

Return of Organization Exempt From Income TaxUnder 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.

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006****B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific instructions.

C Name of organization**SAN FRANCISCO ZOOLOGICAL SOCIETY**

Number and street (or P.O. box if mail is not delivered to street address)

1 ZOO ROAD

City or town, state or country, and ZIP + 4

SAN FRANCISCO, CA 94132**D** Employer identification number**94-1429538****E** Telephone number**(415) 753-7080****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.SFZOO.ORG****J** Organization type (check only one) ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **19,211,808.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	4,598,886.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	48,046.	
	d	Total (add lines 1a through 1c) (cash \$ 4,490,244. noncash \$ 156,688.)	1d	4,646,932.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	11,213,817.
	3	Membership dues and assessments		3	1,993,412.
	4	Interest on savings and temporary cash investments		4	48,881.
	5	Dividends and interest from securities		5	154,706.
	6a	Gross rents	6a		
6b	Less: rental expenses	6b			
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)		7		
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	195,000.	8a
	b	Less: cost or other basis and sales expenses	62,589.	8b	
	c	Gain or (loss) (attach schedule)	132,411.	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	8d	132,411.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 130,458. of contributions reported on line 1a)	9a	959,060.		
b	Less: direct expenses other than fundraising expenses	9b	557,903.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 2	9c	401,157.	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)		11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	18,591,316.	
Expenses	13	Program services (from line 44, column (B))		13	13,461,813.
	14	Management and general (from line 44, column (C))		14	2,446,018.
	15	Fundraising (from line 44, column (D))		15	724,895.
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 16 and 44, column (A))		17	16,632,726.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	1,958,590.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	6,053,341.
	20	Other changes in net assets or fund balances (attach explanation)		20	<294,462.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	7,717,469.

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) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ 0, noncash \$ 392,896.) If this amount includes foreign grants, check here <input type="checkbox"/>	392,896.	392,896.	STATEMENT 6		
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc. **	297,805.	238,515.	45,362.	13,928.	
26	Other salaries and wages	7,833,920.	6,274,274.	1,193,252.	366,394.	
27	Pension plan contributions	104,818.	83,950.	15,966.	4,902.	
28	Other employee benefits	1,979,652.	1,585,525.	301,538.	92,589.	
29	Payroll taxes	530,231.	424,668.	80,764.	24,799.	
30	Professional fundraising fees					
31	Accounting fees					
32	Legal fees					
33	Supplies	305,550.	244,718.	46,541.	14,291.	
34	Telephone	123,700.	99,073.	18,842.	5,785.	
35	Postage and shipping	168,987.	135,343.	25,740.	7,904.	
36	Occupancy	882,716.	706,977.	134,454.	41,285.	
37	Equipment rental and maintenance	324,647.	260,013.	49,450.	15,184.	
38	Printing and publications	261,906.	209,764.	39,893.	12,249.	
39	Travel					
40	Conferences, conventions, and meetings					
41	Interest	30,803.	24,670.	4,692.	1,441.	
42	Depreciation, depletion, etc. (attach schedule)	198,189.	112,968.	85,221.		
43	Other expenses not covered above (itemize):					
a		43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g	SEE STATEMENT 4	43g	3,196,906.	2,668,459.	404,303.	124,144.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	16,632,726.	13,461,813.	2,446,018.	724,895.	

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

** SEE STATEMENT 5

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a GENERAL PUBLIC SERVICE. (INCLUDES: FOOD, MERCHANDISE SALES, RIDES AND CHILDREN'S ZOO.)

(Grants and allocations \$ 392,896.) If this amount includes foreign grants, check here ► ☐

2,058,795.

b MEMBERSHIP SERVICES, ADMISSIONS, EDUCATIONAL PROGRAMS, AND PUBLICATIONS.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

2,551,854.

c ANIMAL COLLECTIONS, EXHIBITS AND ZOO IMPROVEMENTS.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

8,851,164.

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 13,461,813.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	1,689,792.	1,680,076.
	46 Savings and temporary cash investments	1,315,133.	490,000.
	47 a Accounts receivable	915,668.	
	b Less: allowance for doubtful accounts	399,892.	915,668.
	48 a Pledges receivable	902,644.	
	b Less: allowance for doubtful accounts	866,582.	902,644.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	220,435.	256,369.
	54 Investments - securities STMT 8 STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,825,040.	6,423,095.
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	1,335,002.		
b Less: accumulated depreciation STMT 10	817,187.	517,815.	
58 Other assets (describe SEE STATEMENT 11)		170,144.	
59 Total assets (must equal line 74). Add lines 45 through 58	9,971,274.	11,355,811.	
Liabilities	60 Accounts payable and accrued expenses	2,577,401.	2,633,969.
	61 Grants payable		
	62 Deferred revenue		899,700.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	1,200,000.	
65 Other liabilities (describe CAPITAL LEASE OBLIGATIONS)	140,532.	104,673.	
66 Total liabilities. Add lines 60 through 65	3,917,933.	3,638,342.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,183,893.	1,432,344.
	68 Temporarily restricted	1,989,166.	2,180,731.
	69 Permanently restricted	2,880,282.	4,104,394.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	6,053,341.	7,717,469.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	9,971,274.	11,355,811.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	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.)	82b	68,455.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
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	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
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.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	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	88	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.		
b	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? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ CA		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	184
91 a	The books are in care of ▶ WAYNE READING Telephone no. ▶ (415) 753-7080 Located at ▶ 1 ZOO ROAD, SAN FRANCISCO, CA ZIP + 4 ▶ 94132		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	Employer identification number
	SAN FRANCISCO ZOOLOGICAL SOCIETY	94-1429538
	Number, street, and room or suite no. If a P.O. box, see instructions. 1 ZOO ROAD	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN FRANCISCO, CA 94132	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **WAYNE READING**
Telephone No. ► **(415) 753-7080** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole** group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2005** , and ending **JUN 30, 2006** .
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 16					11,213,817.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,993,412.
95 Interest on savings and temporary cash investments			14	48,881.	
96 Dividends and interest from securities			14	154,706.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	132,411.	
101 Net income or (loss) from special events					401,157.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		335,998.	13,608,386.
105 Total (add line 104, columns (B), (D), and (E))					13,944,384.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

▼ SEE STATEMENT 17

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: 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.

Signature of officer: Wayne Reading, CFO Date: 12/7/06 Type of print name and title: WAYNE READING, CFO

Paid Preparer's Use Only: Preparer's signature: Darla A. Nelson, CPA Date: 11/21/06 Check if self-employed: ☐ Preparer's SSN or PTIN: P00027123

Firm's name (or yours if self-employed), address, and ZIP + 4: GILBERT ASSOCIATES, INC.
2880 GATEWAY OAKS DR, STE 100
SACRAMENTO, CA 95833

EIN: 68-0037990 Phone no.: 916-646-6464

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

2005

Name of the organization

SAN FRANCISCO ZOOLOGICAL SOCIETY

Employer identification number

94 1429538

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TJISKA VAN WYK 1 ZOO ROAD, SAN FRANCISCO, CA 94132	DIR. OF DEVELOPMENT 37.50	140,000.	592.	
ROBERT JENKINS 1 ZOO ROAD, SAN FRANCISCO, CA 94132	DIR. OF ANIMAL CARE 37.50	130,000.	6,500.	
LORETTA LAMARCA 1 ZOO ROAD, SAN FRANCISCO, CA 94132	DIR. OF MARKETING 37.50	104,400.	2,005.	
GOGO HEINRICH 1 ZOO ROAD, SAN FRANCISCO, CA 94132	FACILITIES MANAGER 37.50	100,400.	4,092.	
FREELAND DUNKER 1 ZOO ROAD, SAN FRANCISCO, CA 94132	VETERINARIAN 37.50	94,436.	4,722.	
Total number of other employees paid over \$50,000 ▶	17			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B

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.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part 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 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.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities? SEE STATEMENT 18	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,465,992.	4,356,567.	3,420,810.	4,868,643.	17,112,012.
16 Membership fees received	1,878,795.	1,691,461.	1,785,168.	1,885,209.	7,240,633.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	11,817,307.	11,062,391.	10,488,328.	9,803,952.	43,171,978.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	253,531.	154,069.	169,561.	205,805.	782,966.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	18,415,625.	17,264,488.	15,863,867.	16,763,609.	68,307,589.
24 Line 23 minus line 17	6,598,318.	6,202,097.	5,375,539.	6,959,657.	25,135,611.
25 Enter 1% of line 23	184,156.	172,645.	158,639.	167,636.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (a), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (a) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 0. (2003) 0. (2002) 1,000,000. (2001) 1,000,000.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (a) for lines: 15 17,112,012. 16 7,240,633. 17 43,171,978. 20 _____ 21 _____					27c 67,524,623.
d Add: Line 27a total 2,000,000. and line 27b total 0.					27d 2,000,000.
e Public support (line 27c total minus line 27d total)					27e 65,524,623.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 68,307,589.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 95.9258%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.1462%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

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

	Yes	No
29 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?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 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?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c 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?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
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?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied 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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

(a)
Affiliated group
totals(b)
To be completed for ALL
electing organizations

N/A

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table -			
	If the amount on line 40 is -			
	The lobbying nontaxable amount is -			
	Not over \$500,000	20% of the amount on line 40		
	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	41	
	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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling 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.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Yes

No

Amount

a	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c	Media advertisements			
d	Mailings to members, legislators, or the public			
e	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

SAN FRANCISCO ZOOLOGICAL SOCIETY

Employer identification number

94-1429538

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

SAN FRANCISCO ZOOLOGICAL SOCIETY

94-1429538

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEE ATTACHED SEE ATTACHED	\$ 3,975,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DONNA N. CARNES 1 ZOO ROAD SAN FRANCISCO, CA 94132	\$ 26,230.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MARCELLE W. COSTELLO 1 ZOO ROAD SAN FRANCISCO, CA 94132	\$ 11,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	TASTE CATERING AND EVENT PLANNING BAY PARK, 3450 THIRD STREET 4D SAN FRANCISCO, CA 94124	\$ 14,412.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SAN FRANCISCO ZOOLOGICAL SOCIETY

94-1429538

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	MICROSOFT SOFTWARE	\$ 26,230.	06/20/06
3	SPECIAL EVENT PRODUCTS & ADVERTISING	\$ 11,200.	VARIOUS
4	CATERING & EVENT PLANNING	\$ 14,412.	05/01/06
		\$	
		\$	
		\$	

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	195,000.	62,589.	0.	132,411.
TO FORM 990, PART I, LINE 8	195,000.	62,589.	0.	132,411.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	161,000.	3,342.	157,658.	40,367.	117,291.
ZOOFEST	535,450.	63,012.	472,438.	295,664.	176,774.
ZOOFEST FOR KIDS	188,015.	64,104.	123,911.	104,004.	19,907.
HALLOWBOOZOO	31,800.		31,800.	11,796.	20,004.
SEX TOUR	31,320.		31,320.	6,646.	24,674.
NIGHT TOUR	89,470.		89,470.	66,972.	22,498.
BINOWEE	21,306.		21,306.	32,454.	<11,148.>
CORPORATE MARKETING EVENT	31,157.		31,157.		31,157.
TO FM 990, PART I, LINE 9	1,089,518.	130,458.	959,060.	557,903.	401,157.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAINS FROM INVESTMENTS	138,534.
PRIOR PERIOD ADJUSTMENT RELATED TO DEFERRED REVENUE AND CHANGE IN FMV OF CRT	<441,153.>
CHANGE IN VALUE OF CRT ASSETS	8,157.
TOTAL TO FORM 990, PART I, LINE 20	<294,462.>

FORM 990

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MISCELLANEOUS	211,442.	169,351.	32,205.	9,886.
DUES AND SUBSCRIPTIONS	28,573.	22,885.	4,352.	1,336.
TAXES, LICENSES, AND PERMITS	11,518.	9,225.	1,754.	539.
ANIMAL MAINTENANCE	518,349.	518,349.		
PROFESSIONAL AND CONTRACTED SERVICES	666,806.	534,052.	101,567.	31,187.
EXHIBIT EXPENSES	37,032.	29,659.	5,641.	1,732.
LAUNDRY AND UNIFORMS	38,048.	30,473.	5,795.	1,780.
TRAVEL AND ENTERTAINMENT	29,025.	23,246.	4,421.	1,358.
BOOKS AND MANUALS	1,897.	1,519.	289.	89.
BANK CHARGES	123,938.	99,263.	18,878.	5,797.
PUBLIC RELATIONS	587,950.	470,895.	89,556.	27,499.
RECRUITING	7,400.	5,927.	1,127.	346.
GASOLINE AND DIESEL FUEL	26,078.	20,886.	3,972.	1,220.
TRAINING	4,169.	3,339.	635.	195.
TEE SHIRTS	13,033.	10,438.	1,985.	610.
SOLID WASTE DISPOSAL	186,645.	149,486.	28,430.	8,729.
SECURITY	323,087.	258,764.	49,212.	15,111.
INSURANCE	244,342.	195,696.	37,218.	11,428.
FACILITIES RENTAL	5,493.	4,399.	837.	257.
BOARD EXPENSES	13,615.	10,904.	2,074.	637.
PEST SERVICES	28,307.	22,671.	4,312.	1,324.
INVESTMENT EXPENSES	32,642.	26,143.	4,972.	1,527.
OTHER CAPITAL EXPENDITURES	24,224.	24,224.		
LEGAL AND AUDIT	33,293.	26,665.	5,071.	1,557.
TOTAL TO FM 990, LN 43	3,196,906.	2,668,459.	404,303.	124,144.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MANUEL MOLLINEDO	200,000.	10,000.		210,000.
A. PROGRAM SERVICES	157,800.	7,890.		165,690.
B. MANAGEMENT AND GENERAL	28,380.	1,419.		29,799.
C. FUNDRAISING	13,820.	691.		14,511.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WAYNE READING	97,805.	4,890.		102,695.
A. PROGRAM SERVICES	77,168.	3,858.		81,026.
B. MANAGEMENT AND GENERAL	13,879.	694.		14,573.
C. FUNDRAISING	6,758.	338.		7,096.

TOTAL PROGRAM SERVICES				246,716.
TOTAL MANAGEMENT AND GENERAL				44,372.
TOTAL FUNDRAISING				21,607.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				312,695.

FORM 990	NONCASH GRANTS AND ALLOCATIONS	STATEMENT	6
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CLASS OF ACTIVITY: GIFT

DONEE'S NAME

DONEE'S ADDRESS

CITY AND COUNTY OF SAN FRANCISCO

SAN FRANCISCO, CA

RELATIONSHIP OF DONEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

MISCELLANEOUS CAPITAL
ASSETS

06/30/06

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE

AMOUNT GIVEN

392,896.

392,896.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

392,896.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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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 SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	FMV	1,601,835.			1,601,835.
MUTUAL FUNDS-EQUITY	FMV	954,617.			954,617.
STATE OF ISRAEL BONDS	COST			200,000.	200,000.
CORPORATE BONDS	FMV		1,084,041.		1,084,041.

SAN FRANCISCO ZOOLOGICAL SOCIETY

94-1429538

OTHER EQUITY SECURITIES	FMV	19,440.		19,440.
TO FORM 990, LINE 54, COL B		<u>2,575,892.</u>	<u>1,284,041.</u>	<u>3,859,933.</u>

FORM 990	GOVERNMENT SECURITIES	STATEMENT	9
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
FEDERAL BONDS	FMV	1,232,613.		1,232,613.
TOTAL TO FORM 990, LINE 54, COL B		<u>1,232,613.</u>		<u>1,232,613.</u>

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & FIXTURES	325,815.	216,971.	108,844.
MACHINERY & OTHER EQUIPMENT	946,784.	545,735.	401,049.
OTHER	62,403.	54,481.	7,922.
TOTAL TO FORM 990, PART IV, LN 57	<u>1,335,002.</u>	<u>817,187.</u>	<u>517,815.</u>

FORM 990	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	AMOUNT
CHARITABLE REMAINDER TRUST ASSETS	170,144.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	<u>170,144.</u>

FORM 990	OTHER SECURITIES	STATEMENT 12
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKET ACCOUNTS	FMV	1,330,549.
TO FORM 990, LINE 54, COL B		1,330,549.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
CHANGE IN VALUE OF CRT ASSETS	8,157.
INVESTMENT EXPENSES	<32,642.>
TOTAL TO FORM 990, PART IV-A	<24,485.>

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 14
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DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	557,903.
SPECIAL EVENT EXPENSES	<130,458.>
TOTAL TO FORM 990, PART IV-B	427,445.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 15
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DESCRIPTION	AMOUNT
SPECIAL EVENT REVENUE	<557,903.>
SPECIAL EVENT REVENUE	130,458.
ROUNDING	2.
TOTAL TO FORM 990, PART IV-A	<427,443.>

FORM 990

PROGRAM SERVICE REVENUE

STATEMENT 16

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
EDUCATION AND TRAVEL					634,191.
GATE ADMISSIONS					3,708,876.
MANAGEMENT FEE					4,120,000.
PARKING & MISC					642,462.
RETAIL SALES AND COMMISSIONS					2,108,288.
TO FORM 990, PART VII, LINE 93					11,213,817.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 17

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
	ALL RELATED REVENUE PROVIDED FROM PROGRAM SERVICE ACTIVITIES ARE USED 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.

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.

SFZ BOARD OF DIRECTORS

2005-06

Name	Address	Title	Avg Hrs Per Week	Comp Received	Payt For Benefits	Reimbursed Expenses
Elena M. Asturias	1 Zoo Road, SF 94132		0	0	0	0
Cecily Cameron	1 Zoo Road, SF 94132		0	0	0	0
Donna Carnes	1 Zoo Road, SF 94132		0	0	0	0
Fred Carroll	1 Zoo Road, SF 94132		0	0	0	0
Mitchell R. Cohen	1 Zoo Road, SF 94132		0	0	0	0
Barnaby Conrad	1 Zoo Road, SF 94132		0	0	0	0
Marcelle Costello	1 Zoo Road, SF 94132		0	0	0	0
James G. Coulter	1 Zoo Road, SF 94132		0	0	0	0
Jim Davidson	1 Zoo Road, SF 94132		0	0	0	0
Gordon G. Dean	1 Zoo Road, SF 94132	Chair	0	0	0	0
Kay Dryden	1 Zoo Road, SF 94132		0	0	0	0
Jacqueline Erdman	1 Zoo Road, SF 94132		0	0	0	0
Nino Fanlo	1 Zoo Road, SF 94132		0	0	0	0
James T. Farrell	1 Zoo Road, SF 94132		0	0	0	0
Antoinette Freitas-Krajcar	1 Zoo Road, SF 94132		0	0	0	0
Karen Fukumura	1 Zoo Road, SF 94132		0	0	0	0
Jamie Gates	1 Zoo Road, SF 94132		0	0	0	0
Sidney Goodwill	1 Zoo Road, SF 94132		0	0	0	0
Layne Gray	1 Zoo Road, SF 94132		0	0	0	0
Gloria M. Hing, M.D.	1 Zoo Road, SF 94132		0	0	0	0
Constance Colladay Hooker	1 Zoo Road, SF 94132		0	0	0	0
Rich Jacobsen, Jr.	1 Zoo Road, SF 94132		0	0	0	0
Paul J. Jansen	1 Zoo Road, SF 94132		0	0	0	0
Craig R. Johnson	1 Zoo Road, SF 94132		0	0	0	0
Kevin D. Johnson	1 Zoo Road, SF 94132		0	0	0	0
Tracy Johnson	1 Zoo Road, SF 94132		0	0	0	0
E. Richard Jones	1 Zoo Road, SF 94132		0	0	0	0
Margaret Kavalaris	1 Zoo Road, SF 94132		0	0	0	0
Leslie M. Lava	1 Zoo Road, SF 94132		0	0	0	0
Lisa Lenzo	1 Zoo Road, SF 94132		0	0	0	0
Barry Lipman	1 Zoo Road, SF 94132		0	0	0	0
Craig London	1 Zoo Road, SF 94132		0	0	0	0
James Ludwig	1 Zoo Road, SF 94132	ViceChair	0	0	0	0
Merrill Magowan	1 Zoo Road, SF 94132		0	0	0	0
Russ Mittermeier	1 Zoo Road, SF 94132		0	0	0	0
Donna Mollenhauer	1 Zoo Road, SF 94132		0	0	0	0
Joe Montana	1 Zoo Road, SF 94132		0	0	0	0
G. Robert Muehlhauser	1 Zoo Road, SF 94132		0	0	0	0
Joan Murphy	1 Zoo Road, SF 94132		0	0	0	0
Guy Muzio	1 Zoo Road, SF 94132		0	0	0	0
Edward Oates	1 Zoo Road, SF 94132		0	0	0	0
Louise Patterson	1 Zoo Road, SF 94132		0	0	0	0

SFZ BOARD OF DIRECTORS
2005-06

Katherine Pattison	1 Zoo Road, SF 94132		0	0	0	0
Robert Pedrero	1 Zoo Road, SF 94132		0	0	0	0
Tanya Peterson	1 Zoo Road, SF 94132		0	0	0	0
J. Jay Pierrepont	1 Zoo Road, SF 94132		0	0	0	0
Nick Podell	1 Zoo Road, SF 94132		0	0	0	0
Michael Polenske	1 Zoo Road, SF 94132		0	0	0	0
Mark Roberts	1 Zoo Road, SF 94132		0	0	0	0
Deborah Robbins	1 Zoo Road, SF 94132		0	0	0	0
Scott Setrakian	1 Zoo Road, SF 94132		0	0	0	0
David Stanton	1 Zoo Road, SF 94132		0	0	0	0
Barbara Stephenson	1 Zoo Road, SF 94132		0	0	0	0
John Stumpf	1 Zoo Road, SF 94132		0	0	0	0
Dianne Marie Taube	1 Zoo Road, SF 94132		0	0	0	0
Craig Tighe	1 Zoo Road, SF 94132		0	0	0	0
Christian Valentine	1 Zoo Road, SF 94132		0	0	0	0
George von Zedlitz	1 Zoo Road, SF 94132		0	0	0	0
Charles F. Willis, IV	1 Zoo Road, SF 94132		0	0	0	0