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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ΑΙ	or the	2011 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	BIRMINGHAM ZOO, INC.			
L	Name change	Doing Business As		62-1	231591
	Initial return Termin ated	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number	879-0409
F	Amend return			G Gross receipts \$	10,040,198.
F	Applica				
_	∟ltiön pendin	F Name and address of principal officer:BETSY ROGERS		H(a) Is this a group re	Yes X No
			3_1106	for affiliates?	
_				H(b) Are all affiliates inc	
		mpt status: 501(c)(3)	or 527	1,	list. (see instructions)
		e: ► WWW.BIRMINGHAMZOO.COM		H(c) Group exemption	
_		organization: X Corporation Trust Association Other	L Year	of formation: 1999 N	State of legal domicile: ${ m AL}$
<u> </u>		Summary			
é	1	Briefly describe the organization's mission or most significant activities: THE	BIKWIV	IGHAM ZOO'S	PURPOSE IS
Governance	-	TO EXHIBIT ANIMALS FOR THE EDUCATION OF			
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	
Š		Number of voting members of the governing body (Part VI, line 1a)			19
৺		Number of independent voting members of the governing body (Part VI, line 1b)			19
es	5	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	240
Ϋ́	6	Fotal number of volunteers (estimate if necessary)		6	261
Activities &	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
. ~		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		3,027,084.	3,284,593.
'n		Program service revenue (Part VIII, line 2g)		3,228,640.	4,216,570.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		8,914.	4,778.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		690,537.	1,014,265.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,955,175.	8,520,206.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,554,751.	3,915,712.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 432,1	76.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,501,363.	4,651,108.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,056,114.	8,566,820.
		Revenue less expenses. Subtract line 18 from line 12		-100,939.	-46,614.
TO S	3	The state of the s		eginning of Current Year	End of Year
Net Assets	20	Total assets (Part X, line 16)	<u>-</u>	34,455,588.	34,028,286.
ASS	21	Total liabilities (Part X, line 26)	·····-	9,104,569.	8,723,881.
e	22	Net assets or fund balances. Subtract line 21 from line 20		25,351,019.	25,304,405.
	art II	Signature Block		20,002,023	23/301/1031
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and staten	nents, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w		•	y knowledge and belief, it is
		g and completel account of property (care and onloss) to become of all information of wh	mon propare	i nas any knowledge.	
Sig	m	Signature of officer	·	Date	
He		▶ BETSY ROGERS, VP FINANCE & ADMINISTRA	тт∩м		
110	16	Type or print name and title	11014		
-	,	Print/Type preparer's name Preparer's signature	Г	Date Check	PTIN
Pa	id	JEFF THORNTON JEFF THORNTON		07/19/12 if self-employ	
	eparer	Firm's name ▶ PEARCE, BEVILL, LEESBURG, MOORE	, P.C		63-0813240
	e Only	Firm's address 110 OFFICE PARK DR., SUITE 100	, F.C	• Firm's EIN ▶	03-0013440
Jo	o only	BIRMINGHAM, AL 35223		Dhar 2	05-323-5440
<u> </u>	+1 ''			Prione no. 2	
IVI	ıy the II	RS discuss this return with the preparer shown above? (see instructions)	<u></u>	***************************************	X Yes No

	990 (2011) BIRMINGHAM ZOO, INC.	62-1231591	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
			····
1	Briefly describe the organization's mission:		
	THE BIRMINGHAM ZOO'S PURPOSE IS TO EXHIBIT ANIMALS FOR		
	OF VISITORS, TO PROMOTE AND CONDUCT CONSERVATION PROGRA	MS AND RESEA	RCH
	STUDIES, AND TO SPONSOR EDUCATIONAL ACTIVITIES FOR THE		
	The state of the s	COLLIOIVE I I	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
^	·		TT
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	.?Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o		
		n grants and allocations i	iO.
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 7,016,155. including grants of \$) (Reve		132.)
	MANAGEMENT OF OPERATIONS OF THE BIRMINGHAM ZOO; SPONSOF	RSHIP OF	•
	EDUCATIONAL, ENVIRONMENTAL, AND CONSERVATION PROGRAMS;		चयक '
	ZOO AND ANIMAL AND HORTICULTURAL LIFE.	INOMOTION OF	
	ZOO AND ANIMAL AND HORITCULIURAL LIFE.		
			
		·	
4b	(Code:) (Expenses \$ 34,171 • including grants of \$) (Reve	enue \$ 1,073,	438.)
		HER PERIODIC	
	PUBLICATIONS.		
	TODBIGHT TOND.		

	The state of the s		
	**		
		•	
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)

	The state of the s		
4d	Other program services (Describe in Schedule O.)	****	
-			
	7 050 000		
<u>4e</u>	Total program service expenses ► 7,050,326.		
13200		Form 9	990 (2011)

Form 990 (2011) BIRMINGHAM ZOO, INC. Part IV | Checklist of Required Schedules

1 Is the organization described in section 501(c)(S) or 4947(a)(1) (other than a private foundation)? 1 If Yes, "complete Schedule O, and plant Schedule B, Schedule of Contributions" 2 Is the organization engage in index or indicate organization engage in index or indicate for public office? If "Yes," complete Schedule C, Part II 3 Section 501(c)(S) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) election in effect or fulled to public clamping activities, or have a section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Section 501(c)(S) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 X 5 SECTION 501(c)(S) organization back that any year organization that moelves membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-197 If "Yes," complete Schedule C, Part III 5 Did the organization marketian any donor advised finds or any similar turind or accounts or which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization review or hold a consensation in essential in such funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, instorical trassures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, instorical trassures, or other similar assets? If "Yes," complete Schedule D, Part II 10 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide confidence in Part X, line 10 part X,		•		Yes	No			
2 Is the organization required to complete Schedule 6, Schedule 6 Contributions Did the organization engage in direct or inclined copilitial campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization angage in lobbying activities, or have a section 501(f) electrion in effect during the text year? If 'Yes,' complete Schedule C, Part II 5 is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 69-1917 If 'Yes,' complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts If 'Yes,' complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If 'Yes,' complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If 'Yes,' complete Schedule D, Part IV 9 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If 'Yes,' complete Schedule D, Part IV 10 Did the organization sample of the management, receil repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 10 Did the organization sample of the management, receil repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 11 If the organization sample to through a related organization services? If 'Yes,' complete Schedule D, Part IV 12 If the organization sample to through a related organization services? If 'Yes,' complete Schedule D, Part IV 13 If the organization service or through a rel	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
Section 501c(3) organizations. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes, 'complete Schedule C, Part I' Section 501c(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part II' Section 501c(3) organizations accord 501c(4), 501c(4)(5), 501c(4), 501c(4)	_		-					
public effice? If "Yes," complete Schedule C, Part I Section 501(%) gorganizations. Did the organization engage in lobbying activities, or have a section 501(%) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(d), 501(d)(d), 501(d), 501			2	_ <u>X</u> _				
4 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i) election in effect during the tax year? If "Yes," complete Schedule C, Part III S is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives memberathip dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (in this donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (in this donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (in this donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (in this donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (in this donors have the right to provide advice on the distribution or investment to present open space, the environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide conditions. (in the organization, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IVI 10 Did the organization report an amount for fand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IVI 2 Did the organization report an amount for other assets in Part X, line 12? Int 12 is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VI 2 Did the organization report an amount for other labilities i	3	LIL COLOR DE LA CO	_		37			
during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section Solic(s)(s, 501 (c)(s), or Sol 1(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part III 6 Did the organization meintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures If "Yes," complete Schedule D, Part III 9 Did the organization meintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 12 If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 13 If the organization report an amount for investments - other socurities in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part X 14 Did the organization report an amount for or here assests in Part X, line 15 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part X 15 Did the organization report an amount for investments - other socurities in Part X, line 16? If Yes," complete Schedul			3					
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11 if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 3 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d	10							
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	20a							

Form 990 (2011) BIRMINGHAM ZOO, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.
00	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	00		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u> </u>
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	sidone. I	_X_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c]	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?		,,	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	-
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	051		- v
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	00		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	\vdash	+≏
J/	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	31	 	+
Ju	Note. All Form 990 filers are required to complete Schedule O	38	x	
		1 30		(0044)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	240			
. b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	· · · · · · · · · · · · · · · ·		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		••••••	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action'	?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	· · · · · · · · ·		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions o	or gifts			
	were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X
b				7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired			
	to file Form 8282?	 I	<u> </u>	_7c_		_X_
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>			1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		<u> </u>
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at					
9	Sponsoring organizations maintaining donor advised funds.	any m	ne during the year?	8		1
а	Did the organization make any taxable distributions under section 4966?			_	45.1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9a		
10	Section 501(c)(7) organizations. Enter:	•••••	•••••••••••••••••••••••••••••••••••••••	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1			
11.	Section 501(c)(12) organizations. Enter:	100		1		
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	110		1		
_	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ.	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the				1	

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand 13c

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

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

14a

14b

Х

13b

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	İ		
b	Enter the number of voting members included in line 1a, above, who are independent 15			:
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
14		7a		X
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
ь		71.		x
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8			· v	1 11
a	The governing body?	_8a_	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b_	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	ıd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:	-	
	BETSY ROGERS - 205-879-0409			
	2630 CAHABA ROAD, BIRMINGHAM, AL 35223-1106			

Part VIII

Statement of Revenue

(A) (B) (C) Revenue excluded from Total revenue Related or Unrelated exempt function husiness tax under sections 512, 513, or 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1985000. Contributions, and Other Simi e Government grants (contributions) 16 f All other contributions, gifts, grants, and similar amounts not included above | 1f 1299593 48,942. g Noncash contributions included in lines 1a-1f: \$ 3284593. h Total. Add lines 1a-1f ... Business Code 713990 2749740 2749740 2 a ADMISSIONS Program Service Revenue b MEMBERSHIP DUES 713990 1073438. 1073438. 393,392. c PROGRAM AND CAMP FEES 713990 393,392. f All other program service revenue 4216570. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,778. 4,778. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 48,630. 6 a Gross rents b_Less: rental expenses____ 48,630. c Rental income or (loss) 48,630. 48,630 d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue of including \$ contributions reported on line 1c). See 434326 Part IV, line 18 _____a 267447. b Less: direct expenses _____ b 166,879. 166,879. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns 1,664,745 and allowances _____a 1,252,545. b Less: cost of goods sold _____ b 412,200. 412,200. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 386,556. 386,556. b d All other revenue e Total. Add lines 11a-11d 386,556. Total revenue. See instructions. 8520206. 5063956. 171,657.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22			ļ					
3	Grants and other assistance to governments,		•						
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16								
4	Benefits paid to or for members			·,					
5	Compensation of current officers, directors,								
	trustees, and key employees		ł						
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	3,308,967.	2,647,174.	628,704.	33,089.				
8	Pension plan accruals and contributions (include								
	section 401(k) and section 403(b) employer contributions)			•					
9	Other employee benefits	333,807.	267,045.	63,423.	3.339.				
10	Payroll taxes	272,938.	218,350.	51,858.	3,339. 2,730.				
11	Fees for services (non-employees):								
а	Management								
b	Legal								
С	Accounting	22,955.			22,955.				
d	Lobbying				22,73301				
e	Professional fundraising services. See Part IV, line 17			eres de la companya de la companya de la companya de la companya de la companya de la companya de la companya					
f	Investment management fees	i							
g	Other	19,639.			19,639.				
12	Advertising and promotion	571,118.	334,017.	235,081.	2,020.				
13	Office expenses	122,471.	74,458.	20,681.	27,332.				
14	Information technology	34,332.	28,844.	249.	5,239.				
15	Royalties								
16	Occupancy	1,657,622.	1,561,972.	38,765.	56,885.				
17	Travel	37,439.	17,976.	627.	18,836.				
18	Payments of travel or entertainment expenses				20,000				
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	29,925.	24,224.	5,115.	586.				
20	Interest	179,677.			179,677.				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,198,213.	1,138,302.	35,946.	23,965.				
23	Insurance	124,991.	124,991.	30,7500	2373031				
24	Other expenses, Itemize expenses not covered								
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)								
	amount, list line 24e expenses on Schedule O.)	205 245	205 245						
а	ANIMAL EXPENSES	385,347.	385,347.						
b	SUPPLIES	183,902.	162,442.	1,892.	19,568.				
С	CONSERVATION	44,690.	44,690.						
d	DUES AND SUBSCRIPTIONS	22,566.	20,494.	1,977.	95.				
	All other expenses	16,221.		4 00 4	16,221.				
25	Total functional expenses. Add lines 1 through 24e	8,566,820.	7,050,326.	1,084,318.	432,176.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.				•				
	Check here if following SOP 98-2 (ASC 958-720)								

Ра	rt X	Balance Sneet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,464,959.	1	993,558.
	2	Savings and temporary cash investments	1,027,660.	2	22,325.
	3	Pledges and grants receivable, net	1,228,111.	3	784,051.
	4	Accounts receivable, net	35,092.	4	223,132.
	5	Receivables from current and former officers, directors, trustees, key	,	•	
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		Ŭ	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)	` "	6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use	124,017.	8	131,858.
	9	Prepaid expenses and deferred charges	95,568.	9	67,608.
	10a	Land, buildings, and equipment: cost or other	.'		
		basis. Complete Part VI of Schedule D 10a 39,246,574.			
	b	Less: accumulated depreciation 10b 9,013,357.	16,982,063.	10c	30,233,217.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	***	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	13,498,118.	15	1,572,537.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	34,455,588.	16	34,028,286.
	17	Accounts payable and accrued expenses	528,010.	17	463,818.
	18	Grants payable		18	
	19	Deferred revenue	410,554.	19	1,437,026.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	,	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	A STATE OF THE STA		
api		highest compensated employees, and disqualified persons. Complete Part II	2000 1000		
Ξ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	121,219.	23	6,366,571.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	8,044,786.	25	456,466.
	26	Total liabilities. Add lines 17 through 25	9,104,569.	26	8,723,881.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.	1.4		
JUC	27	Unrestricted net assets	25,249,945.	27	25,246,205.
3ak	28	Temporarily restricted net assets	101,074.	28	58,200.
힏	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117, check here and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	25,351,019.	33	25,304,405.
	34	Total liabilities and net assets/fund balances	34,455,588.	34	34,028,286.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,520		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,566		
3	Revenue less expenses. Subtract line 2 from line 1	3			14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,353	L,0	19.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	25,304	1, 4	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	• • • • • • • • • • • • • • • • • • • •			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	4-14	.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:		l i		
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				
			Form	990 ((2011)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

BIRMINGHAM ZOO, INC. 62-1231591 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the organization in col. (i) organized in the U.S.? (i) Name of supported (iv) Is the organization (v) Did you notify the (ii) EIN (vii) Amount of organization in col. (i) listed in your organization organization in col. support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes

Schedule A (Form 990 or 990-EZ) 2011

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-	1						
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to				•			
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included		***			44.		
	on line 1 that exceeds 2% of the							
	amount shown on line 11,		1.1 (4)					
	column (f)			11 T				
	Public support. Subtract line 5 from line 4.				·		-	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,		·					
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources				·			
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain						*	
	or loss from the sale of capital	,						
	assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10		a with the	100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. 1. 1. 1.		
12	Gross receipts from related activities	, etc. (see instructi	ons)			12		
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)		
	organization, check this box and sto	p here					>	
	ction C. Computation of Pub							
	Public support percentage for 2011 (14	%	
15	Public support percentage from 2010	0 Schedule A, Part	II, line 14			15	%	
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and	
	stop here. The organization qualifies	as a publicly supp	orted organization	າ			▶□	
b	33 1/3% support test - 2010. If the						his box	
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶□	
17 a	17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop I	h ere. Explain in Pa	rt IV how the orga	nization	
	meets the "facts-and-circumstances"							
k	10% -facts-and-circumstances tes							
	more, and if the organization meets t							
	organization meets the "facts-and-cir	rcumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶□	
18	Private foundation. If the organization							
						' I 1 (E 00)		

Schedule A (Form 990 or 990-EZ) 2011 BIRMINGHAM ZOO, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and				, ,		
	membership fees received. (Do not					-	
	include any "unusual grants.")	4,149,596.	3,624,080.	3,663,811.	4,042,130.	4,358,031.	19,837,648.
2	Gross receipts from admissions,						······
	merchandise sold or services per-			İ			
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	2,403,179.	3,157,345.	4,148,609.	4,217,961.	5,242,203.	19,169,297.
3	Gross receipts from activities that						
Ĭ	are not an unrelated trade or bus-					:	
	iness under section 513						
4	Tax revenues levied for the organ-	-			* ***		
•	ization's benefit and either paid to						
	or expended on its behalf	1					
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
c		6,552,775.	6,781,425.	7,812,420.	8,260,091.	9,600,234.	39,006,945.
	Total. Add lines 1 through 5	0,332,773.	0,701,423.	7,012,420.	8,200,091.	9,600,234.	39,000,945.
78	Amounts included on lines 1, 2, and						0
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
L	from other than disqualified persons that		Ì				
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year				-		0.
	Add lines 7a and 7b		7 24.	The state of the s			0.
	Public support (Subtract line 7c from line 6.)			Magic Danah di	user thy AU		39,006,945.
_	ction B. Total Support					1	· · · · · · · · · · · · · · · · · · ·
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	6,552,775.	6,781,425.	7,812,420.	8,260,091.	9,600,234.	39,006,945.
108	Gross income from interest, dividends, payments received on			·			•
	securities loans, rents, royalties	117 651	00 751	CE 052	46 420	F2 400	254 222
	and income from similar sources	117,651.	90,751.	65,953.	46,439.	53,408.	374,202.
t	Unrelated business taxable income		÷				
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	445 654	00 554				
	Add lines 10a and 10b	117,651.	90,751.	65,953.	46,439.	53,408.	374,202.
11	Net income from unrelated business activities not included in line 10b,			'			
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)	29,277.	13,469.		112,332.	386,556.	664,488.
13	Total support (Add lines 9, 10c, 11, and 12.)	6,699,703.	6,885,645.	8,001,227.	8,418,862.	10,040,198.	40,045,635.
14	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here					• • • • • • • • • • • • • • • • • • • •	
Se	ction C. Computation of Pub	lic Support Per	rcentage				
15	Public support percentage for 2011 (line 8, column (f) di	ivided by line 13, o	column (f))		15	97.41 %
16	Public support percentage from 2010	3 Schedule A, Part	III, line 15			16	98.26 %
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	011 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.93 %
18						18	.99 %
19	a 33 1/3% support tests - 2011. If the		.,				
	more than 33 1/3%, check this box a						⊾ [₹7]
1	o 33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization					_	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2011
Open to Public Inspection

Name of the organization

BIRMINGHAM ZOO, INC.

Employer identification number 62-1231591

Par	I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	i funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	, , ,	
Par			
1	Purpose(s) of conservation easements held by the organizati	·····	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year >	, , ,	3
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	***************************************	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	•	· · · · · · · · · · · · · · · · · · ·
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		, , , , , ,
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	,
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
	(II) A		L
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		g, ₋
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

		AM ZOO, IN					31591					
Par	t III Organizations Maintaining Co	llections of Art	, Historical Tre	easures, or Oth	er Sin	nilar Asse	ts (continu	ıed)				
3	Using the organization's acquisition, accession	, and other records	, check any of the	following that are a	significa	nt use of its	collection i	tems				
	(check all that apply):											
а	Public exhibition	d		nange programs								
b	Scholarly research	е	Other									
С	Preservation for future generations											
4	Provide a description of the organization's colle						rt XIV.					
5	During the year, did the organization solicit or r						_					
	to be sold to raise funds rather than to be main	ntained as part of th	e organization's co	llection?	<u></u>	L	Yes	No_				
Par	t IV Escrow and Custodial Arrange		te if the organization	n answered "Yes" to	Form	990, Part IV,	line 9, or					
	reported an amount on Form 990, Part	X, line 21.										
1a	Is the organization an agent, trustee, custodiar		-				_	_				
	on Form 990, Part X? Yes No											
b	b If "Yes," explain the arrangement in Part XIV and complete the following table:											
С	Beginning balance				1	С						
d	Additions during the year				1	d						
е	Distributions during the year					е						
f	Ending balance	••••			<u> </u>							
2 a	Did the organization include an amount on For	m 990, Part X, line 2	21?	··········		L	_ Yes	└─ No				
	If "Yes," explain the arrangement in Part XIV.											
Par	t V Endowment Funds. Complete if t	he organization ans	wered "Yes" to For	m 990, Part IV, line	10.							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thr	ee years back	(e) Four y	ears back				
1a	Beginning of year balance	22,256.	22,231.	21,971.		21,603						
b	Contributions						1.0	<u> </u>				
С	Net investment earnings, gains, and losses	69.	25,	260.		368	•	<u> </u>				
d	Grants or scholarships			71-10-1								
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses						H-35. 1					
g	End of year balance	22,325.	22,256.	22,231.		21,971		<u> </u>				
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g, column (a	i)) held as:								
а	Board designated or quasi-endowment		_%									
b	Permanent endowment >	%										
C	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.	•									
За	Are there endowment funds not in the possess	sion of the organiza	tion that are held a	nd administered for	the org	anization	·					
	by:						\	es No				
	(i) unrelated organizations		•••••	•••••			3a(i)	X				
	(ii) related organizations						3a(ii)	X				
b	If "Yes" to 3a(ii), are the related organizations I	isted as required or	n Schedule R?	•		••••	3b					
4	Describe in Part XIV the intended uses of the			<u> </u>								
Pai	t VI Land, Buildings, and Equipme	nt. See Form 990	, Part X, line 10.									
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumu	ılated	(d) Book	value				
		basis (investm	,	• '	eprecia							
	Land			3,653.			13,423	,653.				
	Buildings		21,31	3,662. 6,	546	,139.	14,767	,523.				
С	Leasehold improvements											
	Equipment		4,11	8,736. 2		,557.	1,969	,179.				
<u>e</u>	Other	.		0,523.	317	,661.		,862.				
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part .	X, column (B), line 1	10(c).)			30,233	,217.				

_	dule D (Form 990) 2011 BIRMINGHAM ZOO, INC.				6	2-1	1231591	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to			cial S	tater	nent	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	, 		8,520	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			8,566	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			-46	614.
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19		10			-46	,614.
	t XII Reconciliation of Revenue per Audited Financial Statemer							100
1	Total revenue, gains, and other support per audited financial statements				·····	1	10,040	, 198.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1						
_	Net unrealized gains on investments							
b	Donated services and use of facilities	2b						
	Recoveries of prior year grants		1 61	0 00	 			
	Other (Describe in Part XIV.)		1,51		_		1 510	000
	Add lines 2a through 2d					2e	1,519	
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •			├	3	8,520	,206.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1						
а	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIV.)							. ^
	Add lines 4a and 4b				····· -	4c	0 500	306
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)t XIII Reconciliation of Expenses per Audited Financial Stateme	nto M	lith Eyn			5	8,520	,206.
							10,086	010
1	Total expenses and losses per audited financial statements				····· -	1	10,000	, OTZ •
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1						
a	Donated services and use of facilities	2a						
	Prior year adjustments	2b				. 4		
C	Other losses		1,51	0 0	32			
	Other (Describe in Part XIV.)						. 1 =10	002
	Add lines 2a through 2d		•••••		-	2e	1,519 8,566	
3	Subtract line 2e from line 1	•••••			·····	3_	0,300	,020.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1				-		
	Investment expenses not included on Form 990, Part VIII, line 7b							
	Other (Describe in Part XIV.)							0
_	Add lines 4a and 4b					4c	8,566	920
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIV Supplemental Information					5	0,300	,020.
		1 1: 1	la and 4. D	11 / 1:-	11		Ob. Doubly I'm	4. D+
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III							4; Part
Λ, ιιιι	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	iete this	s part to pre	ovide ar	ny add	itiona	I information.	
							•••••	
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:							
		·						· · · · · · · · · · · · · · · · · · ·
RE	CLASS AUXILIARY SERVICES EXPENSE						1,252	,545.
RE	CLASS DIRECT EXPENSES OF SPECIAL EVENTS						267	,447.
TO'	TAL TO SCHEDULE D, PART XII, LINE 2D		<u> </u>				1,519	,992.
PA:	RT XIII, LINE 2D - OTHER ADJUSTMENTS:							
RE	CLASS AUXILIARY SERVICES EXPENSE					S-1-	1,252	
					,	ocne	dule D (Form 9	າອບ) 2011

132054 01-23-12

Schedule D (Form 990) 2011 BIRMINGHAM ZOO, INC. Part XIV Supplemental Information (continued)	62-1231591 Page 5
Fart AIV Supplemental Information (continued)	
RECLASS DIRECT EXPENSES OF SPECIAL EVENTS	267,447.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	1,519,992.
· · · · · · · · · · · · · · · · · · ·	<u> </u>
·	
<u> </u>	•

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2011

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2011

Name of the organization	Employer identification number 62-1231591						
Part Fundraising Activities.	HAM ZOO, INC. Complete if the organization answer	ered "Y	es" to	Form 990, Part IV, I	ine 1		
required to complete this part 1 Indicate whether the organization rais a X Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written o key employees listed in Form 990, Pa b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	ed funds through any of the following and funds through any of the following and Solicitating ng activition of tion of fundra	rities. non-g gover ising ising o	Check all that apply. overnment grants nment grants events fficers, directors, trus undraising services?	stees	or Yes	X No	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundralser have custody or control of contributions?		(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		-	. ,	
	,						
						· 	
						· · · · · · · · · · · · · · · · · · ·	
Total							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is	exempt from r	egistration
	*						
Was a second sec	•						
							

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

receipts Charitable contributions income (line 1 minus line 2) prizes ash prizes facility costs and beverages tainment direct expenses expense summary. Add lines 4 threcome summary. Combine line 3, colarming. Complete if the organiza 15,000 on Form 990-EZ, line 6a.	(a) Event #1 ZOO GALA (event type) 307,143. 307,143. 119,115. rough 9 in column (d)	(b) Event #2 MISCELLANEOU S SMALL EVEN (event type) 127,183. 127,183.	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c)) 434,326. 434,326.
Charitable contributions income (line 1 minus line 2) prizes ash prizes facility costs and beverages tainment direct expenses expense summary. Add lines 4 threcome summary. Combine line 3, colaming. Complete if the organiza	ZOO GALA (event type) 307,143. 307,143. 119,115. rough 9 in column (d) column (d), and line 10 tion answered "Yes" to Form	MISCELLANEOU S SMALL EVEN (event type) 127,183. 127,183.	NONE (total number)	(add col. (a) through col. (c)) 434,326. 434,326.
Charitable contributions income (line 1 minus line 2) prizes ash prizes facility costs and beverages tainment direct expenses expense summary. Add lines 4 threcome summary. Combine line 3, colaming. Complete if the organiza	(event type) 307,143. 307,143. 307,143. 119,115. rough 9 in column (d) column (d), and line 10 tion answered "Yes" to Form	S SMALL EVEN (event type) 127,183. 127,183. 148,332.	(total number)	(add col. (a) through col. (c)) 434,326. 434,326.
Charitable contributions income (line 1 minus line 2) prizes ash prizes facility costs and beverages tainment direct expenses expense summary. Add lines 4 threcome summary. Combine line 3, colaming. Complete if the organiza	(event type) 307,143. 307,143. 307,143. 119,115. rough 9 in column (d) column (d), and line 10 tion answered "Yes" to Form	(event type) 127,183. 127,183. 148,332.		434,326.
Charitable contributions income (line 1 minus line 2) prizes ash prizes facility costs and beverages tainment direct expenses expense summary. Add lines 4 threcome summary. Combine line 3, colaming. Complete if the organiza	307,143. 307,143. 307,143. 119,115. rough 9 in column (d)	127,183. 127,183. 1283.		434,326. 434,326. 267,447. (267,447.
Charitable contributions income (line 1 minus line 2) prizes ash prizes facility costs and beverages tainment direct expenses expense summary. Add lines 4 threcome summary. Combine line 3, colaming. Complete if the organiza	307,143. 307,143. 119,115. rough 9 in column (d) column (d), and line 10 tion answered "Yes" to Form	127,183. 148,332.		267,447. (267,447.
prizes ash prizes facility costs and beverages tainment direct expenses expense summary. Add lines 4 threcome summary. Combine line 3, colorating. Complete if the organiza	307,143.	148,332.		267,447. (267,447)
prizes ash prizes facility costs and beverages tainment direct expenses cexpense summary. Add lines 4 threcome summary. Combine line 3, colorations and the organization of the organization.	119,115 or only 115 148,332.		267,447. (267,447)	
facility costs and beverages tainment direct expenses expense summary. Add lines 4 threcome summary. Combine line 3, colaming. Complete if the organiza	119,115 arough 9 in column (d) column (d), and line 10tion answered "Yes" to Form	n 990, Part IV, line 19, or r		(267,447)
facility costs and beverages tainment direct expenses expense summary. Add lines 4 threcome summary. Combine line 3, colaming. Complete if the organiza		n 990, Part IV, line 19, or r		(267,447)
and beverages tainment direct expenses expense summary. Add lines 4 threcome summary. Combine line 3, columning. Complete if the organiza	119,115 or only 119, 115 or only 119, 115 or only 119, 115 or only 119, 119, 119, 119, 119, 119, 119, 119	n 990, Part IV, line 19, or r		(267,447,
tainment direct expenses expense summary. Add lines 4 threcome summary. Combine line 3, colored aming. Complete if the organiza	rough 9 in column (d)	n 990, Part IV, line 19, or r		(267,447,
direct expenses expense summary. Add lines 4 thr come summary. Combine line 3, co iaming. Complete if the organiza	rough 9 in column (d)	n 990, Part IV, line 19, or r		(267,447,
direct expenses expense summary. Add lines 4 thr come summary. Combine line 3, co iaming. Complete if the organiza	rough 9 in column (d)	n 990, Part IV, line 19, or r		(267,447)
expense summary. Add lines 4 thr scome summary. Combine line 3, co caming. Complete if the organiza	rough 9 in column (d) olumn (d), and line 10 tion answered "Yes" to Forn	n 990, Part IV, line 19, or r		
come summary. Combine line 3, colaming. Complete if the organiza	olumn (d), and line 10tion answered "Yes" to Form	n 990, Part IV, line 19, or r		166,879.
			eported more than	
15,000 on Form 990-EZ, line 6a.	(a) Bingo			
	(a) Bingo	A S Doublank - Construct		I a n = 1 i i i i i i i i i i i i i i i i i i
	(4) 290	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
s revenue				:
prizes				
ash prizes				
facility costs				
direct expenses			· · · · · · · · · · · · · · · · · · ·	
iteer labor	Yes%	Yes % No	Yes % No	.11
t expense summary. Add lines 2 th	rough 5 in column (d)		>	()
aming income summary. Combine	line 1, column d, and line 7		>	
	onerates gaming activities:			
state(s) in which the organization of		states?		Yes No
	3			
anization licensed to operate gami				
	teer labor t expense summary. Add lines 2 th aming income summary. Combine state(s) in which the organization of	t expense summary. Add lines 2 through 5 in column (d) aming income summary. Combine line 1, column d, and line 7 state(s) in which the organization operates gaming activities: anization licensed to operate gaming activities in each of these	t expense summary. Add lines 2 through 5 in column (d) aming income summary. Combine line 1, column d, and line 7 state(s) in which the organization operates gaming activities: anization licensed to operate gaming activities in each of these states?	teer labor Yes

b If "Yes," explain:

 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 	2-1231	23 T	Page 3
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		Yes	☐ No
		Yes	☐ No
13 Indicate the percentage of gaming activity operated in:		1	
a The organization's facility	13a		0/
		† 	%
 b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: 	13b	<u> </u>	9/
the rule name and address of the person who prepares the organization's gaming/special events books and records:			
Name >			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name			•
Address >			
16 Gaming manager information:			
to canning manager information.			
Name			
Name			
Camina managay asympanastian			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	□ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
· - · · · · · · · · · · · · · · · · · ·	.rie		
organization's own exempt activities during the tax year \$\bigset\$ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column			
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	nation (see	instru	ctions).
·			
	-		<u></u>
			·

SCHEDULE I (Form 990)

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

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

Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990.

<u> </u>						
Name of the organization						Employer identification number
Part I General Information on Grants and Assis						62-1231591
						
Does the organization maintain records to substa	_				•	
criteria used to award the grants or assistance?						Yes X No
2 Describe in Part IV the organization's procedures Part II Grants and Other Assistance to Government						
dianto ana o moi Acciotame to determi	-				, .	
recipient that received more than \$5,000. C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			can be duplicated if a		
1 (a) Name and address of organization or government (b)	EIN (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						,
			1			
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				• •		
		j				
			ļ			
		J		L	<u></u>	<u> </u>
2 Enter total number of section 501(c)(3) and gove						
3 Enter total number of other organizations listed in	n the line 1 table					············ >

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

Schedule I (Form 990) (2011)

132101 01-27-12

Schedule I (Form 990) (2011) BIRMINGHAM ZOO					62-1231591 Page 2
Part III Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed.	nited States. Com	plete if the organiz	ation answered "Yes	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	,				,
					'
			ŀ		
Part IV Supplemental Information. Complete this part to prov	ride the informatio	n required in Part I	line 2 and any other	r additional information	<u> </u>
	ide the informatio	arrequired arr arc r	, mio 2, and any one	additional information.	
				-1.20	
			•		

					10-0
132102 01-27-12			 		Schedule I (Form 990) (2011)

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BIRMINGHAM ZOO, INC.

Employer identification number 62-1231591

Par	t I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		•	
	A LAW L. Co.		items contributed	Form 990, Part VIII, line 1g				
	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications							
	Clothing and household goods				•			
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property	*						
	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures.							
14	Qualified conservation contribution - Other			·				
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts				~			
25	Other ► (CONSTRUCTION)	X	1	48,942.	FAIR MARKET	VAI	JUE	
26	Other • ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for	contributions			·	
	for which the organization completed Form 82		-		•			
		,,		ge			Yes	No
30a	During the year, did the organization receive b	v contributio	on any property re	ported in Part I, lines 1-28 th	at it must hold for	\Box		
	at least three years from the date of the initial							
	the entire holding period?					30a	-	X
b	If "Yes," describe the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •		***************************************		Jour		
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	outions?	31		X
	Does the organization hire or use third parties					31		
 u	`			· · · · · · · · · · · · · · · · · · ·		32a		х
h	contributions? If "Yes," describe in Part II.			••••••		3∠d		-11
33	If the organization did not report an amount in	column (c)	for a type of prope	arty for which column (a) is a	hacked			
-	describe in Part II	Column (C)	ioi a type oi prope	sity for willion column (a) is c	neckeu,			ĺ

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

BIRMINGHAM ZOO, INC.

Employer identification number 62-1231591

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONDUCT CONSERVATION PROGRAMS AND RESEARCH STUDIES, AND SPONSOR
EDUCATIONAL ACTIVITIES FOR THE COMMUNITY.
FORM 990, PART VI, SECTION B, LINE 11: CFO REVIEWS A DRAFT OF THE
ORGANIZATION'S FORM 990 BEFORE FILING.
•
FORM 990, PART VI, SECTION B, LINE 12C: REVIEW AND RENEW STATEMENTS
ANNUALLY REGARDING ANY CONFLICTS OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15A: THROUGH BOARD APPROVAL
FORM 990, PART VI, SECTION C, LINE 19: DISCLOSURE MADE AVAILABLE THROUGH
WRITTEN REQUEST AND THE WEBSITE FOR NONPROFIT REPORTING WWW.GUIDESTAR.ORG

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047 2011 Open to Public Inspection

Department of the Treasu Internal Revenue Service Attach to Form 990. ➤ See separate instructions. Name of the organization Employer identification number BIRMINGHAM ZOO, INC. 62-1231591 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (b) (a) (d) (e) (f) Name, address, and EIN Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity foreign country) entity ALABAMA ZOOLOGICAL SOCIETY - 23-7090795 2630 CAHABA ROAD BIRMINGHAM, AL 35223-1106 ZOO RELATED ACTIVITIES ALABAMA BIRMINGHAM ZOO, INC. Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II (g) Section 512(b)(13) (a) (b) (c) (d) (e) (f) Name, address, and EIN Primary activity Legal domicile (state or Exempt Code Public charity Direct controlling controlled entity? of related organization section status (if section entity foreign country) 501(c)(3)) Yes No ALABAMA ZOOLOGICAL SOCIETY - 23-7090795 2630 CAHABA ROAD BIRMINGHAM ZOO. BIRMINGHAM, AL 35223-1106 ZOO RELATED ACTIVITIES ALABAMA 501(C)(3) Х INC.

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

Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011 BIRM	INGHAM ZOO,	INC.								6	2-123	1591	Page 2
Part III Identification of Related Organizations treated as a pa	ganizations Taxable a ortnership during the ta	ıs a Partn x year.)	ership (Complete if	the organ	ization answe	ered "Yes" to Form	990, Part IV, line	e 34 be	cause	it had or	ne or more	e related	i
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomi (related excluded f	(e) nant income , unrelated, rom tax under	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion ate allocations		amount in box		(j) General or managing partner?	(k) Percentage ownership
	ļ	country)		section	s 512-514)			Yes	No	K-1 (For	m 1065)	Yes No	
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Part IV Identification of Related Or	ganizations Taxable	s a Corp	oration or Trust (Co	mplete if	the organizat	tion answered "Yes	" to Form 990, F	Part IV,	line 34	becaus	e it had o	ne or me	ore related
organizations treated as a co	prporation or trust durin	g the tax	į i			····							
(a)	-11.1		(b)		(c)	(d)	(e)	(f) ity Share of total			(g)		(h)
Name, address, and E of related organizatio	חנות		Primary activity		Legal domicile (state or foreign country)	Direct controlling entity	Type of entit (C corp, S cor or trust)	y S	inco		Shar end-or ass	f-year	Percentage ownership
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132162 01-23-12			L		1	I	<u> </u>				Schedule	e R (For	m 990) 2011

Schedule R (Form 990) 2011

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501 (c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionale allocations	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes NO	(k) Percentage ownership
								:		
			E							

Schedule R (Form 990) 2011

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Schedule F	R (Form 990) 2011	BIRMINGHAM ZOO), INC.	62-1231591 Page
Part VII	R (Form 990) 2011 Supplemental Info	ormation		
	Complete this part to pr	rovide additional information for	r responses to questions on Schedule R (se	ee instructions).
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4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax retu

Attach to your tax return.

Business or activity to which this form relates

23

990

2011 Attachment

Identifying number

OMB No. 1545-0172

Attachment Sequence No. 179

BIRMINGHAM ZOO, INC. FORM 990 PAGE 10 62-1231591 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 500,000. 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation 3 2,000,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 1,280,482. 16 Other depreciation (including ACRS) Part III | MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property (g) Depreciation deduction only - see instructions) 19a 3-year property 5-year property 7-year property C d 10-year property 15-year property 20-year property a 25-year property 25 yrs. S/L MM S/L 27.5 yrs. Residential rental property h 27.5 yrs. MM S/L 39 yrs. MM S/L Nonresidential real property MM Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 40 yrs. MM S/L Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 1,280,482. 22 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

	Note: For any v through (c) of S	rehicle for wi Section A, all	nich you are us of Section B, a	and Sec	tion C if	applic	able.	aeau	cting lease	expense	, compi	ete only	i 24a, 24	4b, colum	ns (a)
			on and Other			ution:	See the i	nstruc	tions for li	nits for pa	assenge	er auton	obiles.)		
248	Do you have evidence to s	22 .		nt use cla	imed?	<u>. _ </u> ,	Yes	<u> </u>	24b If "Y	es," is the	evider	nce writt	en? L	Yes	□ No
	(a) Type of property (list vehicles first) (b) Date placed in service use percentage		1 01	(d) Cost or ner basis	st or Basis for depreci		stment	(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		Elec section	(i) Elected section 179 cost	
25	Special depreciation allo	wance for q	ualified listed	oroperty	placed	in serv	rice during	g the t	ax year an	d			· · · · · · · · · · · · · · · · · · ·		
	used more than 50% in	a qualified b	usiness use				.,				25				
<u> 26</u>	Property used more tha														
		: :	9⁄	6											
		: :	9/	6											
		. : :	9	6					ļ						
<u>27</u>	Property used 50% or le	ess in a quali	fied business	use:		·									
		: :	9	6						S/L -					
		: :_	9	6		_				S/L -					
			9						<u> </u>	S/L -]	
	Add amounts in column														
<u>29</u>	Add amounts in column	(i), line 26. E	nter here and	on line 7	, page	1							29		
			s	ection E	3 - Infor	matio	n on Use	of Vel	nicles						
fу	mplete this section for ve ou provided vehicles to y se vehicles.												ng this :	section fo	or
		business/investment miles driven during the		(a) Vehicle		(b)			(c)	(d) Vehicle		(e) Vehicle		(f) Vehicle	
30	Total business/investment					V	Vehicle		/ehicle						
	year (do not include com	nuting miles)													
31	Total commuting miles	driven during	the year												
32	Total other personal (no	ncommuting	ı) miles												
	driven							·							
33	Total miles driven during	g the year.													
	Add lines 30 through 32) 						<u> </u>							
34	Was the vehicle availab	Was the vehicle available for personal use		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate	ed person?				ļ									
36	Is another vehicle availa	ble for perso	onal												
_	use?					<u> </u>				<u> </u>		<u> </u>			
	swer these questions to rerest or related persons.		- Questions f you meet an e										re not n	nore than	5%
_	Do you maintain a writte	en policy sta	tement that or	ohibits a	il perso	nal use	e of vehic	es inc	cludina co	mmuting	by you	r		Yes	No
									-	-					
38	Do you maintain a writte											• • • • • • • • • • • • • • • • • • • •			
	employees? See the ins		•	•					•	0					
	Do you treat all use of v	ehicles by e	mployees as p	ersonal	use?		•	•		•	•••••			"	
39			les to your em								•••••		•••••	"	
	Do you provide more in		-	receive	:			•						1	
		and retain th	ne information	1 CCCIVCC				-							
40	the use of the vehicles,	and retain the ements cond	ne information erning qualifie	d autom	obile de	emons	tration us	e?							
40		ements cond	erning qualifie	d autom	obile de						• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		··	
41	the use of the vehicles, Do you meet the require	ements cond	erning qualifie	d autom	obile de										
41	the use of the vehicles, Do you meet the require Note : If your answer to	ements cond 37, 38, 39, 4	erning qualifie 40, or 41 is "Ye	d autom	obile de		ection B f			ehicles	(e) Amortiza period or per	ıtion	Α	(f) Amortization for this year	
40 41 P	the use of the vehicles, Do you meet the require Note: If your answer to Part VI Amortization (a)	ements cond 37, 38, 39, 4	erning qualifie 10, or 41 is "Ye	d autom s," do no (b) amortization begins	obile de	lete Se	ection B f		(d)	ehicles	(e) Amortiza	ıtion	Α	(f)	
40 41 P	the use of the vehicles, Do you meet the require Note: If your answer to Part VI Amortization (a) Description of	ements cond 37, 38, 39, 4	erning qualifie 10, or 41 is "Ye	d autom s," do no (b) amortization begins	obile de	lete Se	ection B f		(d)	ehicles	(e) Amortiza	ıtion	Α	(f)	
40 41 P	the use of the vehicles, Do you meet the require Note: If your answer to Part VI Amortization (a) Description of	ements cond 37, 38, 39, 4	erning qualifie 10, or 41 is "Ye	d autom s," do no (b) amortization begins 1 tax yea	obile de	lete Se	ection B f		(d)	ehicles	(e) Amortiza	ıtion	Α	(f)	