWIDE

REPRODUCTION AND PRESERVATION OF ANIMALS, SDZ GLOBAL SHARES ANIMALS WITH

OTHER ORGANIZATIONS. CONSISTENT WITH INDUSTRY PRACTICE, SDZ GLOBAL DOES

NOT RECORD ANY ASSET OR LIABILITY FOR SUCH SHARING ARRANGEMENTS.

Part XIII Supplemental Information (continued)

PART V, LINE 4:

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS: ENDOWMENT WITHDRAWALS
ARE USED FOR ZOOLOGICAL HABITAT AND WILDLIFE CARE, RESEARCH AND
CONSERVATION, AND EDUCATION AND OUTREACH ACTIVITIES SPECIFICALLY
IDENTIFIED AS THE PURPOSE OF THE ENDOWMENT.

PART X, LINE 2:

SDZ GLOBAL, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, IS EXEMPT
FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE OF 1954, AS AMENDED, AND THE REVENUE AND TAXATION
CODE OF THE STATE OF CALIFORNIA. IN ACCORDANCE WITH ACCOUNTING STANDARDS
FOR INCOME TAXES, INCOME TAX BENEFITS AND/OR LIABILITIES ARE RECOGNIZED
FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN,
ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL
MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES.
SDZ GLOBAL HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE
INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD, SDZ
GLOBAL BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED
UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT
IN A MATERIAL ADVERSE EFFECT ON SDZ GLOBAL'S COMBINED FINANCIAL CONDITION,
CHANGE IN NET ASSETS OR CASH FLOWS. ACCORDINGLY, SDZ GLOBAL HAS NOT
RECORDED ANY RESERVE OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR
UNCERTAIN INCOME TAX POSITIONS AT YEAR END 2019 AND 2018. SDZ GLOBAL'S
U.S. FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEARS 2016 AND
2015, RESPECTIVELY, ARE CLOSED. MANAGEMENT CONTINUALLY EVALUATES EXPIRING
STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW
AND NEW AUTHORITATIVE RULINGS. MANAGEMENT IS NOT AWARE OF ANY PENDING

Part XIII Supplemental Information (continued)

REVIEWS OR EXAMINATIONS.

PART III, LINE 4

THE 100-ACRE SAN DIEGO ZOO IS HOME TO MORE THAN 3,500 RARE AND ENDANGERED

ANIMALS REPRESENTING MORE THAN 650 SPECIES AND SUBSPECIES, AND A PROMINENT

BOTANICAL COLLECTION WITH MORE THAN 700,000 EXOTIC PLANTS. THE SAFARI

PARK IS AN EXPANSIVE WILDLIFE SANCTUARY THAT IS HOME TO MORE THAN 3,000

ANIMALS REPRESENTING MORE THAN 300 SPECIES. ITS RENOWNED BOTANICAL

COLLECTION REPRESENTS 3,500 SPECIES AND 1.75 MILLION SPECIMENS. THE ZOO

AND SAFARI PARK ARE PROTECTED HAVENS WHERE BREEDING AND CARING FOR

ENDANGERED SPECIES CAN HELP PROTECT AGAINST EXTINCTION. THE ANIMAL

COLLECTION PROVIDES OPPORTUNITIES FOR ANIMAL BEHAVIOR AND HEALTH STUDIES

THAT WOULD BE DIFFICULT, IF NOT IMPOSSIBLE TO CONDUCT IN THE WILD. THROUGH

OUR COLLECTION, WE HAVE HONED OUR SKILLS IN ANIMAL AND PLANT CARE,

VETERINARY MEDICINE, AND MULTIDISCIPLINARY SCIENCE. EXPERIENCED IN

REINTRODUCING SUSTAINABLE POPULATIONS OF ENDANGERED SPECIES BACK INTO

THEIR NATIVE HABITATS, WE HONOR OUR EXTRAORDINARY HISTORY WITH A CALLING

TO CONSERVE THE NATURAL WORLD. OUR FIELD PROGRAMS HELP PROVIDE A FUTURE

FOR MORE THAN 100 RARE AND ENDANGERED SPECIES ON 6 CONTINENTS.

INCORPORATING ENGAGEMENT WITH LOCAL COMMUNITIES AND ENCOURAGING

STEWARDSHIP ARE HELPING US MAKE A REAL DIFFERENCE FOR WILDLIFE AND

HABITATS WORLDWIDE. WE ARE SEEKING THE MOST PRESSING CHALLENGES FACING

WILDLIFE, WHILE FORMING GLOBAL PARTNERSHIPS AND APPLYING THE LATEST

ADVANCES IN SCIENCE AND TECHNOLOGY IN THE FIGHT AGAINST EXTINCTION.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO	Employer identification number 95-1648219
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	2	PROGRAM SERVICES		1,671,442.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	1	0	PROGRAM SERVICES		134,619.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES		135,827.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES		256,087.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	1	0	PROGRAM SERVICES		187,014.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES		102,824.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	PROGRAM SERVICE		13,000.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,			GRANT MAKING		697,883.
3 a Subtotal	3	2			3,198,696.
b Total from continuation sheets to Part I	0	0			579,056.
c Totals (add lines 3a and 3b)	3	2			3,777,752.

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

Schedule F (Form 990) 2019

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			GRANT MAKING		520,556.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			GRANT MAKING		58,500.
Totals					579,056.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	2019 PANDA LOAN CHINA WILDLIFE CONSERVATION	270,141.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	2019 GRANT - RETETI ELEPHANT OPERATING SUPPORT	250,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NORTHERN KENYA VETERINARY RESEARCH	78,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	UNIVERSITY OF MELBOURNE RESEARCH GRANT #1	59,644.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	UNIVERSITY OF MELBOURNE RESEARCH GRANT #2	58,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT FOR RETICULATED GIRAFFE RESEARCH AND CONSERVATION	52,784.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MABULA GROUND HORNBILL PROJECT SUPPORT	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NRT - WESTGATE COMMUNITY CONSERVANCY GRANT	50,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 13

3 Enter total number of other organizations or entities 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NRT - ISHAQBINI COMMUNITY HIROLA SANCTUARY GRANT	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NRT - SERA RESERVE GRANT	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	FREE THE BEARS YEAR END CAMPAIGN	47,271.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	FIELD VEHICLE TO PROTECT AND ENRICH LIVES OF BEARS	45,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENCE FOR WILDLIFE GRANT	30,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	UNIVERSITY OF QUEENSLAND IN SITU SUPPORT	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FUNDING FOR LAB TECHNICIAN POSITION	21,448.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	2019 CORE OPERATIONAL SUPPORT FOR RUKO	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT FOR THE LIVESTOCK VACCINATION CAMPAIGN	17,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT FOR ISHAQBINI HIROLA COMMUNITY CONSERVANCY	17,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT FOR THE GLOBAL SPECIES MANAGEMENT PLAN	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FUNDING TO SUPPORT 9-3 TEAM (ANTI-POACHING TEAM)	15,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GRANT: RECLAIMING THE LOST YEARS - PENGUIN CONSERVATION	13,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EWASO LION GRANT - 2019, 2020 AND 2021	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT FOR VEHICLE USED IN BEAR RESEARCH PROGRAMS	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	2019 ANNUAL CORE OPERATIONAL SUPPORT	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RETETI ELEPHANT ORPHANAGE EQUIPMENT PURCHASE	6,651.	WIRE TRANSFER	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* 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)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* 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 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)* Yes 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 No

Schedule F (Form 990) 2019

Part V Supplemental Information

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

PART I, LINE 2:

THE ORGANIZATION'S PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U.S. CONSISTS OF MONITORING THROUGH ACTIVITY REPORTS AND FINANCIAL REPORTS. SITE VISITS AND INSPECTIONS ARE MADE FOR CERTAIN ACTIVITIES WHEN APPROPRIATE.

PART I, LINE 3:

ALL EXPENDITURES ARE REPORTED ON AN ACCRUAL BASIS AS EXPENSES ARE INCURRED AND AS GRANTS ARE AWARDED.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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, COLUMBUS, OH 43260	DONOR AQUISITIONS		X	1,388,036.	173,388.	1,214,648.
THE STELTER COMPANY - 6715 SUNSET BLVD, LOS ANGELES, CA	DONOR STEWARDSHIP SOLICITING		X	0.	35,749.	-35,749.
Total				1,388,036.	209,137.	1,178,899.

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

AL, AK, 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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		RITZ (event type)	FOOD, WINE&BREW (event type)	NONE (total number)	
Revenue	1	Gross receipts	1,899,749.	390,275.	2,290,024.
	2	Less: Contributions	1,270,549.	223,081.	1,493,630.
	3	Gross income (line 1 minus line 2)	629,200.	167,194.	796,394.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	224,232.		224,232.
	6	Rent/facility costs			
	7	Food and beverages	263,256.	3,604.	266,860.
	8	Entertainment	45,342.	79,731.	125,073.
	9	Other direct expenses	149,573.	82,489.	232,062.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			848,227.
11	Net income summary. Subtract line 10 from line 3, column (d)			-51,833.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ZOOLOGICAL SOCIETY OF SAN DIEGO

Employer identification number
95-1648219

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	(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	(h) Purpose of grant or assistance
AUDUBON NATURE INSTITUTE 6500 MAGAZINE STREET NEW ORLEANS, LA 70118	51-0157624	501 (C)(3)	500,000.	0.			ASW / ZSSD 2019 SHARED COSTS
GLOBAL WILDLIFE CONSERVATION PO BOX 129 AUSTIN, TX 78767-0129	26-2887967	501 (C)(3)	60,000.	0.			SUPPORT FOR IUCN SSC DIRECTOR POSITION
WILDLIFE CONSERVATION NETWORK INC 209 MISSISSIPPI STREET SAN FRANCISCO, CA 94107	30-0108469	501 (C)(3)	56,750.	0.			RETEFI POST RELEASE MONITORING
SMITHSONIAN INSTITUTION 1000 JEFFERSON DR SW SUITE T-234 WASHINGTON, DC 20008	53-0206027	501 (C)(3)	55,273.	0.			YEAR 2 SALARY FOR SHIFRA GOLDENBERG
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE #100 ARLINGTON, VA 22203-1606	53-0242652	501 (C)(3)	42,950.	0.			KENYA LEOPARD CONSERVATION 2019-20
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE #100 ARLINGTON, VA 22203-1606	53-0242652	501 (C)(3)	41,628.	0.			KENYA GIRAFFE CONSERVATION 2019-20

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 29.
- 3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303-1207	74-1613878	501 (C)(3)	40,000.	0.			SUPPORT DEVELOPMENT OF EE VACCINE
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE #100 ARLINGTON, VA 22203-1606	53-0242652	501 (C)(3)	32,323.	0.			KENYA HUMAN DIMENSIONS 2019-20
SAINT LOUIS ZOO ASSOCIATION PO BOX 790290 ST LOUIS, MO 63179-0290	43-1727309	501 (C)(3)	30,000.	0.			2019 GREVY'S ZEBRA TRUST SUPPORT
DEFENDERS OF WILDLIFE 1130 17TH STREET, NW WASHINGTON, DC 20036	53-0183181	501 (C)(3)	25,000.	0.			2019 CONSERVATION AWARD SUPPORT
TURTLE SURVIVAL ALLIANCE 1989 COLONIAL PARKWAY FORT WORTH, TX 76110	20-0785702	501 (C)(3)	25,000.	0.			CORE SUPPORT OF TSA CONSERVATION PROGRAMS
POINT LOMA NAZARENE UNIVERSITY 3900 LOMALAND DRIVE SAN DIEGO, CA 92106-2899	95-1644035	501 (C)(3)	22,500.	0.			2019 SUMMER INTERN PROGRAM SUPPORT
CSU FULLERTON AUXILIARY SERVICES CORPORATION - 2600 NUTWOOD AVE SUITE 250 - FULLERTON, CA 92831	95-2081258	501 (C)(3)	20,000.	0.			GELADA MONKEYS PROJECT - ETHIOPIA
ASSOCIATION OF ZOOS & AQUARIUMS OFFICE OF MEMBERSHIP SERVICES PO BOX 79863 - BALTIMORE, MD 21279-0863	55-0526930	501 (C)(3)	15,000.	0.			AZA ANNUAL CONFERENCE SUPPORT
NORTH SAN DIEGO BUSINESS CHAMBER 10875 RANCHO BERNARDO ROAD SUITE SAN DIEGO, CA 92127	20-3185588	501 (C)(3)	13,000.	0.			2020 WOMEN'S WEEK SPONSORSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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	(h) Purpose of grant or assistance
POINT LOMA NAZARENE UNIVERSITY 3900 LOMALAND DRIVE SAN DIEGO, CA 92106-2899	95-1644035	501 (C)(3)	12,500.	0.			2019 SUPPORT FOR PREDATOR STUDY
FRIENDS OF BALBOA PARK 2125 PARK BLVD SAN DIEGO, CA 92101	33-0849518	501 (C)(3)	10,000.	0.			SUPPORT OF LAW ENFORCEMENT INITIATIVE IN BALBOA PARK
INTERNATIONAL IGUANA FOUNDATION C/O FORT WORTH ZOO 1989 COLONIAL PA FORT WORTH, TX 76110	75-2954637	501 (C)(3)	10,000.	0.			2019 ANNUAL SUPPORT OF IGUANA RESEARCH
RED PANDA NETWORK 494 W. 10TH AVE, STE 7 EUGENE, OR 97401	26-1103671	501 (C)(3)	10,000.	0.			2019 RED PANDA PROGRAM CORE SUPPORT
SAHARA CONSERVATION FUND 13220 N RED HILL ROAD MARANA, AZ 85653	26-0171936	501 (C)(3)	10,000.	0.			SUPPORTING 2019 CONSERVATION EFFORTS
SAN DIEGO NATURAL HISTORY MUSEUM PO BOX 121390 SAN DIEGO, CA 92112-1390	95-1643375	501 (C)(3)	10,000.	0.			2020 BIODIVERSITY SYMPOSIUM
SMITHSONIAN INSTITUTION 1000 JEFFERSON DR SW SUITE T-234 WASHINGTON, DC 20008	53-0206027	501 (C)(3)	10,000.	0.			GREEN PEAKS SPONSOR FOR EARTH OPTIMISM 2020
WILDLIFE CONSERVATION NETWORK INC 209 MISSISSIPPI STREET SAN FRANCISCO, CA 94107	30-0108469	501 (C)(3)	10,000.	0.			2019 WSN EXPO SPONSORSHIP
JUNGLE FRIENDS PRIMATE SANCTUARY INC - 13915 NORTH STATE RD #121 - GAINESVILLE, FL 32653	86-0859789	501 (C)(3)	9,404.	0.			2020 GRANT AGREEMENT FOR CAPUCHIN CUZCO PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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	(h) Purpose of grant or assistance
GIRAFFE CONSERVATION FOUNDATION USA - 17 S. MAGNOLIA AVE - ORLANDO, FL 32801	81-2749463	501 (C)(3)	8,150.	0.			FUNDING FOR KENYA PROGRAM HELICOPTER
SNOW LEOPARD TRUST 4649 SUNNYSIDE AVE N STE 325 SEATTLE, WA 98103	91-1144119	501 (C)(3)	8,000.	0.			2019 CORE SUPPORT CONSERVATION ACTIVITIES
DALLAS ZOO MANAGEMENT INC 650 S RL THORNTON FREEWAY DALLAS, TX 75203	27-0777846	501 (C)(3)	7,500.	0.			AFRICAN PENGUIN ARTIFICIAL NEST PROJECT
GIRAFFE CONSERVATION FOUNDATION USA - 17 S. MAGNOLIA AVE - ORLANDO, FL 32801	81-2749463	501 (C)(3)	6,000.	0.			SUPPORT OF THE RETICULATED GIRAFFE WORKING GROUP
GREATER LOS ANGELES ZOO ASSOCIATION - 5333 ZOO DRIVE - LOS ANGELES, CA 90027	95-6000735	501 (C)(3)	6,000.	0.			2019 SUPPORT FOR PENINSULAR PRONGHORN

Part III

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

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

Part IV

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

SCHEDULE I, PART 1, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS:

GRANT FUNDS ARE MONITORED THROUGH ACTIVITY REPORTS AND FINANCIAL

REPORTS. SITE VISITS AND INSPECTIONS ARE MADE FOR CERTAIN ACTIVITIES

WHEN APPROPRIATE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2	X	
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DOUGLAS MYERS PRESIDENT/CEO	(i) 601,781. (ii) 0.	(ii) 303,763. (iii) 0.	(iii) 72,315.	373,075.	5,234.	1,356,168.	0.
(2) PAUL BARIBAULT PRESIDENT/CEO	(i) 118,153. (ii) 0.	(ii) 250,000. (iii) 0.	(iii) 24,007.	23,289.	150.	415,599.	0.
(3) PAULA BROCK CHIEF FINANCIAL OFFICER	(i) 350,222. (ii) 0.	(ii) 127,058. (iii) 0.	(iii) 59,118.	182,549.	2,808.	721,755.	0.
(4) SHAWN DIXON CHIEF OPERATING OFFICER	(i) 289,987. (ii) 0.	(ii) 107,001. (iii) 0.	(iii) 26,190.	32,687.	7,866.	463,731.	0.
(5) DWIGHT SCOTT DIR-SAN DIEGO ZOO	(i) 254,604. (ii) 0.	(ii) 54,646. (iii) 0.	(iii) 52,168.	35,576.	11,365.	408,359.	0.
(6) LISA PETERSON DIR-SD ZOO SAFARI PARK	(i) 235,123. (ii) 0.	(ii) 48,884. (iii) 0.	(iii) 20,304.	14,581.	5,242.	324,134.	0.
(7) MARK STUART CHIEF DEVELOPMENT OFFICER	(i) 157,984. (ii) 0.	(ii) 50,848. (iii) 0.	(iii) 30,611.	147,809.	631.	387,883.	0.
(8) ALLISON ALBERTS CHIEF CONSERVATION OFFICER	(i) 196,453. (ii) 0.	(ii) 45,007. (iii) 0.	(iii) 27,685.	251,599.	15,699.	536,443.	0.
(9) DHEVSIVANAND GOVENDER CHIEF TECHNOLOGY OFFICER	(i) 259,049. (ii) 0.	(ii) 51,002. (iii) 0.	(iii) 12,820.	8,431.	5,242.	336,544.	0.
(10) ROBERT SPOONER CHIEF HUMAN RESOURCES OFFI	(i) 237,533. (ii) 0.	(ii) 44,110. (iii) 0.	(iii) 36,103.	9,550.	1,434.	328,730.	0.
(11) ROBERT WIESE CHIEF LIFE SCIENCES OFFICE	(i) 191,631. (ii) 0.	(ii) 42,702. (iii) 0.	(iii) 39,725.	132,193.	4,650.	410,901.	0.
(12) TED MOLTZER CHIEF MARKETING OFFICER	(i) 183,187. (ii) 0.	(ii) 34,518. (iii) 0.	(iii) 36,052.	162,337.	5,543.	421,637.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0.	0.	0.	0.	0.

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.

PART I, LINE 3:

THE COMPENSATION FOR THE PRESIDENT/CEO WAS PRESENTED TO AND APPROVED BY THE BOARD OF TRUSTEES.

SCHEDULE J, PART 1, LINE 7

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.

SCHEDULE J, PART II, COLUMN C

DEFERRED COMPENSATION FOOTNOTE: DEFERRED COMPENSATION INCLUDES THE CHANGE IN PRESENT VALUE OF ACCRUED PENSION PLAN BENEFITS. ACCRUED BENEFITS CHANGE YEAR-OVER-YEAR AS DEFINED BY THE PLAN FORMULAS TO REFLECT ADDITIONAL SERVICE/PAY AND ANY INCREASES IN STATUTORY LIMITS. IN ADDITION TO THE INCREASE IN ACCRUED BENEFITS, THE CHANGE IN PRESENT VALUE OF ACCRUED BENEFITS INCLUDES CHANGES IN ECONOMIC AND DEMOGRAPHIC

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.

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.

(This area contains horizontal lines for supplemental information.)

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

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
 Open to Public Inspection

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

Part I	Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
	A	CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	NONE	07/31/19	32,765,000.	SEE PART VI		X		X		X
	B												
	C												
	D												

Part II	Proceeds	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired			1,435,000.					
2	Amount of bonds legally defeased								
3	Total proceeds of issue			32,765,000.					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds			32,765,000.					
12	Other unspent proceeds								
13	Year of substantial completion			2007					

	14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	Yes	No	15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	Yes	No	16	Has the final allocation of proceeds been made?	Yes	No	17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Yes	No	
							X										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2019

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%				%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%				%		%
6 Total of lines 4 and 5		%				%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%				%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Part IV Arbitrage (continued)									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
	<input checked="" type="checkbox"/>								
b	Name of provider BANK OF AMERICA								
c	Term of hedge 30,000,0000								
d	Was the hedge superintegrated? <input checked="" type="checkbox"/>								
e	Was the hedge terminated? <input checked="" type="checkbox"/>								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)? <input checked="" type="checkbox"/>								
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period? <input checked="" type="checkbox"/>								
7	Has the organization established written procedures to monitor the requirements of section 148? <input checked="" type="checkbox"/>								

Part V Procedures To Undertake Corrective Action									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?									
			<input checked="" type="checkbox"/>						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

PART I, LINE A, COLUMN F: DESCRIPTION OF PURPOSE

REPLACE AND AMEND BONDS WHICH WERE ISSUED ON 10/01/2012

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **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 instructions and the latest information.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	16	18,822.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	57	3,190,904.	STOCK PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (LTD P ' SHIP)	X	1	28,955,451.	VALUATION FIRM
26 Other ▶ (AUCTION ITEMS)	X	13	122,850.	FAIR MARKET VALUE
27 Other ▶ ()				
28 Other ▶ ()				

29 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 **29**

	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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF NON-CASH CONTRIBUTIONS ARE REPORTED AS A COMBINATION OF THE NUMBER OF ITEMS RECEIVED AND THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

ZOOLOGICAL SOCIETY OF SAN DIEGO

Employer identification number

95-1648219

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY UNITING OUR EXPERTISE IN ANIMAL CARE AND CONSERVATION SCIENCE WITH
OUR DEDICATION TO INSPIRING PASSION FOR NATURE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(ZOOLOGICAL HABITAT AND WILDLIFE CARE - CONTINUED)

AT THE SAN DIEGO ZOO SAFARI PARK, MORE THAN ONE MILLION GUESTS EACH
YEAR SEE ANIMALS IN HERDS OF MIXED SPECIES IN EXPANSIVE HABITATS. IT
CARES FOR MORE THAN 2,600 ANIMALS REPRESENTING 300 SPECIES. A HUNDRED
YEARS OF MANAGING ANIMALS, HEALING ANIMALS, AND GROWING OUR
UNDERSTANDING OF ANIMALS, PLANTS, AND THEIR HABITATS HAVE PREPARED US
TO BRING OUR EXPERTISE FAR BEYOND OUR SAN DIEGO CAMPUSES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

(RESEARCH AND CONSERVATION - CONTINUED)

INCORPORATING ENGAGEMENT WITH LOCAL COMMUNITIES AND ENCOURAGING
STEWARDSHIP ARE HELPING US MAKE A REAL DIFFERENCE FOR WILDLIFE AND
HABITATS WORLDWIDE. WE ARE SEEKING THE MOST PRESSING CHALLENGES FACING
WILDLIFE, WHILE FORMING GLOBAL PARTNERSHIPS AND APPLYING THE LATEST
ADVANCES IN SCIENCE AND TECHNOLOGY IN THE FIGHT AGAINST EXTINCTION.

FORM 990, PART VI, SECTION A, LINE 6:

CLASSES OF MEMBERS OR STOCKHOLDERS: THE ZOOLOGICAL SOCIETY OF SAN DIEGO

HAS OVER 200,000 MEMBER HOUSEHOLDS REPRESENTING APPROXIMATELY 434,000 CARD

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

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

CARRYING PASSHOLDERS, OF WHICH 103,000 ARE CHILDREN AGES 3-17.

FORM 990, PART VI, SECTION A, LINE 7A:

NATURE OF VOTING RIGHTS: MEMBERS MAY NOMINATE TRUSTEES TO SUCCEED TRUSTEES

WHOSE TERMS OF OFFICE ARE EXPIRING, IN ACCORDANCE WITH THE TERMS OF ARTICLE

VI, SECTION 2 OF THE BYLAWS. IF MORE NOMINATIONS ARE RECEIVED THAN THE

NUMBER OF TRUSTEES TO BE ELECTED, THEN THE TRUSTEES WILL BE ELECTED BY

WRITTEN BALLOT BY MEMBERS, IN ACCORDANCE AND CONDITIONS OF ARTICLE VI,

SECTION 3(B) OF THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7B:

CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL AND THE TYPE OF VOTING

RIGHTS: ANY ADOPTION, AMENDMENT OR REPEAL OF THE BYLAWS BY THE BOARD OF

TRUSTEES WHICH WOULD MATERIALLY AND ADVERSELY AFFECT THE RIGHTS OF MEMBERS

AS TO VOTING OR TRANSFER SHALL REQUIRE APPROVAL OF THE MEMBERS PURSUANT TO

ARTICLE XIV OF THE BYLAWS.

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 FORM 990 AND ALL REQUIRED SCHEDULES IS DISTRIBUTED

ELECTRONICALLY TO OUR GENERAL COUNSEL, CHIEF HUMAN RESOURCES OFFICER, CHIEF

DEVELOPMENT OFFICER AND THE OFFICERS OF THE ORGANIZATION. FOLLOWING THEIR

REVIEW, THE 990 AND SUPPORTING SCHEDULES ARE REVIEWED BY AN OUTSIDE TAX

PREPARER AND THEN DISTRIBUTED EITHER ELECTRONICALLY OR IN PAPER FORM TO THE

AUDIT COMMITTEE AND TO THE BOARD OF TRUSTEES. THE 990 IS PRESENTED TO AND

REVIEWED BY THE AUDIT COMMITTEE PRIOR TO BEING FILED WITH THE I.R.S.

FORM 990, PART VI, SECTION B, LINE 12C:

Name of the organization ZOOLOGICAL SOCIETY OF SAN DIEGO	Employer identification number 95-1648219
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PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST: OFFICERS, DIRECTORS OR TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. THE CHIEF HUMAN RESOURCES OFFICER AND GENERAL COUNSEL FOLLOW UP ON ANY ISSUES REVEALED ON THE DISCLOSURE FORMS. IN ADDITION, THEY FOLLOW UP ON ISSUES THAT MAY ARISE THROUGHOUT THE YEAR. IF A CONFLICT EXISTS, APPROPRIATE ACTION IS TAKEN, SUCH AS PROHIBITING PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION OF OFFICERS, EXECUTIVES AND KEY EMPLOYEES: THE COMPENSATION PACKAGES FOR OFFICERS AND OTHER EXECUTIVE TEAM MEMBERS ARE PERIODICALLY REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE CHARTERED BY THE BOARD OF TRUSTEES. THE COMPENSATION COMMITTEE PERIODICALLY ENGAGES AN INDEPENDENT FIRM TO PERFORM SALARY ANALYSIS FOR COMPARABLE POSITIONS TO ENSURE COMPENSATION PACKAGES ARE COMPETITIVE. 2019 INCREASES FOLLOWED A STANDARDIZED POLICY FOR NON-UNION EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC: BYLAWS, ARTICLES OF INCORPORATION, THE CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON THE ZOOLOGICAL SOCIETY'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST	2,967,230.
PENSION RELATED CHANGES INCLUDED IN OTHER	-5,363,871.

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

UNREALIZED LOSS ON SWAP TRANSACTION	-1,100,780.
RECLASS DONATION OF LAND TO FOUNDATION OF ZSSD	-3,802,185.
TOTAL TO FORM 990, PART XI, LINE 9	-7,299,606.

PART XI, LINE 8

FOR THE YEAR ENDED DECEMBER 29, 2019, SDZ GLOBAL HAS ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS UPDATE ("ASU") NO. 2014-09 FASB ACCOUNTING STANDARDS CODIFICATION TOPIC 606, REVENUE FROM CONTRACTS WITH CUSTOMERS, AS AMENDED, SUPERSEDES OR REPLACES NEARLY ALL GAAP REVENUE RECOGNITION GUIDANCE. AS A RESULT, UNDER THE MODIFIED RETROSPECTIVE METHOD OF ADOPTION, SDZ GLOBAL RECORDED A CUMULATIVE EFFECT OF ACCOUNTING CHANGE ON THE STATEMENT OF ACTIVITIES TO ADJUST NET ASSETS AS OF JANUARY 1, 2019.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S PROCESSES FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAVE NOT CHANGED FROM THE PREVIOUS YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ZOOLOGICAL SOCIETY OF SAN DIEGO

Employer identification number
95-1648219

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FNDTN OF ZOOLOGICAL SOCIETY OF SAN DIEGO - 20-8456251, PO BOX 120551, SAN DIEGO, CA 92122	SUPPORTING	CALIFORNIA	501(C) (3)	12A	ZSSD		X
SAN DIEGO ZOO GLOBAL - PERU AVENIDA PERU F-10 URBANIZACION QUISPICANCHIS, CUSCO, PERU	SUPPORTING	PERU	N/A	N/A	ZSSD		X

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

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

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

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

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 type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAN DIEGO ZOO GLOBAL PERU	B	497,500 . FMTV	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.