EXTENDED TO AUGUST 17, 2015

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Δ Open to Public

Form 990 (2014)

Internat Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990 A For the 2014 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change BIRMINGHAM ZOO, INC. Name change Doing business as 62-1231591 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 2630 CAHABA ROAD 205-879-0409 termi City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 14,962,333. Amended BIRMINGHAM, AL 35223-1106 H(a) Is this a group return F Name and address of principal officer: BETSY ROGERS for subordinates? Yes X No 2630 CAHABA ROAD, BIRMINGHAM, AL 35223-1106 H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or ____ 527 If "No," attach a list, (see instructions) J Website: ► WWW.BIRMINGHAMZOO.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1999 M State of legal domicile: AL Part I Summary Briefly describe the organization's mission or most significant activities: THE BIRMINGHAM ZOO'S PURPOSE IS Governance TO EXHIBIT ANIMALS FOR THE EDUCATION OF VISITORS, TO PROMOTE AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 20 4 Activities & Total number of individuals employed in calendar year 2014 (Part V, line 2a) <u> 262</u> 5 Total number of volunteers (estimate if necessary) 1468 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34. 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h) 3,231,385 7,459,921. Program service revenue (Part VIII, line 2g) 4,418,239. 4,628,128. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 9537 1,013. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1.281.851.1,157,425. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,932,428. 13,246,487. 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. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,402,651. 4,619,759. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundralsing expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,934,686. 5,082,877. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,337,337. 9,702,636. 19 Revenue less expenses. Subtract line 18 from line 12 -404,909. 3,543,851. 98 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 32,138,828. 34,769,630. 21 Total liabilities (Part X, line 26) 7,955,183. 7,042,134.Net assets or fund balances. Subtract line 21 from line 20 ... 24,183,6<u>45.</u> 27,727,496. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. わせ Signature of orbiter Sign BETSY ROGERS, VP FINANCE & ADMINISTRATION Here Type or print name and title Print/Type preparer's name Date Preparer's signature Check Paid JEFF THORNTON 07/21/15 JEFF THORNTON ₱01308546 self-employed Firm's name PEARCE, BEVILL. Preparer LEESBURG, MOORE, 63-0813240 Firm's EIN 🛌 Firm's address 110 OFFICE PARK DR Use Only BIRMINGHAM, AL 35223 Phone no. 205 - 323 - 5440 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form 990 (2014) BIRMINGHAM ZOO, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Ī.	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	┝╼		_
	public office? If "Yes, " complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1	 	1
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		<u> </u>
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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 II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-	\vdash	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			**
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17	-	
	tc and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\neg	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) BIRMINGHAM ZOO, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	Part IX, column (A), line 27 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	
248	bid the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		ı
	last day of the year, that was issued after December 31, 20027 If "Yes," answer lines 24b through 24d and complete	1	1	
	Schedule K. If "No", go to line 25a	24a	ļ	X
0	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	1		1
	any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	, and the second of the second	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	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			
	Schedule N, Part II	32		Х
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	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		$\neg \neg$	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	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	36		_X
37	the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		T	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			000	

Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response or note to sou line in this Best V

	Control of Control of Control of Training and Training of Training Control of				\Box
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	45		Yes	No
b		- 40	1		l
c		lo gamina	1		
_	(gambling) winnings to prize winners?	e garning		х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	***************************************	_1c	Λ	_
	filed for the calendar year ending with or within the year covered by this return 2a	262			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		1 :	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		
За	Did the organization have unrelated business green income of \$1,000 as were their attraction				
b	If "Voc " has it filed a Form 200 T for this year? If "Ale " to line 2h appoint an application in Octool 1.0		3a		X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit		_3b		_
	financial account in a foreign country (such as a bank account, securities account, or other financial account	y over, a	ا ۔ ا		х
ь	If "Yes," enter the name of the foreign country:		4a		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	/EDAD			[
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	s (rbAn).	ا ۔۔ ا		х
ь			5a		X
c	If #Vee # to lies Es ou Els ultidates accompany to the Control of		5b		
6a			5c		
-	and contribution that were not to a desired at the contribution of the state of				·
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	***************************************	6a		X
_		gins			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
·	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pre-	uridad ta tha nauma'	_	ļ	Х
b	AA A	ivided to the payor?			Λ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi		7b		
·	to file Form 8282?		_		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	***************************************	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract				х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7e		X
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	0.00.0000000000000000000000000000000000	7f		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	as required?	7g	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	a romi 1098-C7	7h	-	
-	sponsoring organization have excess business holdings at any time during the year?		ایا		
9	Sponsoring organizations maintaining donor advised funds.	***************************************	8	\dashv	
а	Did the spansaring arganization make any taxable distributions under pasting 40000		ا ۾ ا		
	Did the sponsoring organization make a distribution to a dense dense delicer, or related a sponsor		9a	-	
10	Section 501(c)(7) organizations. Enter:		9b	\dashv	
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:			- 1	
а	Gross income from members or shareholders				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			ľ	
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b		120	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	\neg	
	Note. See the instructions for additional information the organization must report on Schedule O.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	 	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
		News Comment and		990/	

Form 990 (2014) BIRMINGHAM ZOO, INC. 62-1231591 Page
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.

Sec	tion A. Governing Body and Management	the same of the sa	riking kayasi.		<u> X</u>
	A COVERNING BODY and Intallagement			T.,	
1a	Enter the number of voting members of the governing body at the end of the tax year	ta	20	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing	10	20	1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				1
h	Enter the number of voting members included in line 1a, above, who are independent	415	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		24		ŀ
_	officer, director, trustee, or key employee?	with any other			\ _V
3	Did the organization delegate control over management duties customarily performed by or under the		2		X
•				1	٠,
4	of officers, directors, or trustees, or key employees to a management company or other person?		3	-	X
5	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	12 <u>4</u>	-	X
6	Did the organization become aware during the year of a significant diversion of the organization's associated the organization have members as stockholders?	ets?	5		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap		. 6	_	X
10		•	_		9.0
ь			.∷ <u>7a</u>		<u> </u>
U	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	•			
	persons other than the governing body?		.::□ <u>7b</u>	_	_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
a	The governing body?			X	
	Each committee with authority to act on behalf of the governing body?		<u>8</u> b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	thed at the			
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	o conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s," describe	21		
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
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	
b	Other officers or key employees of the organization		15b		X
	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 arrangem	ent with a			
	taxable entity during the year?		16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation	. 100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure	The state of the s	. 1 100		
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 on	v) availst	ale	
	for public inspection. Indicate how you made these available. Check all that apply.	(,, uvanat	nQ.	
	Own website X Another's website X Upon request Other (explain in	n Schedule Ol			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		and fine-	cial	
	statements available to the public during the tax year.	mot or interest policy,	and anan	cidi	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke and records:			
	BETSY ROGERS - 205-397-3865	na dilu lecords:			
	2630 CAHABA ROAD, BIRMINGHAM, AL 35223-1106				

Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under (B) Related or Total revenue Unrelated exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a , Gifts, Grant illar Amounts b Membership dues 1b c Fundraising events 10 d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e 2,167,500. f All other contributions, gifts, grants, and similar amounts not included above 5,292,421 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f ... 7,459,921. **Business Code** 2 a ADMISSIONS Program Service Revenue 713990 3,008,189 3,008,189. b MEMBERSHIP DUES 713990 1,266,587 1,266,587, C PROGRAM AND CAMP FEES 713990 353,352, 353,352, d f Alf other program service revenue g Total. Add lines 2a-2f 4,628,128. Investment income (including dividends, interest, and other similar amounts) 1,013 1,013 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 64,581, 6 a Gross rents b Less: rental expenses 0. 64,581. c Rental income or (loss) d Net rental income or (loss) 64,581. 64,581, 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 including \$ _____ of contributions reported on line 1c). See 410,603 Part IV, line 18 a b Less: direct expenses _____ b 309,681, c Net income or (loss) from fundraising events 100,922 100,922. 9 a Gross income from garning 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 and allowances 2,384,435 b Less: cost of goods sold 1,406,165 c Net income or (loss) from sales of inventory 978,270. 978,270. Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS REVENUE 900099 9,052 9,052 b VOLUNTEER INCOME 900099 4,600. 4,600. d All other revenue e Total, Add lines 11a-11d 13,652. Total revenue. See instructions. 13,246,487. 5,685,644. 100,922.

Form 990 (2014) BIRMINGHAM ZOO Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon			,	
	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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				-
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	454 200	454 000		
_	trustees, and key employees	474,382.	474,382.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	3,433,147.	2 720 702	CC4 200	20 075
7	Other salaries and wages Pension plan accruals and contributions (include	3,433,147.	2,729,792.	664,280.	39,075.
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	407,424.	334,088.	69,262.	A 07A
10		304,806.	249,941.	51,817.	4,074. 3,048.
11	Payroll taxes Fees for services (non-employees):	304,000.	243,341.	31,017.	3,040.
	Management				
b	Legal				
G	Accounting				
d	Lobbying			-	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	26,392.	20,505.		5,887.
12	Advertising and promotion	279,819.	276,475.		3,344.
13	Office expenses	198,707.	138,030.	36,509.	24,168.
14	Information technology	84,016.	55,279.	28,737.	
15	Royalties				
16	Occupancy	1,689,295.	1,623,725.	45,731.	19,839.
17	Travel	50,033.	20,595.	3,563.	25,875.
18	Payments of travel or entertainment expenses				· · · · · ·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,594.	10,513.	10,081.	
20	Interest	163,889.	163,889.		
21	Payments to affiliates	4 1 5 6 6 6			
22	Depreciation, depletion, and amortization	1,478,950.	1,405,003.	44,369.	29,578.
23	Insurance	190,521.	190,521.		
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 0.)				
а	ANIMAL EXPENSES	554,831.	554,831.		
b	SUPPLIES	226,515.	205,846.	20,669.	
С	CONSERVATION	69,243.	69,243.		
d	DUES & SUBSCRIPTIONS	31,216.	28,926.	2,290.	
e	All other expenses	18,856.	18,856.		
25	Total functional expenses. Add lines 1 through 24e	9,702,636.	8,570,440.	977,308.	154,888.
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)				
432016	11-07-14				Form 990 (2014)

Form 990 (2014)
Part X | Balance Sheet

Ра	πχ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	835,561.	1	1,791,678.
	2	Savings and temporary cash investments	22,398.	2	22,420.
	3	Pledges and grants receivable, net	286,856.	3	2,650,020.
	4	Accounts receivable, net	260,034.	4	487,985.
	5	Loans and other receivables from current and former officers, directors,		_	
		trustees, key employees, and highest compensated employees. Complete			
	1	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
s		section 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 instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use	117,374.	8	7,355.
	9	Prepaid expenses and deferred charges	94,767.	9	124,042.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 41,945,147.			
	ь	Less: accumulated depreciation 10b 13,663,391.	29,399,987.	10c	28,281,756.
	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	1,121,851.	15	1,404,374.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	32,138,828.	16	34,769,630.
	17	Accounts payable and accrued expenses	363,236.	17	228,053.
	18	Grants payable		18	
	19	Deferred revenue	1,387,758.	19	1,578,367.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
98	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	5,730,723.	23	4,705,000.
	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	<u>473,</u> 466.	25	530,714.
	26	Total liabilities. Add lines 17 through 25	7,955,183.	26	7,042,134.
		Organizations that follow SFAS 117 (ASC 958), check here			
Ses		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	23,789,566.	27	23,439,758.
B	28	Temporarily restricted net assets	394,079.	28	4,287,738.
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
Š		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	·
As	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	04 100 21	32	
	33	Total net assets or fund balances	24,183,645.	33	27,727,496.
	34	Total liabilities and net assets/fund balances	32,138,828.	34	34,769,630.

	1990 (2014) BIRMINGHAM ZOO, INC.	62 - 12	31591	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>	L3,24	6,4	87.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,70	2,6	36.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,54	3,8	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,18	3,6	45.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	27,72	7,4	96.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · · · · · · · · · · · · ·			\mathbf{x}
	<u>9-7</u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		li		ĺ
b	Were the organization's financial statements audited by an independent accountant?	omminerisie.	_ 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		_ 2c	X	ŀ
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	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 requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		ା _{3h}		

Form 990 (2014)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

ZU 14

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BIRMINGHAM ZOO, INC.

Employer identification number 62-1231591

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 L 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of organization listed in your (described on lines 1-9 support (see other support (see governing document? above or IRC section. Instructions) Instructions) Yes No (see instructions))

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and			1=7.====	1 1 1	(0)2011	(1) 10.0.1
	membership fees received. (Do not						
	include any "unusual grants.")		1				
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	fumished by a governmental unit to	ĺ					ļ
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions		-				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.	Í					
	•						
	column (f)						
	Public support. Subtract line 5 from line 4.		<u> </u>	<u></u>	<u> </u>		
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			<u></u> ,			
9	Net income from unrelated business						
	activities, whether or not the		ļ				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					-	
12	Gross receipts from related activities,	etc. (see instructi	ions)	60 16000	15-1-55 10-550 10-550 10-51-11-11	12	
	First five years. If the Form 990 is for			d fourth or fifth t			
	organization, check this box and stop						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (I	ine 6. column (f) d	fivided by line 11.	column (fi)		14	%
15	Public support percentage from 2013	Schedule A. Part	II. line 14			15	%
	33 1/3% support test - 2014. If the c			n line 13, and line	14 is 33 1/3% or	nore check this he	70 v and
	stop here. The organization qualifies	as a nublicky sum	o xod on modelo no	a contraction of the contraction	14 13 33 17370 01 1	HOIE, CHECK (HIS DO	ix and
h	33 1/3% support test - 2013. If the o	rcanization did no	ot check a box on l	ico 12 or 15 a co	d line 15 in 22 1 /20	/ oz ==== abaal. H	
_	and stop here. The organization qual	ifias as a publicly	supported organiz	ation	10 15 15 15 1737	o or more, check tr	IIS DOX
17a	and stop here. The organization qual	t = 2014. If the err	anization did net	shook a boy on !!-	0.10 150 155		
	a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts and sixumataness"	tost The areaster	ntion avaluation ar	iis oox and stop I	nere. Explain in Pa	ιτ vi now the organ	nization
_	meets the "facts-and-circumstances"	tost, ille Organiza	auon qualities as a	publicly supporte	o organization		
0	10% -facts-and-circumstances tes	i - Zu is. If the org	janization did not (check a box on lin	e 13, 16a, 16b, or	1/a, and line 15 is	10% or
	more, and if the organization meets the	ie racts-and-circu	umstances" test, c	neck this box and	stop here. Explaii	n in Part VI how the	
40	organization meets the "facts-and-circ	cumstances* test.	ine organization	qualities as a publ	icly supported org	anization	
18	Private foundation. If the organization	n ala not check a	pox on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2014 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.)

Se	ction A. Public Support	elow, please com	piete Part II.)				
_	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(2)2011	(0) 2012	(0)2013	(B) 2014	(I) Total
	membership fees received. (Do not				ĺ	1	
	include any "unusual grants.")	4,042,130.	4,358,031.	4,314,509.	4,438,138,	8,726,508.	25,879,316.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,217,961.	5,242,203.	5,392,457.	6,274,172.	6,156,579.	27,283,372.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	8,260,091.	9,600,234.	9,706,966.	10,712,310.	14,883,087.	53,162,688.
	Amounts included on lines 1, 2, and			,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	55,202,000.
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year Add lines 7a and 7b						0.
Ω	Public support (Subtract line 7c from line 6.)						0.
Sec	etion B. Total Support			<u> </u>			53,162,688.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(-1) 0040	4.10044	4m =
	Amounts from line 6	8,260,091,	9,600,234	9,706,966.	(d) 2013 10,712,310.	(e) 2014 14,883,087.	(f) Total 53,162,688.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,439.	53,408.	46,625.	51,288.	65,594.	263,354.
b	Unrelated business taxable income						200,0010
	(less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	46,439.	53,408.	46,625.	51,288.	65,594.	263,354.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	or loss from the sale of capital	112,332.	386,556.	217,722.	205,586.	12 (52	035 040
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	8,418,862,	10 040 198.	9,971,313.	10,969,184,	13,652.	935,848.
	First five years. If the Form 990 is for						54,361,890.
	check this box and stop here	ine Organization s	mst, second, time	o, rourin, or marta	ix year as a section	n 50 I(c)(3) organiz	ation,
Sec	tion C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2014 (li			olumn (fi)		15	97.79 %
	Public support percentage from 2013			0.011117 (1))	***************************************	16	97.79 %
Sec	tion D. Computation of Inves	tment Income	e Percentage			10	37131 70
	Investment income percentage for 20			e 13, column (f))		17	.48 %
	Investment income percentage from 2			************************		18	.56 %
	33 1/3% support tests - 2014. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2013. If the	nd stop here. The organization did n	organization quali ot check a box on	fies as a publicly s line 14 or line 19a	upported organiza , and line 16 is mo	ation re than 33 1/3%, a	×X
	line 18 is not more than 33 1/3%, che						>
20	Private foundation. If the organization	a did not check a l	box on line 14, 19a	a, or 19b, check th	is how and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Jec	tion A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in part VI how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		ļ	
	(b) and (c) below.	3a		
D	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part VI when and how the			
_	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
4-	(B) purposes? If "Yes," explain in part vi what controls the organization put in place to ensure such use.	3c		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If	_		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
F -	purposes.	4c	_	
эa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	_		
ь	was accomplished (such as by amendment to the organizing document). Type I or Type II only Mos any added as substituted expended experiential act of a place by the standard experience.	5a		
IJ	Type I or Type II only. Was any added or substituted supported organization part of a class already			
_	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		- 1	
7	Part VI.	6		
1	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	_	.	
8	• • • •	. 7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).			
Qa	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
30	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		Į	
	in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.	0-	l	
h	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	9a		
-	the supporting organization had an interest? If "Yes," provide detail in part VI.	9ь		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	90	-	
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	00		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9c		
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting		ı	
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	104	\dashv	
_	determine whether the organization had excess business holdings.)	10b		
		+444	[_

Section E.	Type III	Functionally-li	ntegrated Supr	ortina	Organizations

ı	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):
а	The organization satisfied the Activities Test. Complete line 2 below.
b	The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part vi the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

Sch	edule A (Form 990 or 990-EZ) 2014 BIRMINGHAM ZOO, INC.			60 1001501
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			62-1231591 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig Orga	anizations	
·	other Type III non-functionally integrated supporting organizations must co	ig trust o	n Nov. 20, 1970. See ins	structions. All
_		ompiete :	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
_1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6		- 		
	collection of gross income or for management, conservation, or	1 [
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T		(Optional)
	instructions for short tax year or assets held for part of year):			· i
a	Average monthly value of securities	1a		
_	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	<u> </u>		
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	<u> </u>	
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	T 1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

4

5

Schedule A (Form 990 or 990-EZ) 2014

4 Enter greater of line 2 or line 3

instructions).

5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		·	
8	Distributions to attentive supported organizations to which t			
	(provide details in Part VI). See instructions.		-	
9	Distributable amount for 2014 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
10	Line 8 amount divided by Line 9 amount	<u> </u>		
-		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
ь				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	with the second			
<u>_</u>				
c				
	Excess from 2013			
	Excess from 2014			
-	-nooso nonico 17	<u> </u>		l

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information, Provide the explanations required by Part VI Supplemental Information, Provide the explanations required by Part VI San 10, Part VI	62-1231591	Page 8
Lane 1/a	or 17b; and Part III, line	12.
Also complete this part for any additional information. (See instructions).	, , , -	
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
		·
	<u></u>	

SCHEDULE D (Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BIRMINGHAM ZOO TNC Employer Identification number 62-1231591

OMB No. 1545-0047

Pa	rt I Organizations Maintaining Donor Advised Funds	s or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		1000 di ita. Compiete il tile
) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(-,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	t the enecte held in decree out it and to	
•			
6	are the organization's property, subject to the organization's exclusive	legal control?	Yes L No
•	Did the organization inform all grantees, donors, and donor advisors in		
	for charitable purposes and not for the benefit of the donor or donor ac		
Pa	impermissible private benefit? rt II Conservation Easements. Complete if the organization		Yes No
			, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education)		
	Protection of natural habitat	Preservation of a certified h	nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a c	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	***************************************	2b
C	Number of conservation easements on a certified historic structure incl	luded in (a)	_2c
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ext	tinguished, or terminated by the orga	nization during the tax
	year -	_	-
4	Number of states where property subject to conservation easement is	located	
5	Does the organization have a written policy regarding the periodic moni	itoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the v	ear > \$
8	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's finan		
	conservation easements.		gainezation o accounting to
Pai	t III Organizations Maintaining Collections of Art, Hi	storical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part I		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no		and balance sheet works of ort
	historical treasures, or other similar assets held for public exhibition, ed	ucation or research in furtherance of	frublic contine provide in Boot VIII
	the text of the footnote to its financial statements that describes these	itame	public service, provide, in Part XIII,
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to		halaman alamattu a ta'ut a ta'ut a t
-	treasures, or other similar assets held for public exhibition, education, of	report in its revenue statement and r	palance sneet works or art, historical
	relating to these items:	or research in furtherance or public se	ervice, provide the following amounts
	(i) Revenue included in Form 990, Part VIII, line 1		» ► \$
2	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical treasures, or		, provide
_	the following amounts required to be reported under SFAS 116 (ASC 9)		
a	Revenue included in Form 990, Part VIII, line 1		► \$
D	Assets included in Form 990, Part X		▶ \$

		HAM ZOO, I				62-12	31591	Page 2
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical Tr	easures, or (Other Simil	ar Asse	ts(continu	ued)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that ar	e a significant	use of its	collection	items
	(check all that apply):			•	Ū			
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other	• • •				
C	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explain	n how they further t	he organization's	exempt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit	or receive donations	of art, historical trea	sures, or other s	imilar assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?			Yes	☐ No
Pa	rt IV Escrow and Custodial Arran	gements, Comple	te if the organization	n answered "Yes	s* to Form 990	Part IV	line 0 or	
	reported an amount on Form 990, Pa	rt X, line 21.				, , , ,	m 10 3, 01	
1a	Is the organization an agent, trustee, custod		liary for contribution	s or other assets	not included			
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:	***************************************			7 163	LAEL NO
			norring table.				Amount	
c	Beginning balance				300000 1c		Amount	
d	Additions during the year		***************************************		1d		_	
е	Distributions during the year				10		_	
f	Ending halance				1e			
2a	Ending balance Did the organization include an amount on F	form 990. Part V. line	71. for one-row or o	eteriore de la constante	1f		1.,	1 1
	If "Yes," explain the arrangement in Part XIII						J Yes	∐ No
Pai	rt V Endowment Funds. Complete	if the organization an	sucred "Vee" to Ee	provided in Part	XIII			
	Onition	(a) Current year	(b) Prior year	(c) Two years ba		ann bask	6 1 Faure	.aa-a basili
1a	Beginning of year balance	22,398.	22,375.	22.3	- 1-//		(e) rour)	years back
ь	Contributions			22,3	43,	22,256.		22,231.
c	Contributions Net investment earnings, gains, and losses	22.	23.		50.	60		25
ا ا		**,			30.	69.		25.
-	Grants or scholarships		·					
0	Other expenditures for facilities				- 1			
	and programs							
ı	Administrative expenses	22 422						
9	End of year balance	22,420.	22,398.		<u> </u>	22,325.		22,256.
2	Provide the estimated percentage of the cur			ı)) held as:				
a	Board designated or quasi-endowment		_%					
þ	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%						
_	The percentages in lines 2a, 2b, and 2c should be should	•						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered	for the organiz	ation	_	
	by:						\	res No
	(i) unrelated organizations						3a(i)	<u> </u>
	(ii) related organizations					************	3a(ii)	X
þ	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?	*****			3b	
4	Describe in Part XIII the intended uses of the		wment funds			27.657.82		
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" to Form 990,	Part IV, line 11a. S	ee Form 990, Par	rt X, line 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c) Accumulate	d	(d) Book	value
		basis (investm		· · ·	depreciation		•	
1a	Land	***		2,562.		1	3,732	,562.
b	Buildings	444	23,41	4,599. 10	0,398,39	0. 1	3,016	,209.
С	Leasehold improvements	744					_	
	Equipment		4,38	3,462.	2,884,83	12.	1,498	,630.
е	Other			4,524.	380,16		34	,355.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)			8,281	

Schedule D (Form 990) 2014 BIRMINGHAM	ZOO, INC.	(62-1231591 _{Page}
Part VII Investments - Other Securities.		-	
Complete if the organization answered "Yes" t		ne 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
_(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to	o Form 990, Part IV, fir	ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" to	Form 990, Part IV, lin	ne 11d, See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			(4)
(2)			
(3)	<u> </u>		
(4)			
(5)	-		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		+
Part X Other Liabilities.	70.7		
Complete if the organization answered "Yes" to	Form 990 Part IV lie	on 110 or 116 Pen Form 200 Pent V. English	00
1. (a) Description of liability	Ponti 990, Part IV, III	(b) Book value	25
(1) Federal income taxes		101 200V ASIGA	
(2) ACCRUED LIABILITIES		507 066	
		507,966.	
		22,748.	
<u>(4)</u>			
(5)			
(6)			
(7)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

530,714.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

TOTAL TO SCHEDULE D, PART XII, LINE 2D

1,715,846.

Schedule D (Form 990) 2014 BIRMINGHAM ZOO, INC. Part XIII Supplemental Information (continued)	62-1231591 Page 5
Supplemental Information (continued)	
	-
	-

SCHEDULE G

Department of the Treasury

(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.

OMP No. 1545-0047

Open to Public

Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990 Inspection Name of the organization Employer identification number BIRMINGHAM ZOO, INC. 62-1231591 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) (i) Name and address of individual (vi) Amount paid (iv) Gross receipts (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

eune	ndraising Events. Complete if undraising event contributions and general contributions and general contributions and general contributions.	(a) Event #1 ZOO GALA (event type)	d "Yes" to Form 990, Parl DEZ, lines 1 and 6b. List (b) Event #2 ZOO RUN (event type)	IV, line 18, or reported events with gross receiption (c) Other events	ots greater than \$5,000 (d) Total events
	eceipts	(a) Event #1 ZOO GALA (event type)	(b) Event #2 ZOO RUN		(d) Total events
Hevenue 1 Gross re					(add col. (a) through
1 Gross re		325,380.	1	(total number)	col. (c))
	ontributions	1	17,556.	67,667.	410,603
2 Less: Co					
3 Gross in	ncome (line 1 minus line 2)	325,380.	17,556.	67,667.	410,603
4 Cash pri	izes				
5 Noncash	h prizes				
6 Rent/faci	cility costs	61,697.			61,697.
7 Food and	d beverages	39,669.			39,669.
8 Entertain	nment	7,200.			7,200.
10 Direct ex	rect expenses		7,205.	165,408.	201,115.
11 Net incor	me summary. Subtract line 10 from	line 3, column (d)			309,681. 100,922.
Part III Gan	ming. Complete if the organization 000 on Form 990-EZ, line 6a.	answered "Yes" to Form	990, Part IV, line 19, or re	ported more than	100,522.
Revenue	000 bit Poim 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross rev	venue				
2 Cash priz	zes				
3 Noncash	prizes				
3 Noncash 4 Rent/facil	ility costs				
5 Other dire	ect expenses				
6 Volunteer	r labor	Yes% No	Yes % No	Yes%	
7 Direct exp	pense summary. Add lines 2 throug	h 5 in column (d)		>	
8 Net gamir	ing income summary. Subtract line 7	from line 1, column (d)			
9 Enter the state	te(s) in which the organization condi- zation licensed to conduct gaming a	ucts gaming activities:	tator?		
b If "No," explai	in:		nates I		Yes No

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

b if "Yes," explain:

Schedule G (Form 990 or 990 EZ) 2014 BIRMINGHAM ZOO, INC.	62-1231591 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No.
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity forme to administer charitable gaming?	d
is indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13h 0/
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re-	acords:
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address ▶	
16 Gaming manager information:	
Name >	
Gaming manager compensation > \$	
	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent in the
organization's own exempt activities during the tax year ▶ \$	ant ar the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), are	nd Part III. lines 9. 9h. 10h. 15h
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Part IV Supplemental Inf	BIRMINGHAM ZOO	INC.	62-1231591 Page
Part IV Supplemental Inf	ormation (continued)		
-			
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	<u> </u>		
		-	
			
<u> </u>			
	·		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Naticach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FURTHERS CONSERVATION AWARENESS AND THE EDUCATION AND APPRECIATION FOR
ANIMAL CARE. SPECIFICALLY, THE ORGANIZATION HELPS MAINTAIN THE SPECIES
SURVIVAL PROGRAMS - A WORLDWIDE COOPERATIVE BREEDING AND CONSERVATION
PROGRAM.
THE BIRMINGHAM ZOO HAS ALSO COLLABORATED WITH LOCAL HUMAN AND
VETERINARY MEDICAL EXPERTS TO DESIGN REVOLUTIONARY ANIMAL PROCEDURES.
THIS TEAM OF DOCTORS SUCCESSFULLY IMPLANTED THE FIRST CARDIAC
RESYNCHRONIZATON THERAPY DEVICE IN A GORILLA.
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:

Schedus O(Form 990 of 990-E2) (2014)	Page:
Name of the organization BIRMINGHAM ZOO, INC.	Employer identification number 62-1231591
NONPROFIT REPORTING WWW.GUIDESTAR.ORG.	
FORM 990, PART XII, QUESTION 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 356, 36, or 37. ▶ Attach to Form 990.

Open to Public Inspection 2014

OMB No. 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990

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

BIRMINGHAM ZOO,

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Employer identification number 62-1231591 INC.

BIRMINGHAM ZOO, INC. Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets (e) ÷. Total income 豆 Legal domicile (state or foreign country) ALABAMA ZOO RELATED ACTIVITIES Primary activity ALABAMA ZOOLOGICAL SOCIETY - 23-7090795 Name, address, and EIN (if applicable) of disregarded entity BIRMINGHAM, AL 35223-1106 2630 CAHABA ROAD Part II

Section 512(b)(13) controlled ŝ × entity? Yes Direct controlling SIRMINGHAM ZOO, INC. status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(3) Ē Legal domicile (state or foreign country) ALABAMA 200 RELATED ACTIVITIES Primary activity ALABAMA ZOOLOGICAL SOCIETY - 23-7090795 Name, address, and EIN of related organization BIRMINGHAM, AL 35223-1106 2630 CAHABA ROAD

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

Schedule R (Form 990) 2014

432161 08-14-14 LHA

Page 2

Schedule R (Form 990) 2014 BIRMINGHAM ZOO, INC.

62-1231591 Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

	(state or foreign country)	Direct controlling entity	Predominant income (related, excluded from tax under sections 512-514)		Share of total income	(g) Share of Dise	(h) Disproportionate allocations?	Code V.UBI amount in box 20 of Schedule K-1 (Form 1065)		(i) (k) General or Percentage managing ownership
					!					
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	axable as a Corporate tax	oration or Trust Cor year.	mplete if the or	rganization ans	wered "Yes" on	Form 990, Part IV	, line 34 b	ecause it had on	e or more	related
(a) Name, address, and EIN of related organization	Prim	(b) Primary activity	(c) Legal domicile Dii (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	en G	Share of Percend-of-year own	(h) Percentage ownership	Section 512(b)(13) controlled entity?
										-
										<u> </u>
										_

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	antity			_
 b) Gift, grant, or capital contribution to related organization(s) 				19
c Gift, grant, or capital contribution from related organization(s)	***************************************			q
d Loans or loan guarantees to or for related organization(s)			***************************************	70
e Loans or loan guarantees by related organization(s)	The state of the s			14
		***************************************		<u>-</u>
f Dividends from related organization(s)				_
g Sale of assets to related organization(s)				*=
ation(s)			TO SATISFACE AND THE SATISFACE AND THE SAME	19
				ŧ
j Lease of facilities, equipment, or other assets to related organization(s)		***************************************		;=
I I make and for all the second secon				Ę.
Performance of services or membership or fundraising solicitations for related organization(s)	organization(s)		The second secon	¥;
	nganization(s)		CONTRACTOR OF THE PROPERTY OF	=
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	zation(s)		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN	ᄩ
 Sharing of paid employees with related organization(s) 	The state of the s			무
Company of the Compan				9
p Reimbursement paid to related organization(s) for expenses a Reimbursement paid to related organization(s) (see the p				4
				무
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)				+
2 If the answer to any of the above is "Yes," see the instructions for information or	Contract of the contract of th	ALT - 0.		1s
feet and transaction thresholds.	II WITH THUST COMPLETE	this line, including covered i	relationships and transaction thresholds.	
Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved
(1) ALABAMA ZOOLOGICAL SOCIETY				
75				
(3)				
(4)				
(5)				
(9)				
120000000000000000000000000000000000000				

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu	sion for certain inve	estment partnerships.					ı	
(a)	(q) _	(c)	(a) (b)	ω	(6)	ε	ε	8	(K)
Name, address, and EIN	Primary activity	Legal domicite	Predominant income purners sec. (related, unrefated,	Share of		Dispropor- tionale	Code V-UBI	General or	Percentage
Amin IO		(state or foreign country)	excluded from tax under ords.?	total	end-of-year assets	allocations?	allocations? of Schedule K-1 parmer? ownership	partner?	ownership
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Schedule R (Form 990) 2014

Schedule	R (Form 990) 2014 Supplemental In	BIRMINGHAM ZOO, INC.	62-1231591 Page 5
Part VI	Supplemental In	formation	
	Provide additional info	rmation for responses to questions on Schedule R (see instruction	ons).
	<u> </u>		
		<u> </u>	
-			
_			
			
_			

4562 Form

Department of the Treasury
Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

2014

990

OMB No. 1545-0172

Allachment Sequence No. 179

Name(s) shown on return Business or activity to which this form re BIRMINGHAM ZOO, INC. FORM 990 PAGE 10 62-1231591 Part 1 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 3 Threshold cost of section 179 property before reduction in limitation 3 2,000,000. 4 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 filling separately, see instructions 5 (a) Description of property 6 (b) Cost (business use only) (c) Flected cost 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 2013 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 12 13 Carryover of disallowed deduction to 2015. 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. Part II | 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 16 Other depreciation (including ACRS) 16 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 2014 1,478,950. 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 2014 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (a) Classification of property (a) Convention (f) Method (g) Depreciation deduction only - see instructions) 19a 3-year property 5-year property b 7-year property c 10-year property d e 15-year property f 20-year property g 25-year property 25 yrs. S/L 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L ММ S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life S/L Ь 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

portion of the basis attributable to section 263A costs

23 For assets shown above and placed in service during the current year, enter the

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

1,478,950.

22

23

Form 4562 (2014)	BIH	MINGHAL	M ZOO), IN	IC.						62	-1233	L591	Page
Part V Listed Proper	ty (Include a	utomobiles, c	ertain of	her vehi	cles, d	certain a	ircraft, c	ertain cor	nputers,	, and pro	perty us	sed for e	ntertainn	nent.
Note: For any	vehicle for w	ı hich vou are ı	isina the	standar	rd mile	2200 ml								
through (c) of S	Section A, al	of Section B	, and Se	ction C i	f appl	licable.	s or agai	icing leas	se exper	ise, con	ipiete _{oni}	ly 24a, 2	'4b, colu	mns (a)
Section A	- Depreciati	on and Other	r inform	ation (C	autio	n: See t	he instru	ctions for	limits fo	r passen	ger auto	mohiles	1	
24a Do you have evidence to s	support the bu	siness/investm	ent use c	laimed?	Т	Yes		24b If "				_		1
(a)	(b)	(c)			T		e)		1 63, 15		ence wn		_ Yes [No
Type of property	Date	Business		(d) Cost or		Basis for d	lepreciation	(f) Recovery	, , ,,	(g) lethod/	l non	(h) reciation	FI	(i) ected
(list vehicles first)	placed in service	investmen use percenta		ther basis	:		investment only)	period		ivention		duction		on 179
25. Special depresention alle		_ '					* -				-		C	ost
25 Special depreciation allo	owance for c	jualineo iisteo	propert	y placed	ın se	rvice du	ring the	tax year a	nd		1			
used more than 50% in	a qualified b	usiness use .								25				
26 Property used more tha	n 50% in a c	qualified busin	ess use	,									_	
	: :		%				_							
	dio.	<u></u>	%						T^{T}					
		1 '	%											
27 Property used 50% or le	ess in a quali	ified business	USe:							_				
	Đ		%						S/L -				_	
	100 400 100		%		\neg				S/L·		+		1	
	30 OY		%		-				_		 		-	
28 Add amounts in column	(b) lines 25				1:	04		<u> </u>	S/L·		-			
20 Add amounts in column	(i), iiies 25	iniougn 27. E	aner ner	e and or	i iine 2	21, page	31		*******	28		-,		
29 Add amounts in column	(I), IINO 26. E	nter nere and	on line	7, page	1	********			- mana			29		
-							se of Vei							
Complete this section for ve	hicles used l	by a sole prop	orietor, p	artner, o	r othe	er "more	than 5%	owner,"	or relate	ed perso	n. If you	provided	vehicle	s
to your employees, first ansi	wer the ques	itions in Secti	on C to	see if yo	u mee	et an exi	eption t	o complet	ing this	section	for those	vehicle:	s.	
] (a)		(b)		(c)		(d)	1 ((e)	- 1	f)
	Total business/investment miles driven during the					Vehicle		/ehicle	1 .	hicle	1 '	hicle		icle
year (do not include comn	nuting miles)								1		70		VC.	TIOIC .
31 Total commuting miles of	Iriven durina	the year			_									
32 Total other personal (no							_		+		+			
	_													
driven	Alex	*******					-		-		-			
33 Total miles driven during									1		1			
Add lines 30 through 32														
34 Was the vehicle available			Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?		***************************************						_						
35 Was the vehicle used pr														
than 5% owner or relate	d person?		L.	1 1		-				1	1	l		
36 Is another vehicle availal	ble for perso	nal												
use?			l						i .	ĺ				
10-10-10-10-10-10-10-10-10-10-10-10-10-1		- Questions f	or Empl	overs W	ho D	rovido l	obieles	for Hee b	. Their	Flav				
Answer these questions to d	letermine if v	ou meet an e	vcention	to com	alatio	a Contin	- Dife-	:	yineir	Employ	ees			
owners or related persons.	.с.с.т п у	ou most arre	vcebuoi	i to com	אפוו ול	y sectio	II B IOT V	enicies us	ea by e	mployee	es who a	re not m	ore than	5%
			1.11.11											
37 Do you maintain a writter	n policy state	ement that pr	onibits a	III person	al use	e of veh	cles, inc	luding cor	nmuting	j, by you	ır		Yes	No
employees?													2	
36 DO YOU Maintain a writter	n policy state	ement that pr	ohibits p	ersonal (use of	f vehicle	s, excep	t commut	ina. by v	vour			1	
employees? See the inst	ructions for	vehicles used	by corp	orate of	icers,	, directo	rs, or 1%	or more	owners	9535				
39 Do you treat all use of ve	hicles by em	nployees as p	ersonal (use?										
40 Do you provide more tha	ın five vehicli	es to your em	plovees.	obtain i	nform	iation fro	m vour e	employee	s about					_
the use of the vehicles, a	ind retain the	e information	received	?									1	
41 Do you meet the requirer	ments conce	emino oualifie	d autom	ohile der	nonst	tration u	co?	************			******		·	_
Note: If your answer to 3	7 38 39 40	or 41 is "Vai	e " do no	t comple	oto Sa	nation D	40-4b-				***************************************		8	<u> </u>
Part VI Amortization	7, 00, 00, 40	, O/ 47/13 / (c.	s, 00 nc	n comple	ste 06	ection B	ior ine c	overea ve	inicies.		_		<u></u>	
(a)			(6)			1		4.10						
Description of	costs	Date a	(b) Imortization i		(C) Amortiz			(d) Code		(e)		۸۰	(f)	
			begins		amou			section		Amortiza period or per		for	ortization this year	
42 Amortization of costs that	t begins dur	ing your 2014	tax yea	r:										
		0	1 10								-+			
43 Amortization of costs that														
	it began befo	ore your 2014	tax yea	r			The State	V 4 20 10 10 10 10 10 10 10 10 10 10 10 10 10			43			
44 Total. Add amounts in co	it began befo olumn (f). Se	ore your 2014 e the instructi	tax yea	r where to	repor			***************************************		sex #	43			

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box	27776-012-4-12-7-12-		► XI			
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).	a				
	omplete Part II unless you have already been granted			,					
	ic filing (e-file). You can electronically file Form 8868 if y			-		poration			
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an	extension			
	ofile any of the forms listed in Part I or Part II with the ex								
	Benefit Contracts, which must be sent to the IRS in pap								
	virs.gov/efile and click on e-file for Charities & Nonprofits				.	•			
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).					
A corpor	ation required to file Form 990-T and requesting an autor								
Part I onl				•					
All other	corporations (including 1120-C filers), partnerships, REM					1000			
	ome tax returns.				er's identifying nu	ımber			
Type or	Name of exempt organization or other filer, see instru	ctions.			identification nun				
print						(, 0.			
•	BIRMINGHAM ZOO, INC.				62-12315	91			
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SS				
filing your	2630 CAHABA ROAD				oomy mamber (oc	• •,			
return, See instructions.	ctions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	BIRMINGHAM, AL 35223-1106	-							
									
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			01			
			The second secon						
Applicat	ion	Return	Application			Return			
Is For Code Is For									
) or Form 990-EZ	01	Form 990-T (corporation)			Code 07			
Form 990		02	Form 1041-A						
	20 (individual)	03	Form 4720 (other than individual)			08			
Form 990		04				09			
	PT (sec. 401(a) or 408(a) trust)		Form 5227			10			
	PT (trust other than above)	05	Form 6069			11			
Ponn 990	BETSY ROGERS	06	Form 8870		<u> </u>	12			
• The b		AT) _ 1	DIDUTNOUSM ST SES	22.11	0.0				
T-I	books are in the care of ► 2630 CAHABA ROM none No. ► 205-397-3865	- T		73-11	<u> </u>				
			Fax No.						
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			- 🗀			
• II this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole group,	check this			
	If it is for part of the group, check this box				ers the extension	is for.			
1 I re	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until					
_	AUGUST 15, 2015 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension				
	or the organization's return for:								
	X calendar year 2014 or								
	tax year beginning	, an	d ending						
			_		_				
2 If ti	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	ก				
L	Change in accounting period								
3a If ti	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any						
no	nrefundable credits. See instructions.			За	s	0.			
b if t	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and						
	imated tax payments made. Include any prior year overp		-	3b	s	0.			
	lance due. Subtract line 3b from line 3a. Include your pa			1					
	using EFTPS (Electronic Federal Tax Payment System).	-	•	3с	\$	0.			
Caution.	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8		nd Form 8879-EO				
instructio			•						