EXTENDED TO NOVEMBER 15, 2018

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

_	roi tii	2017 Caleridal year, of tax year beginning	enaing			
В	Check If applicab	C Name of organization	7.	D Employer identif	ication number	
	Addre	BIRMINGHAM ZOO, INC.				
	Name		62-1	231591		
	lnitlal return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	25	
Final 2630 CAHABA ROAD 205-879-0						
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	19,948,338.	
	Amen	BIRMINGHAM, AL 33223-1100		H(a) Is this a group r	eturn	
	Applii tion	It hame and address of principal officer; mandancia what than		for subordinate:	? Yes X No	
_	pendi	10 2630 CAHABA ROAD, BIRMINGHAM, AL 3522	3-1106	H(b) Are all subordinates i	ncluded? Yes No	
		empt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)	
_		te: > WWW.BIRMINGHAMZOO.COM		H(c) Group exemption		
		organization: X Corporation Trust Association Other	L Year	of formation: 1999 r	VI State of legal domicile: AL	
Pi	art i	Summary				
ģ	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	BIRMIN	GHAM ZOO'S	PURPOSE IS	
& Governance		TO EXHIBIT ANIMALS FOR THE EDUCATION OF '	VISITO	RS, TO PROM	OTE AND	
ern		Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	h	
300		Number of voting members of the governing body (Part VI, line 1a)		3	17	
행		Number of independent voting members of the governing body (Part VI, line 1b)		4	17	
Activities	1			5	239	
iş.		Total number of volunteers (estimate if necessary)		6	1822	
Act				7a	٧ 0.	
	b	Net unrelated business taxable income from Form 990-T, line 34		<u></u> 7b	0.	
				Prior Year	Current Year	
ne	1	Contributions and grants (Part VIII, line 1h)		6,840,411.	13,972,663.	
Revenue		Program service revenue (Part VIII, line 2g)	(100001110	3,882,402.	3,824,361.	
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		812.	611.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,411,939.	872,549.	
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,135,564.	18,670,184.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	1	Benefits paid to or for members (Part IX, column (A), fine 4)	(1000007)	0.	0.	
es S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	(00000-100	5,120,318.	5,409,801.	
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 304,00		0.	0.	
ά	þ		08.			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,909,670.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	(1	11,029,988.	11,471,890.	
. 10	19	Revenue less expenses. Subtract line 18 from line 12	-1111111	1,105,576.	7,198,294.	
Net Assets or Fund Balances	•		Be	ginning of Current Year	End of Year	
Sse	20	Total assets (Part X, line 16)		37,304,735.	44,637,410.	
et A	21	Total liabilities (Part X, line 26)		6,246,695.	6,381,076.	
	22	Net assets or fund balances. Subtract line 21 from line 20	771	31,058,040.	38,256,334.	
_	art li	Signature Block		<u> </u>		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.		
		Signature of officer		Unto	<u> </u>	
Sig				Date		
Her	e	MARGARET WHITMAN, CFO Type or print name and title				
-		***************************************		ale [therk]	11 (11)	
Date	rt	Print/Type preparer's name Preparer's signature		7/06/10	PIN	
Paid		JEFF THORNTON JEFF THORNTON		7/06/18 self-employ		
	parer	Firm's name PEARCE, BEVILL, LEESBURG, MOORE,	, P.C.	Firm's EIN	63-0813240	
nze	Only	Firm's address 110 OFFICE PARK DR		0.00	E 222-8440	
	AL	BIRMINGHAM, AL 35223		Phone no. 20	5-323-5440	
May	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	

	990 (2017) BIRMINGHAM ZOO, INC.	62-1231591 Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE BIRMINGHAM ZOO'S PURPOSE IS TO EXHIBIT ANIMALS I	
		OGRAMS AND RESEARCH
	STUDIES, AND TO SPONSOR EDUCATIONAL ACTIVITIES FOR	PHE COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed or prior Form 990 or 990-EZ?	n the
	If "Yes," describe these new services on Schedule O	L Yes LAINO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes X No
5	If "Yes," describe these changes on Schedule O.	Tes ZINO
4	Describe the organization's program service accomplishments for each of its three largest program service	ices as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	revenue, if any, for each program service reported.	
4a	0.105.250) (Revenue \$
	MANAGEMENT OF FACILITY OPERATIONS OF THE BIRMINGHAM	
	EDUCATIONAL, ENVIRONMENTAL, AND CONSERVATION PROGRAM	
	THE ZOO AND ANIMAL AND HORTICULTURAL LIFE THROUGH EX	XHIBITS, PROGRAMS
	AND ACTIVITIES.	
	THE TRAILS OF AFRICA EXHIBIT GIVES VISITORS THE OPPO	
	AFRICAN WILDLIFE, WHILE ENLIGHTENING VISITORS ABOUT	
	ENDANGERED ANIMALS AND THE SUPPORT NEEDED FOR GLOBAL	WILDLIFE
	CONSERVATION EFFORTS.	
	THE BIRMINGHAM ZOO CARRIES ON A RELATIONSHIP WITH TH	JE DIDMINGUAM
	CHAPTER OF THE AMERICAN ASSOCIATION OF ZOO KEEPERS.	THIS PARTNERSHIP
4b	110 201	2 024 261
40	BIRMINGHAM ZOO'S EDUCATIONAL PROGRAMS SERVED 7,695	
	COMMUNITY THIS YEAR. THE BREAKDOWN IS AS FOLLOWS:	
	FIELD TRIP PROGRAMS 4,460 INDIVIDUALS	ii ii
	HOME SCHOOL CLASSES 66 INDIVIDUALS	30
	KIDS' DAY OUT 83 INDIVIDUALS	
	NIGHTLIFE PROGRAMS 971 INDIVIDUALS	
	PATCH PROGRAMS 189 INDIVIDUALS	
	PRESCHOOL CLASSES 303 INDIVIDUALS	
	SPECIAL CLASSES 52 INDIVIDUALS	
	SPRING BREAK 92 INDIVIDUALS SUMMER CAMPS 817 INDIVIDUALS	
	22.22	
4C		OTHER PERIODIC
	PUBLICATIONS.	OTHER PERIODIC
	TODBICHTIONS.	
		·
4d	Other program services (Describe in Schedule O.)	E76 715
4=	(Expenses \$ 297,735 · Including grants of \$) (Revenue \$ Total program service expenses > 9,638,811.	576,715.
4e_	Total program service expenses ▶ 9,638,811.	

Form 990 (2017) 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	1 1	X	
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			
c	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 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			
	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 endowments or quasi-endowments? If "Ves." complete Schedule D. Part V.	10	х	35
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	10		
	as applicable.			
d	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 (in investments - other securities in Part X, line 12 that is 5% or more of its total			v
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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	х	
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?	12.0		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	18		
	complete Schedule G, Part III	19	100	X
		C	990 /	00471

Form 990 (2017) BIRMINGHAM ZOO, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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," complete Schedule L, Part II	26		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	5	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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Χ_	

Form 990 (2017) BIRMINGHAM ZOO, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 64			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0	Ш д		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			. 5
	(gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 239			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	36		
00	any contributions that were not tax deductible as charitable contributions?	C-		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6 a		
	were not tax deductible?			
7	· Description of the control of the	6b	-	
1	Organizations that may receive deductible contributions under section 170(c).			v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
- al	to file Form 8282?	.7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
- [Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		Λ
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	24	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	- 1	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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 year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ล	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for Indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2017) BIRMINGHAM ZOO, INC. 62-1231591 Page 6
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 17						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
Ь	Enter the number of voting members included in line 1a, above, who are independent 15						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer divertor trustee or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	40.0	X			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3	77	Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	- 1	X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stackholders?			X			
7a		6					
1 d	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		7.7			
	more members of the governing body?	7a		X			
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			3.5			
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
121	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		14-				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Yes," describe		153				
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	100					
а	The organization's CEO, Executive Director, or top management official	15a	X				
	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).	150		_			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	TOa					
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?.	401					
Sect	tion C. Disclosure	16b					
17							
18		Salsti					
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and section for purply in inspection. Indicate however, made these smallest in the control of the section for the sec	vailab	e				
	for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain in Schedule Other)						
10							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial				
00	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records: MARGARET WHITMAN - 205-397-3865	-					
	2630 CAHABA ROAD, BIRMINGHAM, AL 35223-1106						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	<u> </u>	27712		C)	11100	1041	(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior	1 than	nna	Reportable	Reportable	Estimated
	hours per	box	unle	ss pe	rson	is bol or/trus	h an	compensation	compensation	amount of
	week (list any	_				I	T	from the	from related organizations	other compensation
	hours for	direct		li		23		organization	(W-2/1099-MISC)	from the
	related	tee or	15123			123		(W-2/1099-MISC)		organization
	organizations	at trus	nal tr		alico	± 03				and related
	below line)	Individual trustee or director	Institutional trustea	Otticer	Key employre	Highest compensated employee	former			organizations
(1) CISSY JACKSON	5.00	=	=	<u>-</u>	¥	# 5	727	,		
CHAIRMAN		х						0.	0.	0.
(2) ROBERT ALAND	5.00							. 1		2
VICE CHAIRMAN		X				١.		0.	. 0.	0.
(3) THOMAS SISSON	5.00									
TREASURER		X						0.	0.	. 0.
(4) DAVID LOPER	5.00									
SECRETARY		X						0.	0.	0.
(5) WALLY NALL, III	5.00								·	
IMMEDIATE PAST CHAIRMAN		X						0.	0.	0.
(6) JACK DARNALL	2.50								,	
BOARD MEMBER		X					٠.	0.	0.	0.
(7) AUSTIN DAVIS	2.50									
BOARD MEMBER		X			_			0.	0.	0.
(8) LEIGH COLLIER	2.50									
BOARD MEMBER		X						0.	0.	0.
(9) MARK CROSSWHITE	2.50								25	
BOARD MEMBER		Х						0.	0.	0.
(10) NANCY GOEDECKE	2.50						}		,	
BOARD MEMBER		X		Ш			_	0.	0.	0.
(11) GAYNELL HENDRICKS	2.50									
BOARD MEMBER		X	_				_	0.	0.	0.
(12) G. DOUGLAS JONES	2.50									
BOARD MEMBER		X	_		_		_	0.	0.	0.
(13) RANDALL JORDAN	2.50									
BOARD MEMBER	2	X	_	_	Ŀ			0.	0.	0.
(14) PHILIPPE LATHROP	2.50								,	
BOARD MEMBER	2 50	X		Ш	L	_	_	0.	0.	
(15) JERRY PERKINS, JR	2.50	\			-	1				0
BOARD MEMBER	2 60	X	_	\vdash	<u> </u>	_		0.	0.	0.
(16) LEE MCKINNEY	2.50	_v						0	. ,	0
BOARD MEMBER	2.50	X			<u> </u>			0.	0.	0.
(17) BRITT REDDEN	2.50	, l						0.		0
BOARD MEMBER		X	\Box		L			U •	0.	0.

Statement of Revenue

Form 990 (2017)

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 Related or Total revenue Unrelated business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b 1,547,570. b Membership dues c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e 2,151,500. f All other contributions, gifts, grants, and 10,273,593. similar amounts not included above 67,794. g Noncash contributions included in lines 1a-1f: \$ 13,972,663 h Total. Add lines 1a-1f Business Code 2 a ADMISSIONS 713990 3,484,037 3,484,037 Program Service Revenue b PROGRAM AND CAMP FEES 713990 340,324. 340,324. f All other program service revenue 3,824,361. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 611 611 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 78,300. 6 a Gross rents 0 b Less: rental expenses 78,300. c Rental income or (loss) d Net rental income or (loss) • 78,300 78,300 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 \$ contributions reported on line 1c). See 455,292 Part IV, line 18 158 847 b Less: direct expenses 296,445 296,445. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 1 580 523 1,119,307 b Less: cost of goods sold 461,216 461,216 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS REVENUE 900099 30,038 30,038 b VOLUNTEER INCOME 900099 6,550 6,550 d All other revenue 36,588, e Total. Add lines 11a-11d Total revenue. See instructions. 18,670,184. 4,401,076. 296,445.

Form 990 (2017) Part VIII

Part IX | Statement of Functional Expenses

Do	Check if Schedule O contains a responsional include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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			9-	
4	individuals, See Part IV, lines 15 and 16 Benefits paid to or for members				- 100 //22
5	Compensation of current officers, directors,			7.1	
,	trustees, and key employees	792,951.	650,219.	134,802.	7,930
6	Compensation not included above, to disqualified	,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,764,886.	3,087,207.	640,030.	37,649
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	532,826.	436,917.	90,580.	5,329
10	Payroll taxes	319,138.	261,693.	54,253.	3,192
11	Fees for services (non-employees):				
а	Management				
b			175		
С	Accounting				
d					
e	Professional fundraising services. See Part IV, line 17				
ſ	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	130,955.		130,955.	
12	Advertising and promotion	313,547.	313,547.	130,555.	
13	04'	465,139.	256,989.	164,534.	43,616
14	Information technology	105,806.	1,311.	104,495.	13,010
15	Royalties		,		
16	Occupancy	1,689,869.	1,606,995.	60,144.	22,730
17	Travel	41,806.	17,945.	22,593.	1,268
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		9		
19	Conferences, conventions, and meetings	25,808.	19,411.	6,397.	
20	Interest	145,616.	145,616.		
21	Payments to affiliates	4 5 5 5 4 4 5 5	4.55		
22	Depreciation, depletion, and amortization	1,557,460.	1,479,587.	46,724.	31,149
23	Insurance	207,414.	207,414.		
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	ANTICAT DISPUTABLE F	553,446.	553,446.		
b	SPECIAL & SOCIAL EVENTS	448,880.	297,735.		151,145
c	SUPPLIES	191,822.	157,691.	34,131.	
d	CONSERVATION	118,648.	118,648.		
	All other expenses	65,873.	26,440.	39,433.	
25	Total functional expenses. Add lines 1 through 24e	11,471,890.	9,638,811.	1,529,071.	304,008.
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 fit following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 2,134,490. 396,089. Cash - non-interest-bearing 22,465. 57,478. 2 Savings and temporary cash investments 2 4,465,276. 11,291,624. 3 Pledges and grants receivable, net 3 198,452. 445,852. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under 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 Notes and loans receivable, net 7 7,844. 4,772. Inventories for sale or use 8 180,867. 65,762. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other 47,997,366. basis. Complete Part VI of Schedule D 10a 18,436,501. 26,499,931. 29,560,865. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities, See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 3,795,410. 2,814,968. 15 Other assets. See Part IV, line 11 15 37,304,735. 44,637,410. Total assets. Add lines 1 through 15 (must equal line 34) 16 383,572. 261,343. Accounts payable and accrued expenses 17 17 Grants payable 18 18 1,872,656. 1,955,809. 19 Deferred revenue 19 20 Tax exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 3,512,662. 3,423,678. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of 477,805. 740,246. Schedule D 25 6,246,695. 6,381,076. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 24,707,684. 26,373,501. 27 27 Unrestricted net assets 6,350,356. 11,882,833. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30

38,256,334.

31

32

33

31,058,040.

37,304,735.

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

	990 (2017) BIRMINGHAM ZOO, INC.	62-1	231591	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				14-14
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_ 1	18,67		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,47		
3	Revenue less expenses. Subtract line 2 from line 1	3	7,19		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,05	8,0	40.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	10		
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	38,25	5,3	34.
Pa	rt XII Financial Statements and Reporting	70			
	Check if Schedule O contains a response or note to any line in this Part XII		ecorrection - 1000		X
				Yes	Νo
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,			1
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	d on a			1,1
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				100
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		5	
	consolidated basis, or both			2	
	X Separate basis Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	22		
	or audits explain why in Schedule O and describe any stops taken to undergo such audits		ab.		

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number BIRMINGHAM ZOO, INC. 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q, 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 II, Type III, 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 (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10) organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 BIRMINGHAM ZOO, INC.

[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				<u></u>		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						20
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ					1	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					1	
•	furnished by a governmental unit to						
	the organization without charge				i		•
4	Total. Add lines 1 through 3						
	2						
3	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		V 1				
	supported organization) included					01	
	on line 1 that exceeds 2% of the						1
	amount shown on line 11,				1		
	column (f)						==
	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support		,				
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2013	(ь) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4					,	
8	Gross income from interest,						
	dividends, payments received on						
	securities foans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				B =		
	Gross receipts from related activities,	etc. (see instructi	one)			12	
	First five years. If the Form 990 is for	1111 20		d fourth or fifth t	numero en a castia		
13	organization, check this box and stop		s mst, second, um	a, roatiri, or mirri	ax year as a section	in 50 ((c)(3)	
Sec	ction C. Computation of Publi	c Support Pe	rcentage		e Inniano	INCOME INCOME	
				ankuma (A)		14	%
	Public support percentage for 2017 (li						
	Public support percentage from 2016					15	96
108	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies a						
D	33 1/3% support test - 2016. If the o						
	and stop here. The organization quali	lies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not d	theck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	ımstances" test, ci	neck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts and circ	umstances" test,	The organization of	qualifies as a publi	icly supported orga	anization	▶
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s 🕨

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

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

Se	ction A. Public Support		6				88
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and				N w		ţ _i
	membership fees received. (Do not	4,438,130.	0 725 500	7 000 404	6 040 411	12 072 663	
0	include any "unusual grants.")	4,438,138.	8,726,508.	7,899,404.	6,840,411.	13,972,663.	41,877,124.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose	6,274,172.	6,156,579.	5,897,645.	6,859,341,	5,860,176.	31,047,913.
3	Gross receipts from activities that	, , , , , , , , , , , , , , , , , , , ,	,	-,,	-,,,	2,000,270.	,,,
J	are not an unrelated trade or bus- iness under section 513)(:		n s	8 8	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		3		<u></u>	2	i
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	10,712,310.	14,883,087.	13,797,049,	13,699,752.	19,832,839.	72,925,037.
	Amounts included on lines 1, 2, and	20,722,020.	14,005,007.	15,757,045.	13,033,732.	19,032,039.	72,323,037.
	3 received from disqualified persons				M 52		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		ti E		2		0.
_	Add lines 7a and 7b						0.
	Public support. (Subtract the 7r from time 6)						72,925,037.
	ction B. Total Support						12,323,031,
_	ndar year (or fiscal year beginning in)	(a) 2013	(h) 2014	/e) 2015	(4),0016	(=) 0017	/#\ T-4-1
	Amounts from line 6	10,712,310.	(b) 2014 14,883,087.	(c) 2015 13,797,049.	(d) 2016 13,699,752,	(e) 2017 19,832,839.	(f) Total 72,925,037.
	Gross income from interest.	20,122,020.	21,000,000.	23,137,043.	10,000,702.	15,032,035.	72,723,031.
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	51,288.	65,594.	75,033.	95,369.	78,911.	366,195.
b	Unrelated business taxable income			70	~	557	
	(less section 511 taxes) from businesses					*	
	acquired after June 30, 1975			· 8			
c	Add lines 10a and 10b	51,288.	65,594.	75,033.	95,369.	78,911.	366,195.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	13			44		10 V
12	Other income. Do not include gain or loss from the sale of capital	205,586.	13,652.	32,769.	30,159.	36,588.	318,754.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	10,969,184.	14,962,333.	13,904,851.	13,825,280.	19,948,338.	73,609,986,
	First five years. If the Form 990 is for						
	check this box and stop here				. ,	· · · · (o)(o) o · game	
Sec	tion C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2017 (I	v		olumn (fi)	PROSECULAR ADVENTAGES.	15	99.07 %
	Public support percentage from 2016	N 1985	Chicago			16	98.69 %
_	tion D. Computation of Inves						70
	Investment income percentage for 20			2.13. column (f))		17	.50 %
	Investment income percentage from 2			3 (0, 00,01111 (1))		18	.52 %
	33 1/3% support tests - 2017. If the			n line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box at						→ X
b	33 1/3% support tests - 2016. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	The state of the s
	line 18 is not more than 33 1/3%, che						
20	Private foundation, If the organizatio	n did not check a b	<u>oox on line 14, 19a</u>	, or 19b, check thi	s box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I, If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E, If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? //
 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part Vt how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a 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 was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B 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 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? // "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to _determine whether the organization had excess business holdings)

		Yes	No
			8.
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	3c		
	4a		
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	5a		
	5b		
	5c		
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	3		
	9a		
	9b		
	an		
	9c		
	100		
	10a	7 77	
	10b		
7			

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
อ	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	110		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		0	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			3
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part Vt how		-	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	ns).		
a	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	s)	- 1
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			He
	trustees of each of the supported organizations? Provide details in Part VI.	За		
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	3ь		

Schedule A (Form 990 or 990-EZ) 2017 BIRMIN	NGHAM Z	ΟΟ,	INC.
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62-1231591 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
13	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			<i>*</i>
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		20
4	Add lines 1 through 3	4	11.	
5	Depreciation and depletion	5	111	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	V2		
_	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		
Seci	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			L H== 1037 F
	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	1	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			12 20
	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	70	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	3)	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	/A ₁	1276
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			14
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting org	anization (see
	!	_		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

Excess distributions carryover to 2018. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2017 BIRMINGHAM	Z00,	INC.	62-1231591 Page 8
Part VI	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	explanations, 9a, 9b, 9a, 9b, 9a, 9b, 9b, 9b, 9b, 9b, 9b, 9b, 9b, 9b, 9b	ns required by Part II, line 10; Part II, line 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	N .			
			-	
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			484 1 1	
	5			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BIRMINGHAM ZOO

Employer identification number

	BIRMINGRAM ZOO, INC			92-1231391
Pa			is or Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Fund	ds 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 w	riting that the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad		e used only	
-	for charitable purposes and not for the benefit of the donor or	- 0	,	
	impermissible private benefit?	control advisor, or for any other purpos	comening	Yes No
Рa	rt II Conservation Easements. Complete if the orga	nization answered "Ves" on Form 990	Part IV line 7	
			Franciv, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or ed			
	Protection of natural habitat	Preservation of a ce	rtified historic s	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	n of a conserva	
	day of the tax year.		10	Held at the End of the Tax Year
a	Total number of conservation easements	anassan ing saminos arkanas mantaathaanas	2a	
b	Total acreage restricted by conservation easements	H 1000-11-11 1771-11-11-12-11-11-11-11-11-11-11-11-11-11	2b	
C	Number of conservation easements on a certified historic struc	cture included in (a)	2c	40
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struc	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele-		ne organization	during the tax
	year >		_	
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		f	
	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		nservation eas	ements during the year
_				on one going the jour
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	estion assaman	te during the year
•	S	ng of violations, and emoleting conserv	ation casemer	its during the year
8	Does each conservation easement reported on line 2(d) above	anticly the sequirements of section 17	O(F)(4)(D)(s)	
٥				Yes No
				in time.
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organizat	ion's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of	Art Misteriael Transcures or /	Other Cimil	or Annaha
Pa			Jiner Simili	ar Assets.
	Complete if the organization answered "Yes" on Form 9		76	
1a	If the organization elected, as permitted under SFAS 116 (ASC	* ***		
	historical treasures, or other similar assets held for public exhib	oition, education, or research in further	ance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of p	ublic service, p	rovide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	5
				5
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under SFAS 116		J	(8)
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X		>	

Scne	edule D (Form 990) 2017 DIRECTING	1A11 200, 11	.YC +			0.4	-12	STOP	L Page 2
Pa	rt III Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	at are a s	significant use	of its	co lection	items
	(check all that apply):		2000						
а	Public exhibition	d	Loan or exc	hange progra	ams				
Ь	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further to	he organizati	ion's exe	empt purpose	in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or oth	er simila	ır assets			
	to be sold to raise funds rather than to be ma	intained as part of t	ne organization's co	ollection?				Yes	No No
Pa	rt IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered	Yes or	n Form 990, P	art IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	is or other as	sets no	t included			
	on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in Part XIII :								
								Amount	
C	Beginning balance					. 1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					11			(8) 199
2a	Did the organization include an amount on Fo					ility?		Yes	No.
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on	Part XII				
Pai	rt V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Parl	IV, line	10			
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years	back	(e) Four	years back
1a	Beginning of year balance	22,465.	22,443.	2:	2,420.	22	398.	_	22,375.
b	Contributions								96
C	Net investment earnings, gains, and losses	155.	22.		23.		22.		23,
d	Grants or scholarships						$\neg \uparrow$		
е	Other expenditures for facilities						$\neg \uparrow$		
	and programs								
f	Administrative expenses						\neg		
g	End of year balance	22,620.	22,465.	2:	2,443.	22	420.		22,398.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	-						
С	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses		tion that are held a	nd administe	red for t	he organizatio	n		
	by:							٦	Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
Ь	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.						
Pai	rt VI Land, Buildings, and Equipm	ent.							
900.2	Complete if the organization answered	"Yes" on Form 990	Part IV, line 11a. S	iee Form 990	, Part X	, line 10.			
	Description of property	(a) Cost or ot				ccumulated		(d) Book	value
		basis (investm	1 ' '			preciation			1 (2017)
1a	Land		18,09	1,109.		ALPES C	1/	8,091	,109.
	Buildings		24,82	9,452.	14,	402,577			,875.
С	Leasehold improvements							7752	
	Equipment		4,65	6,132.	3,	630,582		1,025	,550.
	Other			0,673.		403,342			,331.
_	Add lines 1a through 1e (Column (d) must en	ual Form 000 Part				-	21		_

Part viii ilivestifients - Other Securities.			40
Complete if the organization answered "Yes" of a Description of security or category (including name of security)	on Form 990, Part IV, (b) Book value		e 12. Cost or end of year market value
(1) Financial derivatives	(w) DOOK VAILE	(6) We thou of Valuation.	2001 of end of year market value
(1) Financial derivatives (2) Closely-held equity interests			
(3) Other			
(A)			
(A) (B)			
	100.11		
(C)			
(D)			
(E)		- 1	
(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" of			
(a) Description of investment	(b) Book value	(c) Method of Valuation: C	Cost or end-of-year market value
(1)			
(2)			
(3)			18
(4)			
(5)			
(6)			
(7)		45	
(8)			
(9)	- EU		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		I IX	
Part IX Other Assets.	OX.		
Complete if the organization answered "Yes" or	on Form 990, Part IV,	line 11d, See Form 990, Part X, line	e 15.
, ,	Description		(b) Book value
(1) CONSTRUCTION IN PROGRESS			1,828,612
(2) OTHER ASSETS			986,356
(3)			
(4)			
(5)			
(6)			
(7)		17	1 2 1
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		2,814,968
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	on Form 990. Part IV	line 11e or 11f. See Form 990. Par	t X. line 25.
(a) Description of liability	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value	77, 1110 20.
(1) Federal income taxes			
(2) ACCRUED LIABILITIES		618,416.	
(3) CAPITAL LEASE OBLIGATION		010,410.	
		121,830.	
(4)		121,030.	
(5)		7, 111	
(6)			
(7)			
(8)		11 35	
(9)		740 046	
Total, (Column (b) must equal Form 990, Part X, col. (B) line	25.)	740.246.	

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

BZI QUALIFIES AS A NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE AND SIMILAR ALABAMA LAW AND IS NOT SUBJECT TO
INCOME TAXES. BZI HAS ADOPTED ACCOUNTING STANDARDS RELATING TO UNCERTAINTY
OF INCOME TAX POSITIONS. AS A RESULT OF THIS ADOPTION MANAGEMENT ASSESSED
WHETHER THERE WERE ANY UNCERTAIN TAX POSITIONS THAT MAY GIVE RISE TO
INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS
REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. BZI FILES
FORM 990 IN THE U.S. FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, BZI IS NO
LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX
EXAMINATIONS FOR YEARS BEFORE 2015.

Schedule D (Form 990) 2017 BIRMINGHAM ZOO, INC. Part XIII Supplemental Information (continued)	62-1231591 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RECLASS AUXILIARY SERVICES EXPENSE	1,119,307.
RECLASS DIRECT EXPENSES OF SPECIAL EVENTS	158,847.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,278,154.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RECLASS AUXILIARY SERVICES EXPENSE	1,119,307.
RECLASS DIRECT EXPENSES OF SPECIAL EVENTS	158,847.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,278,154.
	<i>v</i>
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
 Go to www.lrs.gov/Form990 for the latest instructions.

Name of the organization

Employer identification number

	SHAM ZOO, INC.				62-1231	
Part I Fundraising Activities required to complete this part	Complete if the organization answirt.	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 Indicate whether the organization rail A Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In person solicitations Did the organization have a written of key employees listed in Form 990, F If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f X Solicita g X Special or oral agreement with any individua Part VII) or entity in connection with pividuals or entities (fundraisers) pursi	ition of ition of I fundra il (inclue profess	non-g gover ising ding o	overnment grants ment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundralser)	(ii) Activity	(iii) funde have c or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		-	
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C						
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			L			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	I it is exempt from re	egistration
			:			
.10						
<u> </u>						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through ZOO GALA col. (c)) (event type) (event type) (total number) 402,363 1 Gross receipts 52,929. 455,292. 0. 2 Less Contributions 402,363. 52,929. 455,292. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 64,681. Rent/facility costs 2,292. 66,973. 33,898. 8,685. 42,583. 7 Food and beverages 11,678. 11,678. 8 Entertainment 21,611. 16,002. 37,613. 9 Other direct expenses 158,847. 10 Direct expense summary, Add lines 4 through 9 in column (d) 296,445. 11 Net income summary, Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990 EZ) 2017 BIRMINGHAM ZOO, INC.	62-1231591 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or	other entity formed
to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in:	Tes LING
	1
a The organization's facility	
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special ev	rents books and records:
Name >	
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:	
o to the trained and deduced of the time party.	
Name >	
Address ►	
16 Gaming manager information:	
Name ►	
Gaming manager compensation > \$	
Description of continue resultded In	
Description of services provided	
Director/officer Employee Independent contractor	
47 Alamahan disabutus	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming p	10000
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt or	ganizations or spent in the
organization's own exempt activities during the tax year - \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu	mns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instruct	

Schedule G (Form 990 or 990 EZ)	BIRMINGHAM ZOO, INC	62-1231591 Page 4
Schedule G (Form 990 or 990 EZ) Part IV Supplemental In	formation (continued)	
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Schedule J Form 990) 2017 BIRMINGHAM ZOO, INC. Part III Supplemental Information	62-1231591	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1n, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also co	mplete this part for any additional inform	nation.
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732113 10-17-17

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization

BIRMINGHAM ZOO, INC.

Employer identification number 62-1231591

Types of Property Part (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 40,158.FAIR VALUE X 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts (GRAVEL X 14,950.FAIR VALUE 25 Other > SUPPLIES X 7,687.FAIR VALUE 26 Other MAILINGS X 5,000 FAIR VALUE 27 Other Other -28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2017

<u>Şchedule M</u>	(Form 990) 2017 BIRMINGHAM ZUO, INC.	07-1731231	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organiza nation of both. Also com	ation
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization

BIRMINGHAM ZOO, INC.

Employer identification number 62-1231591

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONDUCT CONSERVATION PROGRAMS AND RESEARCH STUDIES, AND SPONSOR
EDUCATIONAL ACTIVITIES FOR THE COMMUNITY.
FORM 990, PART 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 III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ZOO AFTER SCHOOL PROGRAM 40 INDIVIDUALS
ZOO SCHOOL PROGRAM 580 INDIVIDUALS
ZOOKEEPER FOR A DAY 42 INDIVIDUALS
TOTAL INDIVIDUALS SERVED: 7,695
FORM 990, PART VI, SECTION B, LINE 11B:
CFO REVIEWS A DRAFT OF THE ORGANIZATION'S FORM 990 BEFORE FILING.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization BIRMINGHAM ZOO, INC.	Employer identification number 62-1231591
CONFIDENTIAL EMPLOYEE AND CUSTOMER RECORDS IS RESTRICTED.	THIS DOCUMENT
RETENTION POLICY MAY BE TEMPORARILY SUSPENDED WHERE INSTA	NCES OF
INVESTIGATION, LITIGATION OR AUDIT IS ANTICIPATED.	0
FORM 990, PART XII, QUESTION 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	P3

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Go to www.irs.qov/Form990 for instructions and the latest information.

OMI No. 1545-0617 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BIRMINGHAM ZOO, INC.

Employer identification number 62-1231591

(a)	(b)	(c)	(d)		(e)		(1)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	erne End-of-y	ear assets	par assets Direct co		g
ALABAMA ZOOLOGICAL SOCIETY - 23-7090795								
2630 CAHABA ROAD	7			1		-		
BIRMINGHAM, AL 35223 1106	300 RELATED ACTIVITIES	ALABAMA				BIRHINGHAM	200 11	NC.
<u> </u>								- 7
	_		- 1					
		- 88				ļ		
		_				<u> </u>		
			1	- 1				
								
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.		n answered "Yes" on Form 99	0, Part IV, line 34,	because it had	one or more	e related tax-exe	ampi	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charit status (if secti		(f) Direct controlling entity		9) 5 (2(b); 13) 5 (b)(d) (t)(y?
34 177 7			*7500	501(c)(3)			Yes	No
ALABAMA ZOOLOGICAL SOCIETY - 23-7090795	_							
2630 CAHABA ROAD BIRMINGHAM AL 35223 1106	LOO RELATED ACTIVITIES	ALABAHA	501(C)(3)		BIRMIN INC.	GHAM 200,		x
	HOU HUMING BULL TELLO	Samurana	701(C)131	-	LIGHT.		-	1
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732161 09-11-17 LHA

62-1231591

Page 2

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

(a)	(b)	(c)	(d)	(e)	(4)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domole (state or lorege	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	83001	orherate t ons?		Periner 6	Percenta ownersh
		Country		sections 512-514)			Yes	No	K 1 (Form 1065)	Yes No	
	-										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal damedie (State or foreign	(d) Direct controlling entity	(e) Type of entity (C corp., S corp.	(f) Share of total income	(g) Share of end of year	(h) Percentage ownership	(i) Section 512(b) 13) controlled entity?	
		сынпігу)		or trust)		assets		-	No
	×!					-			
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Schedule R (Form 990) 2017

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Schodule R (Form 990) 2017

Schedule R (Form 990) 2017 BIRMINGHAM ZOO, INC.	31/		62-12	31591	Page 3				
Part V Transactions With Related Organizations. Complete if the organ	nization answered "Yes" on For	m 990 Part IV line 34, 35b.	or 36						
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedul	le			1	Yes No				
1 During the tax year, did the organization engage in any of the following	fransactions with one or more i	related organizations listed i	Parts II IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a cont	rolled entity			10	X				
b Gift, grant, or capital contribution to related organization(s)				1b	X				
c Gift, grant, or capital contribution from related organization(s)				1c	X				
d Loans or loan guarantees to or for related organization(s)									
Loans or loan guarantees by related organization(s)									
				11	х				
				1g	X				
h Purchase of assets from related organization(s)				1h	X				
Exchange of assets with related organization(s)				1i	X				
j Lease of facilities, equipment, or other assets to related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of facilities, equipment, or other assets from related organization	(s)			1k	x				
Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by re-	elated organization(s)			1m	X				
n Sharing of facilities, equipment, mailing lists, or other assets with related	d organization(s)			1n	X				
Sharing of paid employees with related organization(s)				10	Х				
				1p	х				
q Reimbursement paid by related organization(s) for expenses				1q	X				
r Other transfer of cash or property to related organization(s)				1r	х				
Other transfer of cash or property from related organization(s)				1s	X				
2 If the answer to any of the above is "Yes." see the instructions for information of the above is "Yes."	nation on who must complete t	his line, including covered re	elationships and transaction thresholds.						
(a) Name of related organization	(b) Transaction type (a s)	(c) Amount invalved	(d) Method of determining amount	invalved					
(1) ALABAMA ZOOLOGICAL SOCIETY		0.							
(2)	pi pi								
(3)									
(4)			<u> </u>						
(5)		70							

Page 4

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from fax under sections 512-514)	(O) Area rannel set 10 to to cont. Yes No	Share of total income	(g) Share of end of year assets	(h) Discressive tonase stocations Yes No	impunt in box 20	(j) Seneral p managen parbie? Yes NO	(k) Percentage ownership
			l)		30					
	i.t				0					
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Schedule R (Form 990) 2017

732181 09-11-17

Schedule R (Form 990) 2017 BIRMINGHAM ZOO, INC.	62-1231591 Page 5
Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions	
Provide additional information for responses to questions on Schedule H. See instructions	
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4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

990

2017

Attachment Sequence No. 179

Identifying number BIRMINGHAM ZOO, INC. FORM 990 PAGE 10 62-1231591 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 510,000. Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 2,030,000. 3 Threshold cost of section 179 property before reduction in limitation 3 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar Ilmitation for tax year Subtract line 4 from line 1. If zero or fells, enter -0-. If married filling separately, see instructions 5 (a) Description of property 6 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 2016 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 don't enter more than line 11 12 13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't 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 (Don't include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2017 17 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 2017 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period a) Classification of property year placed in service (business/igvostment use (a) Convention (f) Malhad (g) Depreciation deduction only - see Instructions 19a 3-year property b 5 year property C 7-year property ď 10-year property 15-year property e 20-year property

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

25 yrs.

27.5 yrs.

27.5 yrs

39 yrs.

23

S/L

S/L

S/L

S/L

S/L

MM

MM

MM

MM

20a	Class life					S/L	
b	12-year		Ti Ti	12 yrs.		S/L	
С	40-year	7		40 yrs.	MM	S/L	

| Part IV | Summary (See instructions.)

portion of the basis attributable to section 263A costs

Residential rental property

Nonresidential real property

25-year property

9

h

i

21 Listed property. Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

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

22 1,557,460

Enter here and on the appropriate lines of your return. Partnerships and S corporations see instr. 22 1,557,460.

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

BIRMINGHAM ZOO, INC. 62-1231591 Page 2 Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes J No (b) (c) (e) (i) (d) Date Business/ Basis for depreciation Elected Type of property Cost or Recovery Method/ Depreciation placed in investment (business/Investment section 179 (list vehicles first) other basis period deduction Convention use percentage use pnly) Service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % 27 Property used 50% or less in a qualified business use: S/L % 0/0 S/L -S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven__ 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes Νo Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization (a) Description of costs (c) (d) (e) (f) Date amonization Amertization for this year Amo*r*uzațioa ection 42 Amortization of costs that begins during your 2017 tax year:

43 Amortization of costs that began before your 2017 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

43

44

(Rev. January 2017)

Application for Automatic 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.lrs.gov/form8868.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120 C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions Employer identification number (EIN) or print BIRMINGHAM ZOO, INC. 62-1231591 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 2630 CAHABA ROAD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions BIRMINGHAM, AL 35223-1106 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990 PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MARGARET WHITMAN The books are in the care of ► 2630 CAHABA ROAD = BIRMINGHAM, AL 35223-1106 Telephone No. ► 205-397-3865 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box > and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2018 , to file the exempt organization return request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: X calendar year 2017 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: J Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0. 3b Ś Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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

Form 8868 (Rev. 1-2017)

instructions.