Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

A	or the 20	17 calendar year, or tax year beginning JOL 1, 2007	and en	uning OOM SO	, 2000	
В	Check If applicable;	Please C Name of organization			D Employer iden	illication number
		labelor CANY TO ANY CTCCO FOOT OCTONI COCTE	יווועל		94-142	0528
<u> </u>	Address _change _Name	print or SAN FRANCISCO ZOOLOGICAL SOCIE		De any faville		
<u> </u>	lchange	See 140111061 and Street (of 1.0. box a man is not delivered to cheet an	aaress)	Roomysuke	E Telephone nur	753-7080
-	initial retum Termin-	specific I ZOO ROAD				Cash X Accruat
F	—lation ⊟Amended	tions. City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94132			Other (specify)	Cash (11) North
$\vdash$	_Jretum ∃Applicati		ble trusts	H and Lare not ann		n 527 organizations.
<u> </u>	lpending	must attach a completed Schedule A (Form 990 or 990-EZ).		H(a) Is this a group		
G	Mahella	►WWW.SFZOO.ORG		H(b) If "Yes," enter n		•
<u>u</u>	Ornanizat	on type (check only one) ► X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1	or 527	H(c) Are all affiliates	included? N	
-		If the organization is not a 509(a)(3) supporting organization and		(If "No," attach a	ı list.) 'a ratura filad by a	0.06-
		e normally not more than \$25,000. A return is not required, but if the organiz		H(d) is this a separation cove	red by a group ru	ling? Yes X No
		o file a return, be sure to file a complete return.		I Group Exempti		N/A
						n is <b>not</b> required to attach
L	Gross rec	olpts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 21,55	l,862.		90, 990-EZ, or 99	0-PF).
P	art I	Revenue, Expenses, and Changes in Net Assets or	Fund Bala	ınces	100000001	
	1	Contributions, gifts, grants, and similar amounts received:	t	1		
	a	Contributions to donor advised funds		2 250 0	000	
	b	Direct public support (not included on line 1a)		3,359,8	182.	
	C	Indirect public support (not included on line 1a)		4,230,1	22	
	d	Government contributions (grants) (not included on line 1a)	1d	213,541		7,590,014.
	e	Total (add lines 1a through 1d) (cash \$ 7,376,473 - no	ncash S			7,925,835.
	2	Program service revenue including government fees and contracts (from Pa			······   <del>  -</del> -	1,750,293.
	3	Membership dues and assessments				21,551.
	4	Interest on savings and temporary cash investments			1 1	397,110.
	5	Dividends and interest from securities		1		
	6 a	Gross rents				
	b	Net rental income or (loss). Subtract line 6b from line 6a			60	
ille E	7	Other Investment income (describe	*************************	***************************************	) 7	
Revenue	R a	Gross amount from sales of assets other (A) Securities	s	(B) Other		
ŭ		than inventory 2,411,	617. 8a			
	Ь	Less: cost or other basis and sales expenses 2,352,				
	e	Gain or /loss) (attach schedule) 59,	294. 8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT	1		8d	59,294.
	9	Special events and activities (attach schedule). If any amount is from gamin	ig, check here	<b>▶</b> □		
	a	Gross revenue (not including \$ of contributions reported on tine				
	b	Less: direct expenses other than fundraising expenses	<u>9b</u>			741 006
	C	Net income or (loss) from special events. Subtract line 9b from line 9a	SEE	STATEMENT	2 96	741,926.
	10 a	Gross sales of inventory, less returns and allowances	<u>10a</u>			
	b	Less: cost of goods sold	10b	- 40-	400	•
	C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract lin				203,736.
	11	Other revenue (from Part VII, line 103)				18,689,759.
_	12	Total revenue, Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				15,976,112.
5	13	Program services (from line 44, column (B))  Management and general (from line 44, column (C))				2,153,322.
Ì	14 15 15	Fundraising (from line 44, column (D))				2,446,799.
	14 15 16	Payments to affiliates (attach schedule)				
L	17	Total expenses. Add lines 16 and 44, column (A)				20,576,233.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12				-1,886,474.
4.4	왕 19	Net assets or fund balances at beginning of year (from line 73, column (A))	)		19	7,820,000.
ž	Assets 50	Other changes in net assets or fund balances (attach explanation)	SEE	STATEMENT	3 20	-577,813.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		*************************	21	5,355,713.
72 12	3001 -27-07	LHA For Privacy Act and Paperwork Reduction Act Notice, see the sep-	arate instructi	ons.		Form 990 (2007)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundralsing
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •)					
· · · · · · · · · · · · · · · · · · ·	22a				
22h Other grants and allocations (attach schedule)					
(cash \$ 0 • noncash \$396, 224 •)			<b>B</b>	STATEMENT 5	
	22b	396,224.	396,224.		
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
	25a	1,189,179.	916,275.	94,263.	178,641.
h Compensation of former officers, directors, key					
	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under	1. 1				
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salarles and wages of employees not					
Included on lines 25a, b, and c	28	8,196,639.	6,622,477.	557,173.	1,016,989.
27 Pension plan contributions not included on					
lines 25a, b, and c	27	89,577.	65,780.	10,915.	12,882.
28 Employee benefits not included on lines					
25a · 27	28	2,038,068.	1,705,822.	152,398.	179,848. 56,367.
29 Payroll taxes	29	638,746.	534,616.	47,763.	56,367.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	449,859.	372,796.	30,416.	46,647.
34 Telephone	34				
36 Postage and shipping	35	173,708.	155,614.	6,918.	11,176.
36 Occupancy	36	1,830,710.	1,645,511.	159,438.	25,761.
37 Equipment rental and maintenance	37	323,902.		10,010.	21,596.
38 Printing and publications	38	381,719.	242,059.	11,105.	128,555.
39 Travel	39	65,050.	44,106.		3,998.
40 Conferences, conventions, and meetings	40				
41 Interest	41	17,851.	15,028	1,351.	1,472.
42 Depreciation, depletion, etc. (attach schedule)	42	180,326.			
43 Other expenses not covered above (Itemize):			-		
a	43a				
b	43h				
0	430				
d ·	431	Y '	·		
8	436	1			
f	431	1			
SEE STATEMENT 4	430		2,859,312	982,496.	762,867.
44 Total functional expenses. Add lines 22a through			· · ·		
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	20,576,233.	15,976,112	. 2,153,322	2,446,799.
Joint Costs. Check ► X if you are following					
Are any joint costs from a combined educational campa	alon a	nd fundralsing solicitation r	eported in (B) Program sei	rvices?	X Yes No
If "Yes," enter (I) the aggregate amount of these joint or			; (ii) the amount allocated	***************************************	95,733.;
(III) the amount allocated to Management and general			(Iv) the amount allocated		8,703.
The state of the s					

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wha	t is the organization's primary exempt purpose? ▶ SEE STATEMENT 9	Program Service Expenses
clier	rganizations must describe their exempt purpose achievements in a clear and concise manner. State the number of its served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) unizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMENT 6	
b	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► □ SEE STATEMENT 7	2,225,993.
С	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► SEE STATEMENT 8	2,842,454.
d	(Grants and allocations \$ 396,224 • ) If this amount includes foreign grants, check here ▶	10,907,665.
e	(Grants and allocations \$ ) If this amount includes foreign grants, check here  Other program services (attach schedule)  (Grants and allocations \$ ) If this amount includes foreign grants, check here   Total of Program Service Expenses (should equal line 44, column (B), Program services)  ▶	15,976,112.
	Total of Program Service Expenses (should equal life 44, column (b), Program Services)	Form 990

SAN FRANCISCO ZOOLOGICAL SOCIETY 94-1429538 Page 4 Form 990 (2007) Part V Balance Sheets (See the Instructions.) (A) Beginning of year (B) Note: Where required, attached schedules and amounts within the description column End of year should be for end-of-year amounts only. 467,843. 931,288. 45 45 Cash - non-interest-bearing 635,000. 1,646,614. 48 Savings and temporary cash investments 46 191,047. 47 a Accounts receivable ..... 47a 296,944. 191,047. 47c b Less: allowance for doubtful accounts ....... 47h 511,915. 48a 48 a Pledges receivable 511,915. h Less: allowance for doubtful accounts ....... 48h 928,713. 48c 49 Grants receivable 49 50 a Receivables from current and former officers, directors, trustees, and 50a key employees ..... b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b 61 a Other notes and loans receivable \_\_\_\_\_\_ 51a b Less: allowance for doubtful accounts \_\_\_\_\_\_ 61h 51c 52 52 Inventories for sale or use 150,676 211,837. 53 Prepald expenses and deferred charges ..... 53 5,817,638. 54 a Investments publicly traded securities STMT 1.1▶ Cost X FMV 5,848,477. 54a 1,092,081. 734,393. b Investments other securities STMT 1.4 Cost X FMV STMT 10 55 a Investments - land, buildings, and 55a equipment: basis 550 0. 56 Investments · other ..... 1,600,189. 67 a Land, buildings, and equipment: basis ....... 57a 1,201,029. 399,160. 474,056. 57c b Less: accumulated depreciation STMT 12 | 57b | Other assets, including program-related investments (describe ► CHARITABLE REMAINDER TRUST ASSETS) 970,886. 934,993. 58 12,339,735. 9,903,826. Total assets (must equal line 74). Add lines 45 through 58 59 59 3,086,835. 2,472,796. 60 Accounts payable and accrued expenses ..... 60 61 Grants payable 61 877,102. 901,813. 62 Deferred revenue \_\_\_\_\_ 62 iabilities 63 Loans from officers, directors, trustees, and key employees 63 64a 64 a Tax-exempt bond liabilities \_\_\_\_\_\_ 64b b Mortgages and other notes payable ..... Other Habilities (describe SEE STATEMENT 13 ) 1,198,215. 531,087. 65 65 4,519,735. 4,548,113. Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here ▶ X and complete lines 67 through 69 and lines 73 and 74. -283,396. Net Assets or Fund Balances 2,488,035. Unrestricted \_\_\_\_\_ 67 1,533,215. 1,226,571. 68 Temporarily restricted 68 4,105,394. 4,105,894. Permanently restricted : Organizations that do not follow SFAS 117, check here 🕨 🔲 and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 70 71 Pald-in or capital surplus, or land, building, and equipment fund ...... 71 72 Retained earnings, endowment, accumulated income, or other funds .......... 72

Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72.

(Column (A) must equal line 19 and column (B) must equal line 21)

Total liabilities and net assets/fund balances. Add lines 66 and 73

5,355,713.

7,820,000.

12,339,735.

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-orm 990 (2007	DAN FRANCIBCO NOCIDORIONE SOCIETA	
Part IV-A	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return (See the
27.00.000.00000000000000000000000000000	Instructions )	

	Instructions.)						
<u>a</u>	Total revenue, gains, and other support per audited financial statement	8				a   18, 8	379,213.
b	Amounts included on line a but not on Part I, line 12:		_		. 8		
1	Net unrealized gains on investments		b1	-577,81 674,35	3.		
2	Donated services and use of facilities		02	674,35	66.		
3	Recoverles of prior year grants		03				
	Other (specify):		<u>h4</u>				06 540
	Add lines b1 through b4					b 10 F	96,543.
-	Subtract line b from line a				[	C TR'	782,670.
đ	Amounts included on Part I, line 12, but not on line a:			E4 84			
1			d1	51,71	13		
2	Other (specify): SPECIAL EVENT EXPENSES	· · · · · · · · · · · · · · · · · · ·	02	-144,02	20 .		00 011
	Add lines d1 and d2						-92,911. 589,759.
8	Total revenue (Part I, line 12). Add lines c and dart IV B Reconciliation of Expenses per Audited Fina	esial Ctatamenta	VA/i+	h Evnongog	P	8 TO'	309,139.
P	art IV-B Reconciliation of Expenses per Audited Final	iciai Statements	AAII	II Exhelises !	ו ופנ	21	343,500.
a	Total expenses and losses per audited financial statements		•••••			a Zl,	343,300.
b	Amounts included on line a but not on Part I, line 17:		1	674 21	56		
1	Donated services and use of facilities		107	674,3	,,,		
2	Prior year adjustments reported on Part I, line 20		02				
3	Losses reported on Part I, line 20		b4	144,6	26		
4	Other (specify): SPECIAL EVENT EXPENSES		_				818,982.
	Add lines b1 through b4						524,518.
G	Subtract line b from line a				•••••	207	321/3231
ď	Amounts included on Part I, line 17, but not on line a:		144	51.7	15.		
1	•		d2	32//	<u></u>		
2	Other (specify): Add lines d1 and d2		٠			d	51,715.
_	Total expenses (Part I, line 17). Add lines c and d	••••••		***************************************	▶		
B	art V.A. Current Officers, Directors, Trustees, and Ke	y Employees (List	each	person who was	an o	fficer, direc	otor, trustee,
***	the state of the s	/ /					
	or key employee at any time during the year even if they we	te uor combensarear) (	See	tne instructions.)			
		(B) Title and average hou ner week devoted to	See I	(C) Compensation (If not naid, enter	(D) Co empl	ntributions to oyee benefit	(E) Expense account and
	or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hot per week devoted to position	See Jrs	(C) Compensation (If not paid, enter -0)	(D) Co empl plan compa	ntributions to oyee benefit s & deferred ensation plans	(E) Expense account and other allowances
		(B) Title and average hot per week devoted to position	JfS	(C) Compensation (if not paid, enter	(D) Co empl plan comps	entributions to oyee benefit s & deferred ensation plans	(E) Expense account and other allowances
	(A) Name and address	(B) Title and average hot per week devoted to position	JFS	(C) Compensation (If not paid, enter -0)			other allowances
_ 	(A) Name and address	(B) Title and average hot per week devoted to position	Jrs	(C) Compensation (if not paid, enter -0)		entributions to oyee benefit s & deferred ensation plans	other allowances
	(A) Name and address	(B) Title and average hot per week devoted to position	Jrs I	(C) Compensation (If not paid, enter -0)			other allowances
- Si	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See Urs	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	DIS	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	Jrs	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	JIS I	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	Jrs	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
si 	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
Ši Ši	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances
	(A) Name and address  EE STATEMENT 15	(B) Title and average hot per week devoted to position	See	(C) Compensation (If not paid, enter -0)			other allowances

	990 (2007) SAN FRANCISCO				4-14295		age 6
	t V-A Current Officers, Directors, Trus					Yes	No
75 a	Enter the total number of officers, directors, and trus				ر ۱		
	meetings			▶	<u>60</u>		
	Are any officers, directors, trustees, or key employed listed in Schedule A, Part I, or highest compensated Part II-A or II-B, related to each other through family the individuals and explains the relationship(s)	professional and or business relation	other independent contra nships? If "Yes," attach a	ctors listed in Sch	edule A, entifles 7	5b	X
C	Do any officers, directors, trustees, or key employed listed in Schedule A, Part I, or highest compensated Part II-A or II-B, receive compensation from any other organization? See the instructions for the definition	i professional and er organizations, w of "related organiz	other independent contra hether tax exempt or taxa ation."	ctors listed in Sch	edule A, ed to the	60	X
	If "Yes," attach a statement that includes the inform Does the organization have a written conflict of inte				-	6d X	1000000
	Former Officers, Directors, Trus Benefits (If any former officer, director, the year, list that person below and enter the	tees, and Key trustee, or key emp	Employees That Reployee received compensations	eceived Compation or other beneated in the appropriate in the appropri	pensation or efits (described te column. See t	Other below) du he instruct	ions.)
	(A) Name and address	VE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	account	t and
							•
						-	
DA	it VI Other Information (See the Instruction			<u> </u>	L	Ye	s No
76	Did the organization make a change in its activities	or methods of co	nducting activities? If "Ye		[	76	X
77	Were any changes made in the organizing or gove if "Yes," attach a conformed copy of the changes.	rning documents b				77	X
78 a	Did the organization have unrelated business gros if "Yes," has it filed a tax return on Form 990-T for	s income of \$1,000 this year?			N/A	78a 78b	X
79	Was there a liquidation, dissolution, termination, o					79	X
80 a	membership, governing bodies, trustees, officers,	etc., to any other e				80a .	X
	If "Yes," enter the name of the organization  Enter direct and indirect political expenditures. (Se		and check whether it is		nonexempt 0.		
	Did the organization file Form 1120-POI for this v		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ V14		81h	X

Form 990 (2007)

Form	990 (2007) SAN FRANCISCO ZOOLOGICAL SOCIETY 94-1429			age <b>7</b>
	Other Information (continued)		Yes	No
i2 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			i
	less than fair rental value?	82a	X	
h	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See Instructions in Part III.) 826 674,356.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<del> </del>
ä	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83h	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		<del> </del>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A	85h		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.  Dues, assessments, and similar amounts from members 85c N/A			
C	Dues, assessments, and offined autooffice from motions of	1		
d	Ogetion roz/e) topolying and pointed expenditures			
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
Ī	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85q	1000000	T****
g	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
h	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
O.G	line 12 86a N/A			
b	N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	_		
b	Gross Income from other sources. (Do not net amounts due or pald to other sources			
-	against amounts due or received from them.)	_		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88a	—	X
ħ	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			١.,
	section 512(b)(13)? If "Yes," complete Part XI	- 88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
ti	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	901		X
	If "Yes," attach a statement explaining each transaction	891	)   	
C				
	SBG[[0]] 45 [2, 4500, GIO 4500			
t	Effect. Aniount of tax of filled bed, above, feminarised by the displacement of tax of filled by the filled by the displacement of tax of filled by the fill	*******	7	X
	All organizations. At any time during the tax year, was the organization a party to a promoted tax sheller transaction.  All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89		X
	- u tut tut turn and the supporting organization			
Ę	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89	1	X
gn z	or a fund maintained by a sponsoring organization, have excess business holdings at any time defining the year.  List the states with which a copy of this return is filed $\triangleright$ CA			
	Number of employees employed in the pay period that includes March 12, 2007			167
91 :	The books are in care of ▶ WAYNE READING Telephone no. ▶ (415)	753	-70	80
J 6 6	Located at ► 1 ZOO ROAD, SAN FRANCISCO, CA ZIP+4 ►	941	32	
ı	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Ye	s No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91	<b>b</b>	X
	If "Yes," enter the name of the foreign country ▶N/A	-		
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
		Fo	rm 99	0 (2007)

0,,,,,		OOTO	GICAL SOCI	F.T. X	94-1	429538 Page 8
Part VI Other Information (cont						Yes No
c At any time during the calendar year,				of the Unite	ed States?	91c X
If "Yes," enter the name of the foreign	country 🕨		/A			
32 Section 4947(a)(1) nonexempt charita	ble trusts filing For	rm 990 Ir	lleu of Form 1041-	Check here		▶ 🗀
and enter the amount of tax-exempt i	nterest received or	accrue	d during the tax year		▶ 92	N/A
Part VII Analysis of Income-Pr	oducing Activ	ities (S	ee the instructions.)			
Note: Enter gross amounts unless otherwi	se		d business Income		by section 512, 513, or 514	(E)
Indicated.	1 (	(A) siness	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:		000	Amount	sion	Amount	function income
a SEE STATEMENT	16					7,925,835.
b						
0						
d						
8	1					
f Medicare/Medicald payments	4					
g Fees and contracts from government	<b>.</b>					
94 Membership dues and assessments						1,750,293.
95 Interest on savings and temporary cash in				14	21.551.	
96 Dividends and Interest from securities				14	21,551. 397,110.	THE PARTY OF THE P
	2000000					
97 Net rental income or (loss) from real e	i i					
a debt-financed property	i i					
b not debt-financed property	1		,			
98 Net rental Income or (loss) from perso						
99 Other Investment Income						
100 Gain or (loss) from sales of assets				18	59,294.	
other than inventory				10	33,7234.	741,926.
101 Net Income or (loss) from special ever					-	141/2200
102 Gross profit or (loss) from sales of inv	entory					
103 Other revenue:	0170					
a REIMBURSEMENT OF B	עאַט					63,657.
h ISSUANCE COSTS						140,079.
c DEBT FORGIVENESS			•			140,079.
d						
					477 055	10 601 700
104 Subtotal (add columns (B), (D), and (I	3) 📖		· · · · · · · · · · · · · · · · · · ·	0.	477,955.	10,621,790.
105 Total (add line 104, columns (B), (D),					▶ַ	11,099,745.
Note: Line 105 plus line 1e, Part I, should						
Part VIII Relationship of Activ						
Line No. Explain how each activity for whice	h income is reported	în columi	n (E) of Part VII contrib	uted importa	intly to the accomplishment (	of the organization's
exempt purposes (other than by p		ich purpo	ses).			
SEE STATEMENT	17					
Part IX Information Regardir		bsidiar		arded En		
(A)	(B) Percentage of		(C) Nature of activities	1	(D) Total income	(E) End-of-year
Name, address, and EIN of corporation, partnership, or disregarded entity	ownership interest		ivature of activities		Total illcomb	assets
	%					
N/A	%					
	%					
	%					
Part X Information Regarding	ng Transfers A	ssocia	ited with Perso	nal Bene	fit Contracts (See the	e Instructions.)
(a) Did the organization, during the year, rec						
(b) Did the organization, during the year, pa						
Note: If "Yes" to (b), file Form 8870 and					•	
	*					Form <b>990</b> (2007)

Form 990 (2007)

Preparer's SSN or PTIN (See Gen. Inst. X)

Phone no. ► 916-646-6464

Check if selfemployed ► [

EIN 🕨

Date

STE 100

DR,

Pald

Preparer's

Use Only

Type or priot name and title

ASSOCIATES

CA 95833

2880 GATEWAY OAKS

SACRAMENTO,

Preparer's

signature

Firm's name (or

self-employed), address, and

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Employer Identification number

Name of the organization SAN FRANCISCO ZOOLOGICAL SOCIETY 94: 1429538 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to employee benefit plans & deferred compensation (b) Title and average hours per week devoted to (e) Expense account and other allowances (a) Name and address of each employee paid (c) Compensation more than \$50,000 position FACILITIES MANAGER GOGO HEINRICH ZOO ROAD, SAN FRANCISCO, CA 94132 5,587. 37.50 111,742. CHIEF VETERINARIAN JACQUELINE JENCEK 4,938 37.50 98,762 ZOO ROAD, SAN FRANCISCO, MAINTENANCE MGR CESAR LOPEZ 525. ZOO ROAD, SAN FRANCISCO, CA 94132 37.50 85,723. DEPUTY DIRECTOR SARAH CLOHERTY 37.50 80,106. 4,005. 94132 1 ZOO ROAD, SAN FRANCISCO, CA DIRECTOR OF HR MICHAEL OROSCO 5,588. 111,763. 37:50 ZOO ROAD, SAN FRANCISCO, Total number of other employees paid 53 over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the Instructions, List each one (whether Individuals or firms), If there are none, enter 'None.') (c) Compensation (a) Name and address of each Independent contractor paid more than \$50,000 (b) Type of service NIXON PEABODY LLP EMBARCADERO CENTER, 18TH FL, SAN FRANCISCO, CA 96,161. LEGAL SERVICE RENNE SLOAN HOLTZMAN SAKAI LLP SAN FRANCISCO. 87,588. LEGAL SERVICE 350 SANSOME STREET, SUITE 300, Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 REPAIR/MAINTANENC LOPEZ ELECTRIC CO. 70,255. 3014 NICOL AVENUE, OAKLAND, CA 94602 PRINTING/MAILING PREVALENT DESIGN COMPANY 56,822. SAN FRANCISCO CASERVICE 880 HARRISON STREET, SUITE 203, PRINTING/MAILING WILLIS PRINT NETWORK 51,607. SERVICE 1015 ELM STREET, SAN CARLOS, Total number of other contractors receiving over 0 \$50,000 for other services

P	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			17
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			X
	a Sale, exchange, or leasing of property?	2a		X
	h Lending of money or other extension of credit?	2b	Х	<u> </u>
	c Furnishing of goods, services, or facilities?  SEE STATEMENT 18	2c	X	<del> </del>
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? QQQ AAXXXX Y AAX AAXAA QAXAA	2d		177
	e Transfer of any part of its income or assets?	28	-	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (if "Yes," attach an explanation of how			,,,
	the organization determines that recipients qualify to receive payments.)	3a	<b></b>	X
	b Old the organization have a section 403(b) annuity plan for its employees?	3b	ļ	X
	e Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	36	<u> </u>	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	ļ	X
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If "No," complete lines 4f			
	and An	4a		X
	b. Did the organization make any tayable distributions under section 4966?	4h	<u> </u>	<u> </u>
	c Did the organization make a distribution to a donor, donor advisor, or related person?	40		<u>.L.</u>
	d Enter the total number of denor advised funds owned at the end of the tax year			/ <u>A</u>
	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N,	/A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.
	A Cities this addiedate value of george in an intries of georgitic inclined on this first the and a time a time a time a time and a time a time and a time a t			

Schedule A (Form 990 or 990-EZ) 2007

Parl	NV.	Reason for Non-Private Foundation St	tatus (See pages 4 thi	rough 8 of the Instructions	s.) 		
certify	that the	organization is not a private foundation because it is: (P	lease check only ONE ap	plicable box.)			
б		A church, convention of churches, or association of chu	rches. Section 170(b)(1)	(A)(i).			
6	Щ	A school. Section 170(b)(1)(A)(li). (Also complete Part \	V.)				
7		A hospital or a cooperative hospital service organization	. Section 170(0)(1)(A)(III	i}. 60			
8		A federal, state, or local government or governmental un A medical research organization operated in conjunction	iit. Section 170(0)(1)(A)i Swith a boodfol Cooffon	(V). .170/h\/1\(Δ\/iii\ Entarth	a hosnital's	name, city.	
9			i with a mospital, section	TANON HANDERS CINOS OF	o noopmara	numoj anj	
	$\Box'$	and state  An organization operated for the benefit of a college or t	university owned or oner	ated by a governmental u	nit. Section 1	70(b)(1)(A)(iv).	
0	<u> </u>	(Also complete the Support Schedule in Part IV-A.)	attivolotis ottober of open				
1a	X	An organization that normally receives a substantial pa	rt of its support from a g	overnmental unit or from	the general p	ublic.	
1 12	L1	Section 170(b)(1)(A)(vi). (Also complete the Support S	Schedule in Part IV-A.)				
1b		A community trust, Section 170(b)(1)(A)(vi), (Also con	rplete the Support Sched	lule in Part IV-A.)			
2		An proprietion that normally receives: (1) more than 3	13 1 <i>1</i> 3% of its support fro	om contributions, member	rship fees, an	d gross	
		receipte from activities related to its charitable atc. full	ctions - subject to certain	1 exceptions, and (2) no n	nore inan 33	1/3% OI	
		its support from gross investment income and unrelate by the organization after June 30, 1975. See section 50	iloviii eldaxay ezenieye pi Afahmoo oelA\_ (C\(e\o)	ne (less section of Flax) i the Sunnort Schedule in	Part IV-A.)	ses dodanoa	
		•				ata tha unaulaam	anda of conting
3		An organization that is not controlled by any disqualifie	d persons (other than to	undation managers) and (	om esiwisemi	ets the tedatien	lents of section
		509(a)(3). Check the box that describes the type of sur	porting organization:	nctionally integrated	1	Type III-01	her
		Type I Type II	(	nctionally integrated		Tabe in o	mor
		Provide the following information at	oout the supported orga	nizations. (See page 8 of	the instruction	ns.)	
		(a) .	(b)	(c)	(d)		(e)
		Name(s) of supported organization(s)	Employer	Type of organization (described in lines	ls the st	ipported on listed in	Amount of support
			Identification number (EIN)	6 through 12 above	the sup	porting	apport
				or IRC section)	organi	zation's documents?	
					Anaguma	uneniiiaiii91	
					Yes	No	
	<del> </del>						
			<del> </del>		<b></b>	<del> </del>	<del></del>
			1			1	
						<b>&gt;</b>	
ola	<u> </u>			***************************************	****************		
4.4	_	An organization organized and operated to test for ou	blic safety, Section 5096	a)(4). (See page 8 of the l	nstructions.)		
14		An organization organized and operated to test for pu	blic safety. Section 509(	a)(4). (See page 8 of the l	nstructions.) S	chadule A (For	m 990 ar 990-EZ)

Par	Support Schedule (Co Note: You may use the	omplete only if you che	ecked a box on line 10	, 11, or 12.) Use cash from the accrual to the	method of accountin e cash method of acco	g. unting.
Calent	dar year (or fiscal year along in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)				4,356,567.	27,784,606.
	Membership fees received					
17	Gross recelpts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	12,140,246.	10,430,213.	13,696,102.	12,753,852.	49,020,413.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					974,944.
19	Net Income from unrelated business	S	•			
	activities not included in line 18 Tax revenues levied for the					
20	organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	3				
22	Other income, Atlach a schedule. Do not include gain or (loss) from sale of capital assets	108,579		SEE STATEM		108,579.
23	Total of lines 15 through 22	22.843.759	19,364,670	.18,415,625	17,264,488	77,888,542.
24	Line 23 minus line 17	10,703,513	8,934,457	104 156	4,510,636	28,868,129.
25	Enter 1% of line 23	228,438	193,047	104,130	. 172,645 > 26a	577,363.
26	Organizations described on lines Prepare a list for your records to s	10 or 11: a Enter 2% C	or amount in column (e), i	nerson (other than a new	*********	
b	unit or publicly supported organiza	now me name er and and Stan's whose total aifts for	- 2003 through 2006 exce	eded the amount shown	in line 26a.	
	Do not file this list with your retur	n. Enter the total of all th	ese excess amounts		26h	
G	Total support for section 509(a)(1)	) test: Enter line 24, colun	ท (8)		<u>≥ 26c</u>	28,868,129.
d	Add: Amounts from column (e) for	rlinger 18	974 944 19	1	10000	1,507,794.
		22	108,579. 26	b 424,2	71. ► 26d ► 26e	00 000 000
e	Public support (line 26c minus line Public support percentage (line 2	e 26d total)	hu llan 96n (donominato		266	<del></del>
	Public support percentage (line 2 Organizations described on line 1	13: a. Ear amouste lacked	ed in lines 15, 16, and 17	that were received from	a "disqualified person," pr	
27	records to show the name of, and such amounts for each year:	total amounts received in N/A	each year from, each "di	squalified person," Do no (2004)	t file this list with your re	turn. Enter the sum of
İ	For any amount included in line 17	7 that was received from 6	each person (other than "	disqualified persons"), pro	apare a list for your record	IS TO SHOW (NO NAME UI,
	and amount received for each yea described in lines 5 through 11b,	as well as individuals.) Do	not file this list with you	ur return. After computin	g the difference between t	the amount received and
	the larger amount described in (1)	(2005)		(2004)	(2003)	*******
	c Add: Amounts from column (e) fo	or lines: 15		16		
,	c Add: Amounts from column (e) fo 17d Add: Line 27a total			21	> 27	
	d Add: Line 27a total		and line 27b total		27	
	e Public support (line 27c total min	us line 27d total) 🗀				U 41/44
		z) (851: ENIOT AMOUNT ON I 27a (numerator) divided	no 25, commit (8) hv line 27f (denominato	or))	▶ 27	g N/A
	to Investment Innome necessarians	nun) (e) amular. At enii)	anli vd hahivih (rotarac	27f (denominator))	🖊   27	h N/A
28	Unusual Grants: For an organization show, for each year, the name of the	n described in line 10, 11	or 12 that received any t	unusual grants during 20	03 through 2006, prepare	a list for your records to
	show, for each year, the name of the return. Do not include these grants 131 12-27-07	e contributor, the date an in line 15.	d amount of the grant, an NONE	id a brief description of th	e nature of the grant. Do	ndt 1118 trus 115t Witti Yuur nedule A (Form 990 or 990-EZ) 200
723	131 12-27-07	<del></del>	210212			

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing Instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 31 solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (if you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33a a Students' rights or privileges? 33b Admissions policies? 33c Employment of faculty or administrative staff? 33d Scholarships or other financial assistance? Educational policies? 338 33f Use of facilities? 33q Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? h Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2007

neck 🏲 a 🔝 if the organization belongs to an affiliated group. Check 🕨 b 💹 if y	rou check	ed "a" and "limited contro	•
Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
Total lobbying expenditures to influence public opinion (grassroots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 36 and 37)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 38 and 39)  Lobbying nontaxable amount. Enter the amount from the following table -  If the amount on line 40 is - The lobbying nontaxable amount is -  Not ever \$500,000	36 37 38 39 40 41 41 42 43 44	N/A	

# 4-Year Averaging Period Un

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Exp	penditures During 4-Year Av	veraging Period	N/A_
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(8) Total
45 Lobbying nontaxable amount					0
46 Lobbying celling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
60 Grassroots lobbying expenditures					

Part VIB Lobbying Activity by Nonelecting Public Charities N/A (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Amount Yes No Influence public opinion on a legislative matter or referendum, through the use of: a Volunteers \_\_\_\_\_ b Paid staff or management (include compensation in expenses reported on lines a through h.) Media advertisements ..... Mailings to members, legislators, or the public ..... e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body \_\_\_\_\_\_ h Railles, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Par	IVII Information Reg	garding Transfers To and	Transactions and	Relationships With Nonchar	itable		
	Exempt Organization di	cations (See page 14 of the Instructive rectly or Indirectly engage in any of the	20008.) e following with any other	organization described in section			
51	501(c) of the Code (other than s	ection 501(c)(3) organizations) or in s	section 527, relating to ool	itical organizations?			
а		anization to a noncharitable exempt o				Yes	No
_			•		51a(l)		X
	• -				1 _/:::		X
b	Other transactions:						
	(I) Sales or exchanges of asset	ts with a noncharitable exempt organi	zation		b(l)	<u> </u>	X
	• •				1		X
	• •				1	1	X
	• •					-	X
					·····		X
						-	X
_				always show the fair market value of the		<del></del>	1.77
d	ande allower to any or the above	e is Tes, complete the following sent given by the reporting organization. I	if the organization received	I less than fair market value in any			
		nent, show in column (d) the value of				N/I	A
(a)		(c)		(d)		-	
Line		Name of noncharitable exe	mpt organization	Description of transfers, transactions, ar	nd sharing a	rrange	ments
							· · · · · · · · ·
						·	
				, , , , , , , , , , , , , , , , , , , ,			
							<u>.                                    </u>
							······································
•							
•				4			
52 a				ganizations described in section 501(c) of t	the	-	<del>v≠</del> 1
•		c)(3)) or in section 527?	***************************************		Yes Yes	L	X] No
<u> </u>	If 'Yes," complete the following		1 // // //				
	(a Name of o	a) roanization	(b) Type of organization	(c) Description of relation	onship		
	712710 01 0						
	<u>, ,</u>		<u> </u>	-			
-	*						
			·				
			. ,				
-							
	, , , , , , , , , , , , , , , , , , , ,						
	•						

Employer identification number

# SAN FRANCISCO ZOOLOGICAL SOCIETY

94-1429538

art II	Noncash Property (See Specific Instructions.)		
(a) No. from	(b) . Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	A \$4,500 3 OR 4 NIGHT STAY AT THE REGIS IN NYC	-	
		\$\$	03/04/08
(a) No. from Part I	(b) Description of noncash property given	(o) FMV (or estimate) (see instructions)	(d) Date received
4	A \$500 GIFT CERTIFICATE TO ARDOUR		
		\$\$	02/22/08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	·	  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Current Year Deduction	l Ou	52,607.	82,316.	45,163.	240.	180,326.		
Current Sec 179		0	Š		C	0		
Accumulated Depreciation	Š	372,415. 265,006.	533,550.	161,305.		1020703.		
Basis For Depreciation		372,415.	943,229. 533,550. 0. 943,229. 533,550.	222,142	300000	1600189.		
Reduction In Basis		-0	6			0.		
Bus % Excl								
Unadjusted Cost Or Basis		372,415. 372,415.	943,229.	222,142.	62,403.	284,545. 1600189.		
No.		<del>1111</del> 111	16	G.	16			
l.ife		7.00 I6	5.00	000	5.00			
Method		5		ESSE SE	SI			
Date Acquired		<u>4</u>	VARIESSI	7 A E	VARIESSI	M	-	
Description	FURNITURE & FIXTURES	FURNITURE AND FEXTURES * 990 PAGE 2 TOTAL FURNITURE & FIXTURES	MACHINERY & EQUIFMENT MACHINERY AND 1EQUIPMENT * 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT	OTHER SSOFTWARE	4OTHER FOTAL	CTHER * GRAND TOTAL 990 PAGE 2 DEPR		
Assot No.		.7	]		ÿ			

(D) - Asset disposed

728102 04-27-07

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 GAIN (Lo	OSS) FR	OM PUBI	ICLY T	RADED	SECU	RITIES	STA	ATEMENT	1
DESCRIPTION		GRO SALES			ST OR IR BAS		PENSE SALE	NET GA OR (LO	
VARIOUS SECURITIES		2,411	1,617.	2,3	352,32	3.	0.	59,	294.
TO FORM 990, PART I, LI	ne 8	2,411	L,617.	2,3	352,32	3.	0.	59,	294.
FORM 990	SPECI	AL EVE	NTS AND	ACT	LVITIE	IS	ST	ATEMENT	. 2
DESCRIPTION OF EVENT		OSS EIPTS	CONTRI		GRO REVI		DIRECT		COME COSS)
ZOOFEST ZOOFEST FOR KIDS NIGHT TOUR OTHER EVENTS GOLF TOURNAMENT	18 11 13	39,528. 32,752. 14,796. 14,321. 50,309.			182 114 114	9,528. 2,752. 4,796. 4,321. 0,309.	326,504. 53,452. 78,621. 14,417. 36,786.	129 36 99	,024 ,300 ,175 ,904 ,523
TO FM 990, PART I, LINE	9 1,2	51,706.			1,25	1,706.	509,780	741	,926
FORM 990 OTHER	CHANGES	IN NET	ASSET	S OR	FUND :	BALANC	es s'	PATEMEN	r
DESCRIPTION								AMOUN	${f T}$
UNREALIZED LOSS FROM INCHANGE IN VALUE OF CRT	NVESTME ASSETS	nts						-541 -35	,922 ,891
TOTAL TO FORM 990, PAR	T I, LI	NE 20					-	-577	,813
FORM 990		OTI	HER EXP	ENSES	5		S	TATEMEN	TT
	(	A)	PR	(B) .OGRAN	1	(C) MANAGI		(D)	
DESCRIPTION	TC	TAL	SE	RVICE	ES —— -	AND G	ENERAL	FUNDRA1	SING
DUES AND SUBSCRIPTIONS ANIMAL CARE AND		37,337	•	13,6	605.	:	22,353.	1	1,379
PRESERVATIONS OTHER PROFESSIONAL	Ę	576 <b>,</b> 955	•	573,	386.		3,569.		(
AND CONTRACTED SERVICES	1,5	16,476	. 1,	133,	760.	. 2	68,042.	114	1,674

SAN FRANCISCO ZOOLOGIO	CAL SOCIETY			94-1429538
LEGAL AND ACCOUNTING BANK CHARGES	493,044. 165,174.	133,424.	493,044. 15,039.	16,711.
ADVERTISING AND PUBLIC RELATIONS MISCELLANEOUS INSURANCE	392,290. 514,205. 261,557.	16,416. 318,018. 210,320.	75. 98,581. 49,863.	375,799. 97,606. 1,374.
LAUNDRY, UNIFORMS, AND CLOTHING CATERING EVENTS	45,063. 52,486. 178,018.	45,029. 33,643. 38,472.	34. 9,538. 15.	9,305. 139,531.
ARCHITECT, DESIGN, CONSTRUCTION, AND LANDSCAPING INVESTMENT EXPENSES OTHER CAPITAL EXPENDITURES	251,438. 51,715. 68,917.	232,433. 41,889.	17,689. 4,654.	1,316. 5,172.
TOTAL TO FM 990, LN 43	4,604,675.	2,859,312.	982,496.	762,867.

ORM 990 NONCAS	H GRANTS	AND	ALLOCATI	ONS		STATEMEN'	r 5
LASS OF ACTIVITY: GIFT							
ONEE'S NAME AND ADDRESS							
TITY AND COUNTY OF SAN FRANC 01 STANYAN STREET SAN FRANCISCO, CA, 94117	ISCO						
RELATIONSHIP OF DONEE	DESCI	RIPTI	ON OF PRO	OPERTY		DATE OF	GIFT
IONE	REAL	PROP	& OTHER	CAPITAL	IMP		
METHOD USED TO DETERMINE BOO	K VALUE						
Cost				,			
METHOD USED TO DETERMINE FAI	R MARKE	r <sub>.</sub> vai	UE	воок	VALUE	AMOUNT	GIVE
				-	0.	396	5,224
			·				

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6 FORM 990

## DESCRIPTION OF PROGRAM SERVICE ONE

GENERAL PUBLIC SERVICE. (INCLUDES: FOOD, MERCHANDISE SALES, RIDES AND CHILDREN'S ZOO.): THE SAN FRANCISCO ZOO SERVES OVER 1,000,000 VISITORS ANNUALLY AND IS OPEN TO THE PUBLIC 365 DAYS A YEAR. THE FACILITY RESTS ON A 125 ACRE AREA WITH NEARLY 85 ACRES DEVOTED TO THE ACTUAL ZOO. THE ZOO IS LOCATED IN THE CITY OF SAN FRANCISCO AND SITS ON THE EDGE OF THE BEAUTIFUL PACIFIC OCEAN. IN ADDITION TO THE ANIMAL COLLECTION WE MAINTAIN A LARGE BOTANICAL COLLECTION OF OVER 350,000 PLANTS.

		GRANTS	EXPENSES
TO FORM 990, PA	RT III, LINE A		2,225,993.

FORM 990 . STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT

## DESCRIPTION OF PROGRAM SERVICE TWO

MEMBERSHIP SERVICES, ADMISSIONS, EDUCATIONAL PROGRAMS, AND PUBLICATIONS:
EDUCATIONAL PROGRAMS AND SERVICES INCLUDING DOCENT-GUIDED TOURS, ADULT AND YOUTH VOLUNTEER PROGRAMS, ZOO CAMP, CHILDREN'S AND ADULT CLASSES, OVERNIGHTS, CONSERVATION LECTURE SERIES, ZOO-MOBILE, WILDLIFE THEATRE PRESENTATIONS AND TEACHER RESOURCES.

TO FORM 990, PART III, LINE B 2,842,454.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

## DESCRIPTION OF PROGRAM SERVICE THREE

ANIMAL COLLECTIONS, EXHIBITS AND ZOO IMPROVEMENTS: THE SAN FRANCISCO ZOO IS HOME TO OVER 1,000 ANIMALS COMPRISED OF OVER 200 SPECIES FROM AROUND THE WORLD. VISITORS CAN SEE ANIMALS IN NATURALISTIC MULTI-SPECIES HABITATS LIKE THE AFRICAN SAVANNA AND ENJOY THE PUBLIC FEEDING OF THE LARGE CATS, A 75 YEAR TRADITION. THE ZOO PARTICIPATES IN CONSERVATION PROGRAMS THAT ARE AIMED AT SAVING OVER 35 SPECIES OF ENDANGERED ANIMALS.

			•		GR <i>I</i>	Ants	EXPENSES	
TO FORM 990, PART III, LINE C 396,224.						10,907,665.		
FORM 990	STATEMENT	OF	ORGANIZATION'S PART III		EXEMPT	PURPOSE	STATEMENT	9

### EXPLANATION

THE SAN FRANCISCO ZOO IS OPERATED FOR THE PURPOSE OF ACQUIRING AND MAINTAINING ANIMAL AND PLANT LIFE COLLECTIONS FOR THE STUDY AND PROMOTION OF ZOOLOGY, NATURAL HISTORY AND WILDLIFE CONSERVATION; AND FOR THE EDUCATION AND RECREATION OF THE PUBLIC.

FORM 990 NON-	GOVERNMENT SE	CURITIES	·····	STATEMENT	10
SECURITY DESCRIPTION COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV SECURITI	_
CORPORATE STOCKS FMV MUTUAL FUNDS-EQUITY FMV CORPORATE BONDS FMV	0. 4,685,534.	0.		4,685,5	34.
OTHER EQUITY FMV SECURITIES	475,994.			475,9	194.
TO FORM 990, LINE 54A, COL B	5,161,528.			5,161,5	28.

FORM 990 GOV	ERNMENT SE	STATEMENT 11		
DESCRIPTION	COST/FMV	U.S. GOVERNME	STATE AND ENT LOCAL GOV'T	TOTAL GOV'T SECURITIES
FEDERAL BONDS	FMV	656,13	.0.	656,110.
TOTAL TO FORM 990, LINE 54A,	COL B	656,11	10.	656,110.
FORM 990 DEPRECIATION OF	r ASSETS NO	OT HELD FOR	INVESTMENT	STATEMENT 12
DESCRIPTION		OST OR ER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & FIXTURES MACHINERY & OTHER EQUIPMENT OTHER		372,415. 943,229. 284,545.	317,613. 615,866. 267,550.	54,802. 327,363. 16,995.
TOTAL TO FORM 990, PART IV, I	IN 57	1,600,189.	1,201,029.	399,160.
FORM 990	OTHER LIA	BILITIES		STATEMENT 13
DESCRIPTION			BEGINNING OF YEAR	END OF YEAR
CAPITAL LEASE OBLIGATIONS LIABILITY TO BENEFICIARY LINE OF CREDIT			68,802. 462,285.	35,932. 462,283. 700,000.
TOTAL TO FORM 990, PART IV,	LINE 65		531,087.	1,198,215.
FORM 990	OTHER SECU	RITIES		STATEMENT 14
SECURITY DESCRIPTION			COST/FMV	OTHER SECURITIES
MONEY MARKET ACCOUNTS REAL ESTATE INVESTMENT FUNDS			FMV FMV	502,371. 232,022.

FORM 990 PART V-A - LIST OF TRUSTEE	CURRENT OFFICERS, S AND KEY EMPLOYEE		STATE	EMENT 15
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
MANUEL A. MOLLINEDO 1 ZOO ROAD SAN FRANCISCO, CA 94132	EXECUTIVE DIRE 37.50	357,100.		0.
WAYNE READING 1 ZOO ROAD SAN FRANCISCO, CA 94132	CFO 37.50	116,537.	5,827.	0.
JESUS VARGAS 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR OF OF 37.50	PERATIONS 128,355.	6,418.	0.
TJISKA VANWYK 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR OF DE 37.50	EVELOPMENT 163,863.	8,193.	0.
LORETTA LAMARCA 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR OF MA	ARKETING 121,045.	6,052.	0.
ROBERT JENKINS 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR OF AN	NIMAL CARE 146,019.	7,301.	0.
JOSEPH FITTING 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR OF EN	DUCATION 95,053.	4,753.	0.
NICK PODELL 1 ZOO ROAD SAN FRANCISCO, CA 94132	CHAIRMAN 0.00	0.	0.	0.
TANYA PETERSON 1 ZOO ROAD SAN FRANCISCO, CA 94132	VICE-CHAIR 37.50	4,808.	0.	. 0.
ANTOINETTE FREITAS-KRAJCAR 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	. 0.	. 0.
ASHLEY RILEY 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	. 0	. 0.

SAN FRANCISCO ZOOLOGICAL SOCIETY			94-14	29538
BARBARA BEASLEY 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
BARBARA STEPHENSON 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
BARNABY CONRAD III 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
BARRY R. LIPMAN 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
CECILY CAMERON 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
CHARLES F. WILLIS, IV 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
CHRISTIAN D. VALENTINE 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
CONSTANCE COLLADAY HOOKER 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
CRAIG M. TIGHE 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
CRAIG R. JOHNSON 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
CYNTHIA L. CARROLL 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
DAVID STANTON 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
DAVID TRAITEL 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.

SAN FRANCISCO ZOOLOGICAL SOCIETY			94-14	29538
DEBORAH ROBBINS 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
DIANNE MARIE TAUBE 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	.0.
DONNA CARNES 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
DONNA L. MOLLENHAUER 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
E. RICHARD JONES 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
EDWARD A. OATES 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0 .
EDWARD POOLE 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
ELENA M. ASTURIAS 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
FRED CARROLL 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
G. ROBERT MUEHLHAUSER 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
GEORGE VON ZEDLITZ 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
GLORIA M. HING, M.D. 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
GORDON G. DEAN 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.

SAN FRANCISCO ZOOLOGICAL SOCIETY			94-1429538		
HARRIS BARTON 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.	
J. JAY PIERREPONT 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.	
JACQUELINE L. ERDMAN 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.	
JAMES J. LUDWIG 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.	
JAMES SERGI 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.	
JAMES T. FARRELL 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.	
JAMIE GATES 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.	
JOAN MURPHY 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.	
KAREN FUKUMURA 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	. 0.	0.	0.	
KEVIN D. JOHNSON 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.	
LAYNE GRAY 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.	
LESLIE M. LAVA 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.	
LISA LENZO 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.	

SAN FRANCISCO ZOOLOGICAL SOCIET	Y		94-1429538	
LOUISE PATTERSON 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
MACGREGOR READ 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
MARCELLE COSTELLO 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
MARGARET H. KAVALARIS 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
MARK ROBERTS 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	. 0.	0.
MELINDA HENDERSON 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
MERRILL L. MAGOWAN 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
NINO FANLO 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
PAUL J. JANSEN 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
RICHARD C. JACOBSEN, JR. 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
RICK GOLD 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
ROBERT GIBNEY 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.
ROBERT PEDRERO 1 ZOO ROAD SAN FRANCISCO, CA 94132	DIRECTOR 0.00	0.	0.	0.

SAN FRANCISCO ZOOLOGICAL	SOCIETY					94-1	429538
ROSEMARY BAKER 1 ZOO ROAD SAN FRANCISCO, CA 94132		DIRECTOR 0.00		0.		0.	0.
SCOTT SETRAKIAN 1 ZOO ROAD SAN FRANCISCO, CA 94132		DIRECTOR 0.00		0.		0.	0.
SIDNEY GOODWILL 1 ZOO ROAD SAN FRANCISCO, CA 94132		DIRECTOR 0.00		0.		0.	Ó.
TOTALS INCLUDED ON FORM 99	0, PART	V-A	1,13	2,780.	56,	399.	0.
FORM 990	PROGR	AM SERVICE REV	ENUE			STATEME	ENT 16
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUI AMOUN		RELATE EXEMPT TION	FUNC-
EDUCATION AND TRAVEL GATE ADMISSIONS PARKING			· · · ·			4,17	47,796. 75,087. 57,335.
RETAIL SALES AND COMMISSIONS CHILDREN'S ZOO		·					87,812. 57,805.
TO FORM 990, PART VII, LIN	E 93		=			7,92	25,835.
LINE EXPLANATION OF RELA  93A ALL RELATED AND EXE	PLISHMEN ATIONSHI	CTION INCOME :	URPOSES ES IS USED			STATEM	
93B FOR THE PURPOSE OF 93C COLLECTIONS FOR THE 93D AND WILDLIFE CONSER 93E PUBLIC. 94 101 103B 103C	ACQUIRI STUDY	ING AND MAINTAL AND PROMOTION	INING AN OF ZOOI	OGY, N	ATURA	AL HIST	ORY

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2C

STATEMENT

18

ANTOINETTE FREITAS-KRAJCAR, A MEMBER OF THE BOARD OF DIRECTORS, IS THE SAN FRANCISCO ZOOLOGICAL SOCIETY'S INSURANCE BROKER FOR MEDICAL, VISION, DENTAL, LIFE AND DISABILITY INSURANCE. SHE RECEIVES A COMMISSION FROM THE INSURANCE CARRIERS. THE SAN FRANCISCO ZOOLOGICAL SOCIETY PERIODICALLY WILL PRICE INSURANCE TO ENSURE THAT THEY ARE GETTING THE MAXIMUM INSURANCE COVERAGE FOR THE LEAST PREMIUM COST.

SCHEDULE A	OTHER INCOME			STATEMENT	19
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
REIMBURSEMENT OF BOND ISSUANCE COSTS	108,579.	0.	0	).	0.
TOTAL TO SCHEDULE A, LINE 22	108,579.	0.	· 0	).	0.