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Form 990

## Return of Organization Exempt From Income Tax

2010

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

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

Open to Public Inspection

## A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization  
ATLANTA FULTON COUNTY ZOO INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
800 CHEROKEE AVE SE

Room/suite

City or town, state or country, and ZIP + 4  
ATLANTA, GA 30315F Name and address of principal officer  
KATHLEEN HEAGNEY WILLIAMS  
800 CHEROKEE AVE SE  
ATLANTA, GA 30315H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► WWW ZOO ATLANTA.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1985 M State of legal domicile GA

## Part I Summary

## 1 Briefly describe the organization's mission or most significant activities

ZOO ATLANTA STRIVES TO INSPIRE THE CITIZENS OF ATLANTA AND GEORGIA AND ALL VISITORS TO THE ZOO TO VALUE WILDLIFE ON EARTH AND TO HELP SAFEGUARD EXISTING SPECIES THROUGH CONSERVATION. WE DO THIS BY PROVIDING AN INFORMATIVE, EDUCATIONAL AND ENGAGING EXPERIENCE, BEING RESPECTFUL AND RESPONSIBLE STEWARDS OF THE ANIMALS AND THE PHYSICAL AND FINANCIAL ASSETS ENTRUSTED TO US, AND ENGAGING IN RELATED CONSERVATION ACTIVITIES AND RESEARCH. ZOO ATLANTA SEEKS TO MAKE A MEANINGFUL, DEMONSTRABLE IMPACT ON CONSERVATION OF ENDANGERED SPECIES AND PRESERVATION OF BIODIVERSITY, BECOMING GEORGIA'S LEADER IN USING A LIVING COLLECTION TO ENHANCE FORMAL AND LIFELONG SCIENCE EDUCATION, AND CONTRIBUTE TO THE CULTURAL LIFE OF THE COMMUNITY BY EXPANDING AND DIVERSIFYING A GLOBAL COLLECTION OF WILDLIFE. IN 2010, ZOO ATLANTA WELCOMED A NEW PRESIDENT AND CEO, RAYMOND KING, A LIFE LONG ATLANTAN AND LONGTIME CIVIC LEADER. KING IS A FORMER EXECUTIVE AT SUNTRUST AND WAS IN CHARGE OF THEIR COMMUNITY AFFAIRS AREA.

## 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	60
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	60
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	5	315
6 Total number of volunteers (estimate if necessary) . . . . .	6	756
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	127,566
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	-3,849

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) . . . . .	8,673,041	9,647,138	
9 Program service revenue (Part VIII, line 2g) . . . . .	6,953,076	6,917,337	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	72,020	3,032	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	2,084,227	2,068,070	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	17,782,364	18,635,577	

		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	0	5,000	
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	9,412,940	8,536,528	
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	124,802	133,571	
b Total fundraising expenses (Part IX, column (D), line 25) ► 596,576			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	9,268,866	8,578,306	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	18,806,608	17,253,405	
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-1,024,244	1,382,172	

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	35,686,629	34,977,563	
21 Total liabilities (Part X, line 26) . . . . .	5,296,869	2,783,519	
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	30,389,760	32,194,044	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer KATHLEEN HEAGNEY WILLIAMS CFO Type or print name and title	2011-05-05 Date

Paid Preparer Use Only	Print/Type preparer's name DALE R BAUMANN	Preparer's signature DALE R BAUMANN	Date 2011-05-03	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► WINDHAM BRANNON PC				Firm's EIN ►
	Firm's address ► 1355 PEACHTREE ST SUITE 200 ATLANTA, GA 303093230				Phone no ► (404) 898-2000

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

ZOO ATLANTA STRIVES TO INSPIRE THE CITIZENS OF ATLANTA AND GEORGIA AND ALL VISITORS TO THE ZOO TO VALUE WILDLIFE ON EARTH AND TO HELP SAFEGUARD EXISTING SPECIES THROUGH CONSERVATION. WE DO THIS BY PROVIDING AN INFORMATIVE, EDUCATIONAL AND ENGAGING EXPERIENCE, BEING RESPECTFUL AND RESPONSIBLE STEWARDS OF THE ANIMALS AND THE PHYSICAL AND FINANCIAL ASSETS ENTRUSTED TO US, AND ENGAGING IN RELATED CONSERVATION ACTIVITIES AND RESEARCH.

**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No**

If "Yes," describe these new services on Schedule O

**3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No**

If "Yes," describe these changes on Schedule O

**4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses**

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a (Code) (Expenses \$ 1,772,000 including grants of \$ ) (Revenue \$ 6,697,642 )**

THE VISITOR EXPERIENCE AND PUBLIC EVENTS OPENED IN SUMMER 2010, TRADER'S ALLEY WILDLIFE'S FADING FOOTPRINTS IS AN EVOCATIVE SERIES OF EDUCATIONAL EXHIBITS INTRODUCING GUESTS TO THE GLOBAL PROBLEM OF THE WILDLIFE TRADE. AFTER SPENDING MONTHS AWAY AT OTHER ZOOS WHILE THE EXHIBITS HERE WERE BEING RENOVATED, SUMATRAN TIGERS CHELSEA AND KAVI AND CLOUDED LEOPARD MOBY RETURNED HOME TO ZOO ATLANTA. THEY WERE JOINED BY THREE NEW SPECIES, XANDER AND SABAH THE SUN BEARS, NARITA, THE TANUKI AND BETEL AND ZELDA, THE WREATHED HORNBILLS. ZOO ATLANTA IS COMMITTED TO ENSURING THAT ALL FAMILIES IN THE CITY OF ATLANTA AND FULTON COUNTY HAVE ACCESS TO ONE OF THEIR COUNTY'S RICHEST CULTURAL RESOURCES. THE ANNUAL CITY OF ATLANTA AND FULTON COUNTY FAMILY DAYS, OFFERING FREE ADMISSION TO RESIDENTS AND EMPLOYEES OF ATLANTA AND FULTON COUNTY, ATTRACTED MORE THAN 11,000 GUESTS ON AUGUST 14 AND 15. GEICO'S TRAVELING GECKO EXHIBIT SPENT A MONTH AT ZOO ATLANTA, THANKS TO PARTNERSHIP WITH THE ASSOCIATION OF ZOOS AND AQUARIUMS. GEICO SPONSORED FREE ADMISSION FOR THE FIRST 100 GUESTS ON THE OPENING DAY OF THE ATTRACTION, WHICH FEATURED ONE OF THE WORLD'S LARGEST GECKO SPECIES. SUPPORT FROM WALMART PROVIDED STEEPLY DISCOUNTED ADMISSIONS FOR MORE THAN 19,500 GUESTS DURING WALMART SUNDAY FUN DAYS ON OCTOBER 10 AND NOVEMBER 14. OVER THE COURSE OF THE YEAR, 210 ACTIVE ZOO VOLUNTEERS AND 434 CORPORATE VOLUNTEERS CONTRIBUTED A TOTAL OF 31,000 HOURS. EQUALLY ACTIVE ON ZOO GROUNDS WERE VOLUNTEENS, DOCENTS AND EXHIBIT INTERPRETERS, WHO DEVOTED MORE THAN 23,000 HOURS TO INTERACTIONS WITH GUESTS. THE COMBINED SERVICE OF THESE HIGHLY COMMITTED INDIVIDUALS CAN BE VALUED AT ROUGHLY \$400,000.

**4b (Code) (Expenses \$ 4,139,000 including grants of \$ ) (Revenue \$ )**

ENVIRONMENTAL RESPONSIBILITIES AND DIVERSITY EFFORTS ZOO ATLANTA'S SUPPLIER DIVERSITY PROGRAM REMAINS STRONG SINCE ITS LAUNCH. THE INITIATIVE HAS PROVIDED COMPETITIVE BIDDING OPPORTUNITIES FOR MORE THAN 60 FEMALE AND MINORITY-OWNED BUSINESSES. IN 2010, ZOO ATLANTA REPORTED OVER 37% OF ALL ELIGIBLE SPEND WAS WITH CERTIFIED MWBES, REFLECTING A 10% INCREASE FROM 2009. ZOO ATLANTA'S GREEN TEAM EXISTS TO SUPPORT THE ZOO'S MISSION OF CONSERVATION THROUGH EDUCATION BY INVESTIGATING AND IMPLEMENTING METHODS TO REDUCE, REUSE, AND RECYCLE WASTE. GREEN TEAM PROJECTS WILL ENCOURAGE PARTICIPATION FROM ZOO STAFF, VOLUNTEERS, VISITORS, AND CORPORATE PARTNERS. DEPARTMENTS ARE REQUIRED TO SELECT GREEN GOALS AS PART OF THEIR ANNUAL REVIEW PROCESS, WHICH PROMOTES STAFF AWARENESS AND INVOLVEMENT IN GREEN INITIATIVES IN THE WORKPLACE. THANKS TO THE EFFORTS OF THE GREEN TEAM, ZOO ATLANTA ONCE AGAIN RANKED IN THE TOP TEN U.S. ZOOS FOR CELL PHONE RECYCLING IN 2010, RECYCLING A TOTAL OF 1,507 OLD AND UNUSED PHONES AND SMALL ELECTRONICS, WITH PROCEEDS DIRECTLY BENEFITTING THE CONSERVATION OF GORILLAS AND THEIR HABITAT IN AFRICA. ADDITIONAL RECYCLING TOTALS INCLUDED -106,690 POUNDS OF PAPER AND CARDBOARD-271 POUNDS OF ALUMINUM CANS-3,640 POUNDS OF PLASTIC-1,891 POUNDS OF ELECTRONIC (EQUIPMENT) WASTE-12 TONS OF WOOD WASTE-1,300 CUBIC YARDS OF COMPOST-1,550 CUBIC YARDS OF BAMBOO WASTE.

**4c (Code) (Expenses \$ 5,654,000 including grants of \$ ) (Revenue \$ )**

THE ANIMAL COLLECTION AND SUCCESS WITH ENDANGERED SPECIES AMPHIBIANS & REPTILES A FEMALE IMPRESSED TORTOISE PROVIDED ONE OF THE YEAR'S HAPPIEST TURNS IN AN EVENTFUL STORY. ONCE PART OF A SHIPMENT OF CONFISCATED ANIMALS INTENDED FOR THE WILDLIFE TRADE, THE TURTLE UNDERWENT A DELICATE SURGERY BY ZOO VETERINARIANS TO REMOVE ROCKS THAT HAD BEEN INSERTED INTO HER DIGESTIVE TRACT TO INCREASE HER WEIGHT AND MARKET VALUE. SHE HAS SPENT RECENT YEARS RECUPERATING, AND IN SUMMER 2010, PRODUCED A CLUTCH OF HEALTHY HATCHLINGS. A RESIDENT OF THE ZOO ATLANTA WORLD OF REPTILES, THE RABB'S FRINGE-LIMBED TREE FROG IS THE ONLY KNOWN REPRESENTATIVE OF HIS SPECIES KNOWN TO EXIST. THE SPECIES IS BELIEVED TO BE EXTINCT IN THE WILD. BORN IN 2010, AFRICAN PANCAKE TORTOISES, ARAKAN FOREST TURTLES, BURMESE BLACK TORTOISES, COMMON SPIDER TORTOISES, EVERGREEN TOADS, EYELASH PALM PITVipers, MEXICAN BOX TURTLES, MEXICAN CANTILS, PAN'S BOX TURTLES, RADIATED TORTOISES. MAMMALS BORN IN 2010 A FIRST EVER FOR ZOO ATLANTA, FEMALE GIRAFFE CALF ZURI'S BIRTH MARKED THE END OF A GESTATION PERIOD THAT SPANNED TWO CALENDAR YEARS. BORN ON JULY 13TH, SHE IS THE ONLY GIRAFFE TO EVER HAVE BEEN BORN AT ZOO ATLANTA. THE THIRD GIANT PANDA CUB BORN ON NOVEMBER 3RD AT ZOO ATLANTA WAS THE ONLY ONE OF HIS KIND BORN IN THE U.S. IN 2010. THIS WAS ESPECIALLY WELCOME SINCE MEI LAN, THE FIRST OFFSPRING OF ZOO ATLANTA'S GIANT PANDAS, WENT TO THE CHENGDU RESEARCH BASE OF GIANT PANDA BREEDING. THE ZOO'S PARTNER IN GIANT PANDA CONSERVATION AND RESEARCH. HENRY, THE 18TH WESTERN LOWLAND GORILLA BORN AT ZOO ATLANTA, WAS NAMED AFTER HENRY FORD, IN HONOR OF FORD MOTOR COMPANY'S LONGTIME SUPPORT OF THE ZOO, INCLUDING THE FORD AFRICAN RAINFOREST THAT IS HENRY'S HOME. OTHER MAMMAL BIRTHS IN 2010 INCLUDED A SCHMIDT'S GUENON MONKEY, THE THIRD LITTER OF WARTHOG PIGLETS, THE SIXTH RED KANGAROO JOEY (AND FIRST FEMALE), AND A WATERBUCK CALF. BIRDS ELEVEN BIRD SPECIES REPRODUCED AT THE ZOO IN 2010. HATCHLINGS INCLUDED A WHITE HEADED BUFFALO WEAVER, BUDGERIGARS (PARAKEETS), GOLDEN-BREASTED STARLINGS, MALAYAN GREAT ARGUS, PALAWAN PEACOCK PHEASANTS, RED-CAPPED CARDINALS, SPOTTED DIKKOPS, SPECKLED PIGEON, SUPERB STARLINGS, WHITE-CRESTED LAUGHING THRUSHES, AND WHITE-FACED WHISTLING DUCKS. BEHIND THE SCENES, BIRDS THRIVED IN THEIR FIRST FULL YEAR IN THE NEW BIRD PROPAGATION CENTER CONSTRUCTED IN LATE 2009, AND POPULATED IN 2010. THE FACILITY WAS DESIGNED FOR SPECIES THAT REPRODUCE MORE SUCCESSFULLY IN OFF-EXHIBIT AREAS AWAY FROM PUBLIC VIEW. NEW TO THE ZOO MANY NEW SPECIES ARRIVED, ESPECIALLY IN THE ALREADY IMPRESSIVE REPTILE AND AMPHIBIAN COLLECTION. NEW ARRIVALS INCLUDED AFRICAN MILLIPEDE, STRIPED NEWT, GULF COAST TOAD, EASTERN (RED-SPOTTED) NEWT, RED-SPOTTED TOAD, SMOOTH-SIDED TOADS, ASIAN CLIMBING (TREE) TOADS, DWARF BUDGET'S FROG, ALLIGATOR NEWT, EASTERN INDIGO SNAKE, CALIFORNIA KING SNAKE, MEXICAN LANCE-HEADED RATTLESNAKE, ROUGH-SCALED SAND BOA, BARON'S GREEN RACER, COMMON EGG-EATING SNAKE, MADAGASCAR GIANT DAY GECKO, ORNATE FLYING SNAKE, ARIZONA RIDGE-NOSED RATTLESNAKE, TWIN-SPOTTED RATTLESNAKE, MOTTLED ROCK RATTLESNAKE, GRAND CANYON RATTLESNAKE, PRAIRIE RATTLESNAKE, GREEN RAT SNAKE, INLAND BEARDED DRAGON, DIAMONDBACK TERRAPIN, GUATEMALAN PALM VIPER, CEROPSPIS GOOSE, GUIRA CUCKOO, TOCO TOUCAN, GOLDEN PHEASANT, DOMESTIC CHICKEN, SOUTHERN YELLOW GROSBEAK, WHITE-CHEEKED TURACO, BEARDED BARBET, PREHENSILE-TAILED PORCUPINE, RACCOON DOG, EASTERN BONGO, AND BINTURONG.

**4d Other program services (Describe in Schedule O) See also Additional Data for Description**

(Expenses \$ 3,454,804 including grants of \$ ) (Revenue \$ 2,188,043 )

**4e Total program service expenses \$ 15,019,804**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

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

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

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV

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 (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e		No
11f		No
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17	Yes	
18	Yes	
19		No
20a		No
20b		

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
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	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
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	34	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	315
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	Yes
<b>a</b>	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?	7b	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			
<b>b</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	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

### Section 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	1a	60
b Enter the number of voting members included in line 1a, above, who are independent	1b	60
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Does the organization have members or stockholders?	6	No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	No
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13 Does the organization have a written whistleblower policy?	13	Yes
14 Does the organization have a written document retention and destruction policy?	14	Yes
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?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed	GA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply	
<input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization	►
KATHLEEN HEAGNEY WILLIAMS 800 CHEROKEE AVE ATLANTA, GA 30315 (404) 624-5919	

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

 Check if Schedule O contains a response to any question 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, and **current** key employees. 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.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) WAYNE AARON DIRECTOR	1 00	X						0	0	0
(2) DR J DAVID ALLEN DIRECTOR	1 00	X						0	0	0
(3) MICHAEL ANDERSON DIRECTOR	1 00	X						0	0	0
(4) ALBERTO BAZAN DIRECTOR	1 00	X						0	0	0
(5) BRAD BENTON DIRECTOR & CHAIRMAN	1 00	X		X				0	0	0
(6) GINNY BREWER DIRECTOR & VICE CHAIR	1 00	X		X				0	0	0
(7) MICHAEL BROE DIRECTOR	1 00	X						0	0	0
(8) MOSES BROWN JR DIRECTOR & TREASURER	1 00	X		X				0	0	0
(9) SHARON BYERS DIRECTOR	1 00	X						0	0	0
(10) MERRY CARLOS DIRECTOR	1 00	X						0	0	0
(11) CHARLES W CARY DIRECTOR	1 00	X						0	0	0
(12) MARGARET CHAMBERS DIRECTOR	1 00	X						0	0	0
(13) JAMES CHEEKS DIRECTOR	1 00	X						0	0	0
(14) MARQUETTE CHESTER DIRECTOR	1 00	X						0	0	0
(15) MALCOLM CUNNINGHAM DIRECTOR	1 00	X						0	0	0
(16) TYE DARLAND DIRECTOR	1 00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (describe hours for related organizations in Schedule O)	<b>(C)</b> Position (check all that apply)					<b>(D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(17) DAVE DORTON DIRECTOR	1 00	X						0	0	0
(18) MARY DYE DIRECTOR	1 00	X						0	0	0
(19) CHARLES F EASLEY DIRECTOR	1 00	X						0	0	0
(20) ANDREW W EVANS DIRECTOR	1 00	X						0	0	0
(21) NANCY FIELD DIRECTOR & VICE CHAIR	1 00	X		X				0	0	0
(22) BOB GARLOW DIRECTOR & VICE CHAIR	1 00	X		X				0	0	0
(23) KATHLEEN HILL GODDARD DIRECTOR & VICE CHAIR	1 00	X		X				0	0	0
(24) ALEX GONZALEZ DIRECTOR	1 00	X						0	0	0
(25) PATRICE GREER DIRECTOR	1 00	X						0	0	0
(26) JAMES HARRIS DIRECTOR	1 00	X						0	0	0
(27) HILTON H HOWELL DIRECTOR	1 00	X						0	0	0
(28) STEVE HUGHES DIRECTOR	1 00	X						0	0	0
(29) DR DUANE JACKSON DIRECTOR & VICE CHAIR	1 00	X		X				0	0	0
(30) STEPHEN JOHNSTON JR DIRECTOR	1 00	X						0	0	0
(31) STACEY KEY DIRECTOR	1 00	X						0	0	0
(32) MICHAEL KLUMP DIRECTOR	1 00	X						0	0	0
(33) BETH KYTLE DIRECTOR	1 00	X						0	0	0
(34) ELIZABETH LAZARUS DIRECTOR & VICE CHAIR	1 00	X		X				0	0	0
(35) NORY LEBRUN DIRECTOR	1 00	X						0	0	0
(36) ORLANDO LYNCH DIRECTOR	1 00	X						0	0	0
(37) SEAN MABEY DIRECTOR	1 00	X						0	0	0
(38) DENISE MCWILLIAMS DIRECTOR	1 00	X						0	0	0
(39) AASIA MUSTAKEEM DIRECTOR	1 00	X						0	0	0
(40) WILLIAM NEMETZ DIRECTOR	1 00	X						0	0	0
(41) MCKEE NUNNALLY DIRECTOR	1 00	X						0	0	0
(42) CATHERINE O'NEIL DIRECTOR	1 00	X						0	0	0
(43) ASHLEY PREISINGER DIRECTOR	1 00	X						0	0	0
(44) NANCY RAFUSE DIRECTOR	1 00	X						0	0	0
(45) DEEPAK RAGHAVAN DIRECTOR & VICE CHAIR	1 00	X		X				0	0	0
(46) MARK ROBERTS DIRECTOR	1 00	X						0	0	0
(47) GORNATA ROSS DIRECTOR	1 00	X						0	0	0
(48) LOVETTE RUSSELL DIRECTOR & SECRETARY	1 00	X		X				0	0	0
(49) D JACK SAWYER DIRECTOR	1 00	X						0	0	0
(50) CHARLES SHARBAUGH DIRECTOR	1 00	X						0	0	0
(51) SARA SHLESINGER DIRECTOR	1 00	X						0	0	0
(52) KENDRICK SMITH DIRECTOR & VICE CHAIR	1 00	X		X				0	0	0
(53) MARK STREET DIRECTOR & VICE CHAIR	1 00	X		X				0	0	0
(54) RICK TRAINOR DIRECTOR	1 00	X						0	0	0
(55) JOANNE TRUFFELMAN DIRECTOR	1 00	X						0	0	0
(56) EDWIN A WAHLEN DIRECTOR & VICE CHAIR	1 00	X		X				0	0	0
(57) BOB WALKER DIRECTOR	1 00	X						0	0	0
(58) JACQUELINE WELCH DIRECTOR	1 00	X						0	0	0
(59) MICHAEL E WOLLENHAUP DIRECTOR	1 00	X						0	0	0
(60) DR SYLVIA WRIGHT DIRECTOR	1 00	X						0	0	0
(61) DENNIS KELLY CEO & PRESIDENT	40 00			X				26,463	0	1,490
(62) KATHLEEN HEAGNEY WILLIAMS CFO & CAO	40 00			X				153,691	0	9,683
(63) BLYTHE RANDOLPH CHIEF DEVELOPMENT OFFICER	40 00			X				160,611	0	4,104
(64) DWIGHT LAWSON DEPUTY DIRECTOR	40 00			X				135,797	0	3,935
(65) RAYMOND B KING CEO & PRESIDENT	40 00			X				136,185	0	5,447
(66) MARCUS MARGERUM VP MARKETING & SALES	40 00				X			118,019	0	6,717
(67) CARY BURGESS SENIOR VP OPERATIONS	40 00				X			121,332	0	3,902
(68) PAMELA WESTON VP HUMAN RESOURCES	40 00				X			0	0	0
(69) DR HAYLEY MURPHY DIRECTOR VETERINARY SERVICES	40 00				X			102,791	0	9,596
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								954,889	0	44,874

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►7

	<b>Yes</b>	<b>No</b>
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►7

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	2,540,182				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	776,813				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,217,380				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,112,763				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		112,249				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .			9,647,138			
<b>Program Service Revenue</b>	<b>2a</b>		<b>Business Code</b>				
	ADMISSIONS			5,718,092	5,718,092		
	<b>b</b> EDUCATION			857,559	857,559		
	<b>c</b> GROUP SALES		532000	253,089	204,680	48,409	
	<b>d</b> OTHER		722320	88,597	88,597		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .			6,917,337			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .			83,842		83,842	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross Rents	(I) Real	(II) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
<b>b</b> Less cost or other basis and sales expenses	305,337						
<b>c</b> Gain or (loss)	386,147						
<b>d</b> Net gain or (loss) . . . . .	-80,810			-80,810		-80,810	
<b>8a</b> Gross income from fundraising events (not including \$ <u>776,813</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>a</b>		392,492					
<b>b</b> Less direct expenses . . . . .	<b>b</b>	420,336					
<b>c</b> Net income or (loss) from fundraising events . . . . .			-27,844			-27,844	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>a</b>		1,684,621					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	625,914					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			1,058,707	979,550	79,157		
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> RIDES & ATTRACTIONS			596,266	596,266			
<b>b</b> SODEXHO FOOD SERVICE C			440,941	440,941			
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .			1,037,207				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .			18,635,577	8,885,685	127,566	-24,812	

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	5,000	5,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . .	476,950	113,854	202,485	160,611
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	20,724	4,856	11,764	4,104
7 Other salaries and wages	6,839,244	5,748,905	884,591	205,748
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .				
9 Other employee benefits . . . .	621,019	542,753	64,222	14,044
10 Payroll taxes . . . . .	578,591	471,846	81,138	25,607
a Fees for services (non-employees) Management . . . . .				
b Legal . . . . .	30,696	21,487	9,209	
c Accounting . . . . .	57,953		57,953	
d Lobbying . . . . .	147,380	103,166	44,214	
e Professional fundraising services See Part IV, line 17 . .	133,571			133,571
f Investment management fees . . . . .				
g Other . . . . .	114,869	98,389	13,442	3,038
12 Advertising and promotion . . . .	491,000	489,836	1,164	
13 Office expenses . . . . .	727,090	660,195	46,562	20,333
14 Information technology . . . . .	110,636	50,950	59,686	
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .	103,945	97,880	6,065	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . .	8,615	2,910	5,705	
20 Interest . . . . .	3,019	3,019		
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	2,955,976	2,837,737	118,239	
23 Insurance . . . . .	352,246	352,246		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a OUTSIDE CONTRACTS	784,064	780,051	3,495	518
b UTILITIES	657,523	657,523		
c PANDA CONSERVATION	570,010	570,010		
d ANIMAL FOOD & HUSBANDRY	455,311	455,311		
e INTERNAL ZOO EVENT COST	152,926	149,142	3,049	735
f All other expenses	855,047	802,738	24,042	28,267
25 Total functional expenses. Add lines 1 through 24f	17,253,405	15,019,804	1,637,025	596,576
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	1,259,220	<b>1</b> 123,451
	2 Savings and temporary cash investments . . . . .	2	
	3 Pledges and grants receivable, net . . . . .	512,077	<b>3</b> 983,721
	4 Accounts receivable, net . . . . .	209,216	<b>4</b> 259,638
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .	6	
	7 Notes and loans receivable, net . . . . .	7	
	8 Inventories for sale or use . . . . .	256,083	<b>8</b> 240,155
	9 Prepaid expenses and deferred charges . . . . .	242,591	<b>9</b> 265,203
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 74,641,915	
	b Less accumulated depreciation . . . . .	10b 46,841,458	28,903,767 <b>10c</b> 27,800,457
	11 Investments—publicly traded securities . . . . .	3,144,960	<b>11</b> 4,146,223
	12 Investments—other securities See Part IV, line 11 . . . . .	12	
	13 Investments—program-related See Part IV, line 11 . . . . .	13	
	14 Intangible assets . . . . .	14	
	15 Other assets See Part IV, line 11 . . . . .	1,158,715	<b>15</b> 1,158,715
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	35,686,629	<b>16</b> 34,977,563
Liabilities	17 Accounts payable and accrued expenses . . . . .	5,146,101	<b>17</b> 1,416,396
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	150,768	<b>19</b> 138,180
	20 Tax-exempt bond liabilities . . . . .	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	24	
	25 Other liabilities Complete Part X of Schedule D . . . . .	0	<b>25</b> 1,228,943
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	5,296,869	<b>26</b> 2,783,519
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	20,891,066	<b>27</b> 19,754,678
	28 Temporarily restricted net assets . . . . .	6,205,138	<b>28</b> 8,295,026
	29 Permanently restricted net assets . . . . .	3,293,556	<b>29</b> 4,144,340
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .	30	
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	33 Total net assets or fund balances . . . . .	30,389,760	<b>33</b> 32,194,044
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	35,686,629	<b>34</b> 34,977,563

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,635,577
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,253,405
3	Revenue less expenses Subtract line 2 from line 1	3	1,382,172
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,389,760
5	Other changes in net assets or fund balances (explain in Schedule O)	5	422,112
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	32,194,044

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2a</b>
2b Were the organization's financial statements audited by an independent accountant?	<b>2b</b>	Yes
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2c</b>
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>3a</b>
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<b>3b</b>

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.****► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**Name of the organization  
ATLANTA FULTON COUNTY ZOO INC**Employer identification number**

58-1655184

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

f  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

g  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

h  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

i Provide the following information about the supported organization(s)

<b>(i)</b> Name of supported organization	<b>(ii)</b> EIN	<b>(iii)</b> Type of organization (described on lines 1- 9 above or IRC section (see instructions))	<b>(iv)</b> Is the organization in col (i) listed in your governing document?		<b>(v)</b> Did you notify the organization in col (i) of your support?	<b>(vi)</b> Is the organization in col (i) organized in the U S ?	<b>(vii)</b> Amount of support
			<b>Yes</b>	<b>No</b>			
<b>Total</b>							

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,036,016	21,009,888	8,070,226	8,673,041	9,647,138	55,436,309
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,427,178	10,110,824	8,515,281	8,064,489	7,948,200	42,065,972
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	15,463,194	31,120,712	16,585,507	16,737,530	17,595,338	97,502,281
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</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						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public Support</b> (Subtract line 7c from line 6 )						97,502,281

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	15,463,194	31,120,712	16,585,507	16,737,530	17,595,338	97,502,281
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,451	277,372	132,849	89,029	83,842	658,543
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	75,451	277,372	132,849	89,029	83,842	658,543
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )	15,538,645	31,398,084	16,718,356	16,826,559	17,679,180	98,160,824

**14 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99 330 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99 330 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 670 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0 670 %
<b>19a 33 1/3% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
<b>b 33 1/3% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►		

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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### **Facts And Circumstances Test**

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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-1655184  
**Name:** ATLANTA FULTON COUNTY ZOO INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Official	Key employee	Highest compensated employee			
WAYNE AARON DIRECTOR	1 00	X					0	0	0
DR J DAVID ALLEN DIRECTOR	1 00	X					0	0	0
MICHAEL ANDERSON DIRECTOR	1 00	X					0	0	0
ALBERTO BAZAN DIRECTOR	1 00	X					0	0	0
BRAD BENTON DIRECTOR & CHAIRMAN	1 00	X		X			0	0	0
GINNY BREWER DIRECTOR & VICE CHAIR	1 00	X		X			0	0	0
MICHAEL BROE DIRECTOR	1 00	X					0	0	0
MOSES BROWN JR DIRECTOR & TREASURER	1 00	X		X			0	0	0
SHARON BYERS DIRECTOR	1 00	X					0	0	0
MERRY CARLOS DIRECTOR	1 00	X					0	0	0
CHARLES W CARY DIRECTOR	1 00	X					0	0	0
MARGARET CHAMBERS DIRECTOR	1 00	X					0	0	0
JAMES CHEEKS DIRECTOR	1 00	X					0	0	0
MARQUETTE CHESTER DIRECTOR	1 00	X					0	0	0
MALCOLM CUNNINGHAM DIRECTOR	1 00	X					0	0	0
TYE DARLAND DIRECTOR	1 00	X					0	0	0
DAVE DORTON DIRECTOR	1 00	X					0	0	0
MARY DYE DIRECTOR	1 00	X					0	0	0
CHARLES F FEASLEY DIRECTOR	1 00	X					0	0	0
ANDREW W EVANS DIRECTOR	1 00	X					0	0	0
NANCY FIELD DIRECTOR & VICE CHAIR	1 00	X		X			0	0	0
BOB GARLOW DIRECTOR & VICE CHAIR	1 00	X		X			0	0	0
KATHLEEN HILL GODDARD DIRECTOR & VICE CHAIR	1 00	X		X			0	0	0
ALEX GONZALEZ DIRECTOR	1 00	X					0	0	0
PATRICE GREER DIRECTOR	1 00	X					0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
JAMES HARRIS DIRECTOR	1 00	X					0	0	0
HILTON H HOWELL DIRECTOR	1 00	X					0	0	0
STEVE HUGHES DIRECTOR	1 00	X					0	0	0
DR DUANE JACKSON DIRECTOR & VICE CHAIR	1 00	X		X			0	0	0
STEPHEN JOHNSTON JR DIRECTOR	1 00	X					0	0	0
STACEY KEY DIRECTOR	1 00	X					0	0	0
MICHAEL KLUMP DIRECTOR	1 00	X					0	0	0
BETH KYTLE DIRECTOR	1 00	X					0	0	0
ELIZABETH LAZARUS DIRECTOR & VICE CHAIR	1 00	X		X			0	0	0
NORY LEBRUN DIRECTOR	1 00	X					0	0	0
ORLANDO LYNCH DIRECTOR	1 00	X					0	0	0
SEAN MABEY DIRECTOR	1 00	X					0	0	0
DENISE MCWILLIAMS DIRECTOR	1 00	X					0	0	0
AASIA MUSTAKEEM DIRECTOR	1 00	X					0	0	0
WILLIAM NEMETZ DIRECTOR	1 00	X					0	0	0
MCKEE NUNNALLY DIRECTOR	1 00	X					0	0	0
CATHERINE O'NEIL DIRECTOR	1 00	X					0	0	0
ASHLEY PREISINGER DIRECTOR	1 00	X					0	0	0
NANCY RAFUSE DIRECTOR	1 00	X					0	0	0
DEEPAK RAGHAVAN DIRECTOR & VICE CHAIR	1 00	X		X			0	0	0
MARK ROBERTS DIRECTOR	1 00	X					0	0	0
GORNATA ROSS DIRECTOR	1 00	X					0	0	0
LOVETTE RUSSELL DIRECTOR & SECRETARY	1 00	X		X			0	0	0
D JACK SAWYER DIRECTOR	1 00	X					0	0	0
CHARLES SHARBAUGH DIRECTOR	1 00	X					0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
SARA SHLESINGER DIRECTOR	1 00	X					0	0	0
KENDRICK SMITH DIRECTOR & VICE CHAIR	1 00	X		X			0	0	0
MARK STREET DIRECTOR & VICE CHAIR	1 00	X		X			0	0	0
RICK TRAINOR DIRECTOR	1 00	X					0	0	0
JOANNE TRUFFELMAN DIRECTOR	1 00	X					0	0	0
EDWIN A WAHLEN DIRECTOR & VICE CHAIR	1 00	X		X			0	0	0
BOB WALKER DIRECTOR	1 00	X					0	0	0
JACQUELINE WELCH DIRECTOR	1 00	X					0	0	0
MICHAEL E WOLLENHAUP DIRECTOR	1 00	X					0	0	0
DR SYLVIA WRIGHT DIRECTOR	1 00	X					0	0	0
DENNIS KELLY CEO & PRESIDENT	40 00			X			26,463	0	1,490
KATHLEEN HEAGNEY WILLIAMS CFO & CAO	40 00			X			153,691	0	9,683
BLYTHE RANDOLPH CHIEF DEVELOPMENT OFFICER	40 00			X			160,611	0	4,104
DWIGHT LAWSON DEPUTY DIRECTOR	40 00			X			135,797	0	3,935
RAYMOND B KING CEO & PRESIDENT	40 00			X			136,185	0	5,447
MARCUS MARGERUM VP MARKETING & SALES	40 00				X		118,019	0	6,717
CARY BURGESS SENIOR VP OPERATIONS	40 00				X		121,332	0	3,902
PAMELA WESTON VP HUMAN RESOURCES	40 00				X		0	0	0
DR HAYLEY MURPHY DIRECTOR VETERINARY SERVICES	40 00				X		102,791	0	9,596

## 4d. Other program services

(Code	(Expenses \$	3,454,804	Including grants of \$	(Revenue \$	2,188,043 )
EDUCATION AND CONSERVATION AWARD-WINNING EDUCATION PROGRAMS MAKE ZOO ATLANTA AN UNUSUAL HYBRID IN THE CITY OVER 130,000 PARTICIPANTS BENEFITED FROM THE WIDE VARIETY OF PROGRAMS A NEW RELATIONSHIP BETWEEN ZOO ATLANTA AND THE GEORGIA DEPARTMENT OF EDUCATION'S BRIGHT FROM THE START PROGRAM WILL STRENGTHEN LINKS TO PRE-K STUDENTS, ENCOURAGING INCREASED PARTICIPATION FROM ONE OF THE ZOO'S MOST IMPORTANT AUDIENCES ALSO NEW THIS YEAR, ZOO'S CLUES IS A MYSTERY SERIES INSPIRING YOUNG SLEUTHS TO SOLVE ANIMAL WHODUNITS THROUGHOUT THE ZOO IN 2010, THE MABEL DORN REEDER FOUNDATION CONTINUED A STRONG COMMITMENT TO ZOO ATLANTA'S MISSION WITH A GIFT OF \$750,000, BRINGING THE MABEL DORN REEDER CHAIR OF CONSERVATION RESEARCH TO ITS GOAL OF \$1 MILLION AND THE MABEL DORN REEDER CONSERVATION ENDOWMENT FUND TO \$675,000 THE CONSERVATION ENDOWMENT FUND HAS ALLOWED ZOO ATLANTA TO BROADEN ACTIVITIES TO INCLUDE DIRECT CONSERVATION ACTION TARGETED AT ENDANGERED SPECIES CURRENTLY OUTSIDE THE SCOPE OF OUR CENTERS OF EXCELLENCE, ENABLING THE ZOO TO HAVE A SIGNIFICANT IMPACT ON SPECIES IN THEIR NATIVE COUNTRIES THROUGH PARTNERSHIPS WITH A VARIETY OF ESTABLISHED ORGANIZATIONS THE EASTERN INDIGO HEAD START PROGRAM BEGUN IN 2009 GREW BY LEAPS, BOUNDS, AND MORE LITERALLY, FEET, IN 2010 THE FIRST GROUP OF YOUNG INDIGOS RAISED AT ZOO ATLANTA IN PARTNERSHIP WITH AUBURN UNIVERSITY AND PROJECT ORIANNE ARE SCHEDULED FOR RELEASE INTO ALABAMA'S CONECAH NATIONAL FOREST IN 2011 A NEW PARTNERSHIP WITH THE GEORGIA SEA TURTLE CENTER WILL WORK FOR THE PRESERVATION OF ENDANGERED DIAMONDBACK TERRAPINS EGGS COLLECTED FROM WILD TERRAPINS WILL HATCH AT ZOO ATLANTA, WHERE THE HERPETOLOGY DEPARTMENT WILL STUDY SEX DIFFERENCES AMONG MALES AND FEMALES SUPPORT FROM THE DONOR COMMUNITY SUPPORT FROM THE PRIVATE AND CORPORATE SECTORS MAINTAINS WORLD-CLASS ANIMAL STEWARDSHIP AND EXPANDS ACCESSIBILITY FOR THOUSANDS OF PERSONS WHO MIGHT OTHERWISE BE UNABLE TO BENEFIT FROM ZOO PROGRAMS AND OFFERINGS THROUGH THE SPONSORED ADMISSIONS PROGRAM, QUALIFYING SCHOOLS CAN APPLY TO EXPERIENCE A ZOO FIELD TRIP AT NO COST THROUGH THE ZOO ACCESS (ATLANTA'S COMMITMENT TO COMMUNITY EDUCATION AND SPECIES SURVIVAL) PROGRAM, ZOO ATLANTA DISTRIBUTES FREE ZOO TICKETS TO UNDERSERVED FAMILIES THROUGH PARTNERSHIPS WITH OTHER NONPROFIT ORGANIZATIONS CURRENTLY WORKING WITH THOSE FAMILIES IN AUGUST 2010, ZOO ATLANTA RECEIVED A PRESTIGIOUS GRANT FROM THE FEDERAL INSTITUTE OF MUSEUM AND LIBRARY SERVICES (IMLS) TO ORGANIZE AND LEAD THE GREAT APE HEART PROJECT, WHICH WILL SEEK TO REDUCE BARRIERS TO UNDERSTANDING APE HEART DISEASE, IMPROVE RESOURCES FOR ANIMALS WHO ARE CURRENTLY AT RISK, AND ENHANCE THE ABILITY OF ZOOLOGICAL PROFESSIONALS TO DEVELOP STRATEGIC POPULATION MANAGEMENT PLANS FOR THESE ENDANGERED SPECIES THE MULTI-INSTITUTIONAL PROGRAM WILL BE LED BY HAYLEY MURPHY, DVM, DIRECTOR OF VETERINARY SERVICES AT ZOO ATLANTA JAZZOO 2011, ONE OF THE ZOO'S NEWEST FUNDRAISERS, RAISED NEARLY \$110,000 IN ITS THIRD YEAR AND ATTRACTED THE BIGGEST CROWD YET IN JUST THREE YEARS THIS EVENT HAS NEARLY TRIPLED IN SIZE ZOO ATLANTA'S SIGNATURE BLACK-TIE GALA, THE BEASTLY FEAST, IS ONE OF THE SOUTHEAST'S MOST SUCCESSFUL PHILANTHROPIC EVENTS MARKING THE 25TH YEAR THAT FORD MOTOR COMPANY HAS BEEN THE PRESENTING SPONSOR, THE SILVERBACK GORILLA GALA, THE 2010 BEASTLY FEAST, RAISED OVER \$1 MILLION FOR THE 13TH YEAR IN A ROW FORD MOTOR COMPANY RETURNED AS PRESENTING SPONSOR FOR ITS 24TH CONSECUTIVE YEAR					

## **SCHEDULE C**

## Political Campaign and Lobbying Activities

## For Organizations Exempt From Income Tax Under section 501(c) and section 527

- Complete if the organization is described below.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open to Public  
Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization

Name of the organization  
**ATLANTA FULTON COUNTY ZOO INC**

Employer identification number

58-1655184

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures
- 3** Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		150,866	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		150,866	
<b>d</b> Other exempt purpose expenditures		17,061,686	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		17,212,552	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000	
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		0	
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-		0	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2007</b>	<b>(b) 2008</b>	<b>(c) 2009</b>	<b>(d) 2010</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	228,307	239,271	165,712	150,866	784,156
<b>d</b> Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)	
	Yes	No	Amount	
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
<b>a</b> Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
<b>c</b> Media advertisements?				
<b>d</b> Mailings to members, legislators, or the public?				
<b>e</b> Publications, or published or broadcast statements?				
<b>f</b> Grants to other organizations for lobbying purposes?				
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?				
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
<b>i</b> Other activities? If "Yes," describe in Part IV				
<b>j</b> Total lines 1c through 1i				
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).	2a	
<b>a</b> Current year	2b	
<b>b</b> Carryover from last year	2c	
<b>c</b> Total	3	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

**SCHEDULE D**

(Form 990)

**Supplemental Financial Statements****2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

**Name of the organization**

ATLANTA FULTON COUNTY ZOO INC

**Employer identification number**

58-1655184

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .	9,498,697	5,859,324	3,678,203		
b Contributions . . . . .	4,040,343	4,119,196	2,957,445		
c Investment earnings or losses . . . . .	269,379	125,566	-30,947		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,369,050	605,389	745,377		
f Administrative expenses . . . . .					
g End of year balance . . . . .	12,439,369	9,498,697	5,859,324		

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►  
 b Permanent endowment ► 33 320 %  
 c Term endowment ► 66 680 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i) unrelated organizations . . . . .		No
3a(ii) related organizations . . . . .		No
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .		

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .					
b Buildings . . . . .		62,966,999		39,666,320	23,300,679
c Leasehold improvements . . . . .					
d Equipment . . . . .					
e Other . . . . .		11,674,916		7,175,138	4,499,778
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					27,800,457

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
OBLIGATION UNDER CAPITAL LEASE PAYABLE	5,943
LINE OF CREDIT PAYABLE	1,223,000
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	1,228,943

2. FIN 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,635,577
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,253,405
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,382,172
4	Net unrealized gains (losses) on investments	4	422,112
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	422,112
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,804,284

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	20,614,002
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	422,112
b	Donated services and use of facilities . . . . .	2b	510,063
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	1,046,250
e	Add lines 2a through 2d . . . . .	2e	1,978,425
3	Subtract line 2e from line 1 . . . . .	3	18,635,577
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	18,635,577

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .	1	18,809,718
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	510,063
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	1,046,250
e	Add lines 2a through 2d . . . . .	2e	1,556,313
3	Subtract line 2e from line 1 . . . . .	3	17,253,405
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	17,253,405

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ZOO ATLANTA UTILIZES THE ENDOWMENT FUNDS TO SUPPORT CONSERVATION INITIATIVES AND RESEARCH PROJECTS TO PRESERVE SPECIES CURRENTLY REPRESENTED IN ZOO ATLANTA'S ANIMAL COLLECTION
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD ON CONCESSIONS 625,914 DIRECT FUNDRAISING EXPENSES 420,336
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD ON CONCESSIONS 625,914 DIRECT FUNDRAISING EXPENSES 420,336

2010

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

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

Department of the Treasury  
Internal Revenue ServiceName of the organization  
ATLANTA FULTON COUNTY ZOO INC

Employer identification number

58-1655184

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and e-mail solicitations	f <input checked="" type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
COXE CURRY & ASSOCIATES 50 HURT PLAZA SE 630 ATLANTA, GA 30303	CAPITAL FUNDRAISING FOR CRITICAL PROJECTS		No	891,669	133,571	758,098
<b>Total . . . . .</b>				891,669	133,571	758,098

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

GA

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>BEASTLY FEAST</u> (event type)	(b) Event #2 <u>JAZZOO</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
1 Gross receipts . . .	1,059,332	109,973		1,169,305
2 Less Charitable contributions . . .	726,025	50,788		776,813
3 Gross income (line 1 minus line 2) . . .	333,307	59,185		392,492
4 Cash prizes . . .				
5 Non-cash prizes . . .				
6 Rent/facility costs . . .				
7 Food and beverages . . .	73,750	10		73,760
8 Entertainment . . .	4,500			4,500
9 Other direct expenses .	282,902	59,174		342,076
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				420,336
11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				-27,844

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1 Gross revenue . . . . .				
2 Cash prizes . . . . .				
3 Non-cash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If "No," Explain \_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_

**11** Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	13a
<b>b</b> An outside facility	13b

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ►

Address ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	INVOICES RECEIVED BREAK DOWN COSTS BETWEEN FUNDRAISING ACTIVITIES AND EXPENSE REIMBURSEMENTS (WHICH ARE TYPICALLY LIMITED TO POSTAGE, COURIER CHARGES, COPIES, AND MILEAGE)

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2010**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Open to Public Inspection****Name of the organization**

ATLANTA FULTON COUNTY ZOO INC

**Employer identification number**

58-1655184

**Part I Questions Regarding Compensation**

Yes No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**1b** Yes

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**2** Yes

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**4a** No

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**4b** No

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4c** No

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**5a** Yes

**a** The organization?

**5b** No

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**6a** Yes

**a** The organization?

**6b** No

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**7** No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**8** No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHLEEN HEAGNEY WILLIAMS	(i) 153,691 (ii) 0	0 0	0 0	0 0	0 0	9,683 0	163,374 0
(2) BLYTHE RANDOLPH	(i) 160,611 (ii) 0	0 0	0 0	0 0	0 0	4,104 0	164,715 0
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	SOCIAL CLUB DUES ARE INCURRED ON BEHALF OF THE CEO AND CHIEF DEVELOPMENT OFFICER FOR THE PURPOSE OF CONDUCTING AND DEVELOPING BUSINESS AND DONOR RELATIONS ACTIVITIES. THE AMOUNTS PAID WERE NOT TREATED AS TAXABLE COMPENSATION
	PART I, LINE 5	THE BONUS PLAN IS LIMITED TO ONE INDIVIDUAL IN THE MARKETING DEPARTMENT
	PART I, LINE 6	THE BONUS PLAN IS LIMITED TO ONE INDIVIDUAL IN THE MARKETING DEPARTMENT

SCHEDULE M  
(Form 990)

## NonCash Contributions

OMB No 1545-0047

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service►Complete if the organization answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.Name of the organization  
ATLANTA FULTON COUNTY ZOO INC

Employer identification number

58-1655184

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	4	12,211	FMV @ DATE OF DONATION
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
EVENT				
25 Other ► ( <u>FOOD</u> ) . . . . .	X	18	82,821	MARKET VALUE
26 Other ► ( <u>ADVERTISING</u> ) . . . . .	X	1	15,242	MARKET VALUE
27 Other ► ( <u>TENTS</u> ) . . . . .	X	1	1,275	MARKET VALUE
SURGERY				
28 Other ► ( <u>EQUIPMENT</u> ) . . . . .	X	1	700	MARKET VALUE
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		0

Yes No

30a Yes No

31 Yes

32a Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	ALL PUBLICLY TRADED SECURITIES WERE DONATED BY 4 INDIVIDUALS

**Schedule M (Form 990) 2010**

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2010****Open to Public  
Inspection****Name of the organization**  
ATLANTA FULTON COUNTY ZOO INC**Employer identification number**

58-1655184

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 WAS REVIEWED BY ZOO ATLANTA'S AUDIT COMMITTEE AT ITS MAY 5, 2011 MEETING AN ELECTRONIC COPY OF THE RETURN WAS PROVIDED IN ADVANCE TO GIVE THE COMMITTEE ADEQUATE TIME TO REVIEW MEMBERS OF THE ZOO'S ACCOUNTING FIRM WERE PRESENT AT THE MAY 5 MEETING TO DISCUSS THE RETURN AND ANSWER ANY QUESTIONS POSED BY THE COMMITTEE AUTHORITY FOR THE AUDIT COMMITTEE TO REVIEW THE RETURN WAS GRANTED BY THE EXECUTIVE COMMITTEE OF ZOO ATLANTA'S BOARD OF DIRECTORS IN ITS NOVEMBER 18, 2008 MEETING SUCH AUTHORITY APPLIES TO ALL FUTURE TAX YEARS UNTIL THE COMMITTEE VOTES OTHERWISE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE AUDIT COMMITTEE MEETS REGULARLY TO REVIEW ANY ISSUES RAISED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF ZOO ATLANTA'S BOARD OF DIRECTORS REVIEWED SURVEY DATA FROM COMPARABLE INDUSTRY SOURCES AND MULTIPLE INDEPENDENT SALARY SURVEYS. THE COMMITTEE AGREED THAT THE COMPARABLE DATA WAS APPROPRIATE AND THAT IT IS SUPPORTED THE COMPENSATION LEVEL AUTHORIZED FOR THE CEO. THE EXECUTIVE COMMITTEE APPROVED THE COMPENSATION LEVEL UPON RECOMMENDATION FROM THE EXECUTIVE COMPENSATION COMMITTEE. A WRITTEN EMPLOYMENT AGREEMENT IS DRAFTED TO DOCUMENT THE COMPENSATION ARRANGEMENT UPON APPROVAL. OTHER OFFICERS AND/OR KEY EMPLOYEES' COMPENSATION IS DETERMINED BY RECOMMENDATIONS SET FORTH BY THE VICE PRESIDENT OF HUMAN RESOURCES COMPRISED OF THE RESULT OF COLLECTIVE SALARY INFORMATION PROVIDED THROUGH CONDUCTING EXTENSIVE WAGE AND SALARY SURVEYS AND DATA COMPARABLE TO PROFESSIONALS IN THE ATLANTA METROPOLITAN AREA AND BENCHMARKING OTHER SIMILAR ORGANIZATIONS AND THE AZA (AMERICAN ZOO AND AQUARIUM ASSOCIATION). EACH SALARY RECOMMENDATION IS REVIEWED AND APPROVED BY THE CEO.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE 990 IS POSTED ON GUIDESTAR FOR REFERENCE/ACCESS BY PUBLIC GOVERNING DOCUMENTS AND POLICIES ARE PROVIDED UPON ORAL OR WRITTEN REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, QUESTION 9	DENNIS KELLY CAN BE REACHED AT THE SMITHSONIAN NATIONAL ZOOLOGICAL PARK, P O BOX 37012, MRC 5508, WASHINGTON, DC 20013-7012

Identifier	Return Reference	Explanation
	FORM 990, PART VII - COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	DENNIS KELLY SERVED AS PRESIDENT AND CEO THROUGH JANUARY 31, 2010

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 422,112

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**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ATLANTA FULTON COUNTY ZOO IN

**Employer identification number**

58-165518

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b>

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

**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.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>	Yes	
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ZOOLOGICAL FOUNDATION OF GEORGIA INC- THIS IS AN EXISTING LOAN FROM PRIOR	D	1,158,715	COST BASIS
(2) YEARS NOT A NEW TRANSACTION IN 2010			
(3)			
(4)			
(5)			
(6)			

**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.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Form 4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment  
Sequence No 67Department of the Treasury  
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return  
ATLANTA FULTON COUNTY ZOO INC

Business or activity to which this form relates

Identifying number

FORM 990 PAGE 10

58-1655184

**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	500,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 . . . . .	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ►	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	2,955,976

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010 . . . . .	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 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28 . . . . .	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . .	22	2,955,976
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, 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  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 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 (see instructions) **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 -		
		%				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 **29**

**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

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6				
<b>31</b> Total commuting miles driven during the year										
<b>32</b> Total other personal (noncommuting) miles driven										
<b>33</b> Total miles driven during the year Add lines 30 through 32										
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?										
<b>36</b> Is another vehicle available for personal use?										

**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 are not more than 5% owners or related persons (see instructions)

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

**42** A amortization of costs that begins during your 2010 tax year (see instructions)


**43** A amortization of costs that began before your 2010 tax year **43**

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