## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Open to Public

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

De Int	partme ternal P	ent of the Treasury Revenue Service	► The c	organization may have to use	a copy of this return to s	atisfy sta	ate reporting requ	irements.	Inspecti	on
$\overline{A}$	For	the 2005 calen	dar year, c	or tax year beginning	, 2005.	and end	ding		,	
В		ok if applicable:	D F							
_		Address change	Please use IRS label	INVOUATITE FOO THE				62-143	11210	
	$\vdash$	Name change	or print or type.	3777 NOLENSVILLE I			E	Telephone r	number	
	$\vdash$	Initial return	See specific	NASHVILLE, TN 372	11			(615)8	833-1534	
	$\vdash$	Final return	instruc- tions.				F	Accounting method:	Cash X	Accrua
	-	Amended return							specify)	
	$\vdash$	Application pending	€ Section	on 501(c)(3) organizations and	d 4947(a)(1) nonexempt	R	and I are not applicable	to section 5.	27 organizations.	
	L	, , , , , , , , , , , , , , , , , , , ,	charit	able trusts must attach a con	npleted Schedule A	Н	(a) is this a group re	turn for affilia	tes?Yes	XIN
			•	1990 or 990-EZ).		Н	(b) If 'Yes,' enter num	ber of affiliates	s. <b>&gt;</b>	
G	Wel	b site: ► WWW.	NASHVI	LLEZOO.ORG		— н	(C) Are all affiliates i	noluded?	Yes	N
j	Org	anization type		<u>-</u>		i	(If 'No,' attach a	list. See instr	ructions.)	
		eck only one)				527 H	(d) is this a separate	return filed b	oy an	
K				nization's gross receipts are n		.	organization cove		_	X
	\$25 cho	o,000. The organ	nization ne eturn, be s	eed not file a return with the li ure to file a complete return.	RS; but it the organization Some states require a	ı	Group Exemp	otion Numb	per	
		nplete return.	,		· ·	M	Check ►	if the organi	zation is not require	d
L	Gro	ss receipts: Add	d lines 6b.	8b, 9b, and 10b to line 12 -	24.914.878.		<u>-</u>	, -	90, 990-EZ, or 990-PF	
P				ses, and Changes in N		Balanc	es (See Instructi	ons)		
2000				nts, and similar amounts rece						
						1 a	2,638,41	L6.		
				ns (grants)			4,555,85	56.		
	1	d Total (add lines	ach \$	6,090,139. noncash	\$ 1.104.133	. 1			7,194,	272.
	2			ue including government fees					2,206,	
	3	-		assessments			•	<del> </del>	1,044,	
	4	•		temporary cash investments						
	5			rom securities				,	230,	150.
	1									
	i									
	1		•	ss) (subtract line 6b from line				6c		
_	7		•	e (describe	•			) 7		
REVENU				<u> </u>	(A) Securities		(B) Other			
Ě	82			s of assets other		8a	20,00	n l		
U	E	-		s and sales expenses	<del></del>	86	26,65	500000000000000000000000000000000000000		
=				)STATEMENT1		8c	-6,65	00000000000		
				ine line 8c, columns (A) and				700000000	1,141,	046.
	9			rities (attach schedule). If any						
	a			uding \$163,1						
				······································		9a	383,80	7.		
	Ь			her than fundraising expense		9 b	216,32			
				m special events (subtract line	-		STATEMENT		167,	485.
				, less returns and allowances		10a				
				· · · · · · · · · · · · · · · · · · ·		10Ь				
	1			s of inventory (attach schedule) (subt	-			10c		
	11			t VII, line 103)					449,8	840.
	12			1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1					12,433,4	
_	13			ine 44, column (B))					6,251,9	
X	14			el (from line 44, column (C)).					584,0	
E	15								66,4	
SES	16	Payments to a	ffiliates (at	tach schedule)				16		
ŝ	17			s 16 and 44, column (A))					6,902,4	177.
А				year (subtract line 17 from li					5,531,0	
ASSET	19	Net assets or fi	und baland	ces at beginning of year (from	i line 73, column (A))			19	18,345,5	
Ę	20	Other changes	in net ass	ets or fund balances (attach	explanation)	SEE	STATEMENT.	3 20	-670,9	.80

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NASHVILLE ZOO INC. 62-1411210

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising			
22	Grants and allocations (att sch)								
	(cash \$								
	non-cash \$)								
	If this amount includes								
	foreign grants, check here	22							
23	Specific assistance to individuals (att sch)	23			1				
24	Benefits paid to or for members (att sch)	24			20 .01				
25		25	499,328.	415,940.	73,401.	9,987.			
26		26	2,105,884.	1,754,202.	309,565.	42,117.			
27	•	27			5.0.707	0			
28	Other employee benefits	28	127,871.	106,517.	18,797.	2,557.			
29	Payroll taxes	29	202,032.	168,292.	29,699.	4,041.			
30	Professional fundraising fees	30							
31	Accounting fees	31	10,136.		10,136.				
32	Legal fees	32	5,720.		5,720.				
33	Supplies	33	21,427.		21,427.				
34	Telephone	34	30,663.	30,663.					
35	Postage and shipping	35	12,813.		12,813.				
36		36							
37	Equipment rental and maintenance	37	428,170.	428,170.					
38	Printing and publications	38							
39	Travel	39	12,617.		12,617.				
40	Conferences, conventions, and meetings	40							
41	Interest	41	419,867.	419,867.					
42		42	1,069,284.	1,069,284.					
	Other expenses not covered above (itemize):	76.	1,005,201.	2700372021					
	SEE STATEMENT 4	43a	1,956,665.	1,858,989.	89,922.	7,754.			
_		43b	1,550,005.	2,000,000.	03,322.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		43 b							
C	1	43 d	-						
•	?	43 e	`	-		<u> </u>			
î		43 f							
٥ م	1 	43 g							
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	र्फ	6,902,477.	6,251,924.	584,097.	66,456.			
	t Costs. Check . 💆 if you are following S								
f 'Ye \$ _	re any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes X No 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services								
o Fu	ndraising \$ .								
						E 005 (000E)			

" you are following out 35 2:	
Are any joint costs from a combined educational campaign and fundraising solicitation	n reported in (B) Program services? 🟲 🔃 Yes 💢 N
If 'Yes,' enter (i) the aggregate amount of these joint costs \$	; (ii) the amount allocated to Program services
\$; (iii) the amount allocated to Management and general	\$; and (iv) the amount allocated
to Fundraising \$	

BAA

Form 990 (2005)

Page 3

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about	ut a particular
organization. How the public perceives an organization in such cases may be determined by the information presented on	its return. Therefore.
please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accurate	
CTT CTTT CTTT	Branner Carrier F

What is the organization's primary exempt purpose? ► S	EE STATEMENT 5	Program Service Expenses
		(Required for 501(c)(3) and
lients served, publications issued, etc. Discuss achieveme	vements in a clear and concise manner. State the number of nts that are not measurable. (Section 501(c)(3) and (4) organ- so enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but
	so enter the amount of grants and allocations to others.)	optional for others.)
a SEE STATEMENT 6		
(Grants and allocations \$	) If this amount includes foreign grants, check here	6,251,924.
b		, , , , , , , , ,
(Grants and allocations \$	) If this amount includes foreign grants, check here 🕨 📗	
c		
(Grants and allocations \$	) If this amount includes foreign grants, check here	
d	) If this amount includes for sign grants, check here	
u		
(Grants and allocations \$	) If this amount includes foreign grants, check here 🟲 🗍	
e Other program services		
(Grants and allocations \$	) If this amount includes foreign grants, check here	
f Total of Program Service Expenses (should equal line	44, column (B), Program services)	6,251,924.

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Form 990 (2005)

Part IV Balance Sheets (See Instructions)

ote: V	Where required, attached schedules and amounts within the description olumn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	Cash - non-interest-bearing	53,020.	45	216,103
A	Savings and temporary cash investments	2,104,325.	46	1,927,613
1	Savings and temporary cosmin resident			
4	7 a Accounts receivable			
'	b Less: allowance for doubtful accounts 47 b	25,744.	47 c	31,885
A	Ba Pledges receivable			
1	b Less: allowance for doubtful accounts	5,956,929.	48 c	489,216
4	Grants receivable		49	3,507,054
=	Pacativables from officers directors trustees and key		50	
5	employees (attach schedule)			
) 5	b Less: allowance for doubtful accounts		51 c	
_,	2 Inventories for sale or use		52	
	Prepaid expenses and deferred charges	61,666.		53,892
_	CDD CT 7 1 1 Cont V   EMAY	3,332,664.		9,774,478
54	5a Investments — securities (attach schedule) SEE. SE. 7 [ ] 60st [A] 1 mv [	3,332,001.		371127210
5:	5a Investments – land, buildings, & equipment: basis 55a			
	b Less: accumulated depreciation (attach schedule)		55 c	
-,	Investments — other (attach schedule).		5E	
1	00 000 051			
5/				
	b Less: accumulated depreciation (attach schedule)	11,946,302.	57 c	17,521,286
	CDC CMAMCACNIC O	4,670,224.	+	1,460,620
58		28,150,874.		34,982,147
60		273,291.	+	626,225
61			61	
62			62	
63			63	
	a Tax-exempt bond liabilities (attach schedule)		64a	
"	b Mortgages and other notes payable (attach schedule) SEE STATEMENT 10	6,986,022.	64b	8,267,599
25	Other liabilities (describe ► SEE STATEMENT 11 )	2,546,024.		2,882,693
	Total Itabilities. Add lines 60 through 65.	9,805,337.		11,776,517
	nizations that follow SFAS 117, check here 🛌 🔀 and complete lines 67			
Orga	through 69 and lines 73 and 74.			
57	Unrestricted	6,111,418.	67	9,529,464
68		2,240,633.	68	1,910,694
	Permanently restricted.	9,993,486.	69	11,765,472
	nizations that do not follow SFAS 117, check here ► and complete lines			
l c.ga	70 through 74.			
70			70	
71			71	
72			72	
1 ,2				
1	T 4 I - I - I - I - I - I - I - I - I - I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	18,345,537.	73	23,205,630

	art IV A Reconciliation of Reveninstructions.)	ue per Audited Financi	al Statements with	Revenue per Ret	urn (See
a b	Total revenue, gains, and other suppor Amounts included on line a but not on		ents		11,989,753
Ľ	1Net unrealized gains on investments		ь1	-670,908.	
	2Donated services and use of facilities		<del></del>	4,210.	
				4,210.	
	3Recoveries of prior year grants				
	4Other (specify):			000 050	
				222,973.	
	Add lines b1 through b4				-443,725
C	Subtract line b from line a				12,433,478
d	Amounts included on Part I, line 12, but	t not on line a:			
	Tinvestment expenses not included on P	art I, line 6b	d1		
	****	· 	1 1		
			امدا		
	Add lines di and d2		_ <del></del>		*
_					12,433,478
e F	Total revenue (Part I, line 12). Add line art IV-B Reconciliation of Expen	s cand d	ial Ctataments wit	h Evnences nov D	12,433,410
	assiv-5 Reconcilization of Expen	ses per Audited Filiand	ia! Statements wit	il Expenses per Ki	eturn T
					7 100 660
а	Total expenses and losses per audited			a	7,129,660
Ь	Amounts included on line a but not on F	· ·			
	1Donated services and use of facilities		<u>Б1</u>	4,210.	
	2Prior year adjustments reported on Part	t I, line 20	b2		
	3Losses reported on Part I, line 20		b3		
	4Other (specify):				
	CEE COMME 13		ام با	222,973.	
	Add lines b1 through b4	·			227,183.
С	Subtract line b from line a				C 000 475
					0,002,411.
d	Amounts included on Part I, line 17, but		ام ا		
	1 Investment expenses not included on Pa				
	20ther (specify):				
		<b></b>	d2		
	Add lines dî and d2			d	
е	Tota! expenses (Part I, line 17). Add line	es c and d		🟲 e	
<b>?</b> ê	or key employee at any time du	rs, Trustees, and Key E ring the year even if they were	mployees (List each not compensated.) (S	n person who was an of es the instructions.)	fficer, director, trustee,
		(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
		to position	circi -e-y	compensation plans	anowances
SEF	S STATEMENT 14		499,328.	12,873.	2,691.
<u></u>	5 0 1111111111111 1 1 2		=33;320;	22,070.	2,052.
- <b>-</b> .					
				İ	
				1	
			<u>.</u>	<u>-</u> -	

FORM SON (2005) INDDEATED TOO TIME.			02 1711		Fage
Part V-A Current Officers, Directors, Tr					Yes   No
75 a Enter the total number of officers, directors, and trustees					1
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, related to each other thro identifies the individuals and explains the related	ensated professional an ugh family or business	d other independent cor relationships? If 'Yes,' a	ntractors listed in Schedul attach a statement that	es e 75b	X
c Do any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, receive compensation fro to this organization through common supervis	insated professional an miany other organizatio	d other independent cor ns. whether tax exempt	itractors listed in Schedul or taxable, that are relate	e ed	X
Note, Related organizations include section 5	09(a)(3) supporting orga	anizations.			
If 'Yes,' attach a statement that identifies the other organization(s), and describes the compreted organization	oensation arrangements	, including amounts pai	d to each individual by ea		v
d Does the organization have a written conflict of					X
Parx V-B Former Officers, Directors, True Benefits (If any former officer, direct during the year, list that person below the instructions.)	tor, trustee, or key emp and enter the amount o	loyee received compens f compensation or other	sation or other benefits (d benefits in the appropria	lescribed b	elow)
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	account	kpense and other rances
	-				
	-				
Part VI Other Information (See the instruc	tions.)		<u> </u>		Yes No
76 Did the organization engage in any activity not attach a detailed description of each activity	previously reported to	he IRS? if 'Yes,'		<b>7</b> 6	X
77 Were any changes made in the organizing or g If 'Yes,' attach a conformed copy of the change		t not reported to the IRS	5?	77	X
78a Did the organization have unrelated business g 6 If 'Yes,' has it filed a tax return on Form 990-T					N/A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contrac	tion during the	•••••	79	<u> </u>
80 a Is the organization related (other than by associate membership, governing bodies, trustees, office	rs, etc. to any other ex	or nationwide organizati empt or nonexempt orga	on) through common anization?	80 a	X
E If 'Yes,' enter the name of the organization ►	N/A			-	
81 a Enter direct and indirect political expenditures.	(See line 81 instruction:	š.) <u> </u>		0.	
b Did the organization file Form 1120-POL for this	vear?	<u></u>			X (2005)

Form 990 (2005)

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For	m 990 (2005) NASHVILLE ZOO INC.	62-141121	0	F	age 7
P	art VI Other Information (continued)			Yes	No
82	a Did the organization receive donated services or the use of materials, equipment, or facilities at no c substantially less than fair rental value?		82a	X	
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	4,210.	63-	X	
	a Did the organization comply with the public inspection requirements for returns and exemption applic		83a	X	
	<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.		83b	_ <u>Y</u> _	77
84	a Did the organization solicit any contributions or gifts that were not tax deductible?	· · · · · · · · · · · · · · · · · · ·	84 a		X
	170. tan addation	· · · · · · · · · · · · · · · · · · ·	84b	N,	
25	(-)(-), (-), - (-) (-)		85a	N	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b	N,	<u>'A</u>
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organisative for proxy tax owed for the prior year.	zation received a			
	c Dues, assessments, and similar amounts from members	N/A			
	d Section 162(e) lobbying and political expenditures	N/A			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A			
1	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A			
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N	Ά
I	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estim dues allocable to nondeductible lobbying and political expenditures for the following tax year?	iate of	85h	N,	'A
85	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	Ī			
	line 12	N/A			
i	b Gross receipts, included on line 12, for public use of club facilities	N/A			
87		N/A			
i	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and If 'Yes,' complete Part IX	on or partnership, 1 301.7701-3?	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	Ī			
	section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ►	0.			
E	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' att	transaction			********
	explaining each transaction	<u>L</u>	89Ь		<u>X</u> _
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				0.
ď	Enter: Amount of tax on line 89c, above, reimbursed by the organization				0.
90 a	List the states with which a copy of this return is filed •TN				
ь	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		90 b		91
91 a	The books are in care of FRICK SCHWARTZ Telephone number F	615-833-153	4		
	Located at 3/1/ NOLENSVILLE ROAD, NASHVILLE, IN,	_ ZIP + 4 ► <u>3/211</u>		Yes	No
	At any time during the calendar year, did the organization have an interest in or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial act If 'Yes,' enter the name of the foreign country •	ccount)?	91 b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	i i			
_	Financial Statements  At any time during the colonder user did the experientian maintain on office outside of the United State	ine?	07.0		www.
	At any time during the calendar year, did the organization maintain an office outside of the United Stat	_	21C		<u>X</u>
	If 'Yes,' enter the name of the foreign country		<b>NT / T</b>	b-	
	Section 4947(a)(1) nonexempt charitable trusts filling Form 990 in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		N/A		IJ I/A

Part V	II Analysis of Income-Producin	g Activities	See the instructions.)			
		Unrelate	d business income	Excluded by s	ection 512, 513, or 514	(E)
otherwise	ter gross amounts unless indicated.	(A) Business code	(B) Amount	(C) Exclusion code	( <b>D)</b> Amount	Related or exempt function income
	rogram service revenue:					
a <u>7</u>	OO ADMISSIONS					2,206,485.
b_						
c						
d						
e						
f M	edicare/Medicaid payments					
_	es & contracts from government agencies					
94 M	embership dues and assessments					1,044,200.
95 Int	terest on savings & temporary cash invmnts					
96 Di	ividends & interest from securities			14	230,150.	
	et rental income or (loss) from real estate:					
	ebt-financed property					
	ot debt-financed property					
	et rental income or (loss) from pers prop					
	ther investment income					
100 G:	ain or (loss) from sales of assets her than inventory			18	1,141,046.	
	it income or (loss) from special events		<del></del>		1,141,040.	167,485.
	oss profit or (loss) from sales of inventory		· · · · · · · · · · · · · · · · · · ·	<del> </del>		207, 203.
	ther revenue: a					
	THER			1	5,452.	
c P	ARKING FEES			3	22,338.	
d V	ENDING		3	3	422,050.	
e						
104 Sul	btotal (add columns (B), (D), and (E))				1,821,036.	3,418,170.
105 <b>T</b> o	otal (add line 104, columns (B), (D), a	and (E))				5,239,206.
	e 105 plus line 1d, Part I, should equ					
Part VII	Relationship of Activities t	o the Acco	mplishment of Ex	empt Purpos	ses (See the instruction	ns.)
Line No. ▼	Explain how each activity for which of the organization's exempt purpo	income is reposes (other tha	oorted in column (E) of n by providing funds fo	Part VII contrib	uted importantly to the $a$ s).	accomplishment
93A, 94	PROVIDES PATRONS AND	GENERAL P	UBLIC WITH A C	ULTURALLY	RICH ENVIRONMEN	NT IN WHICH
	TO LEARN ABOUT VARIOU	<del></del>				
101	PROVIDES THE PUBLIC W	ITH VARIO	US EVENTS TO L	EARN ABOUT	WILDLIFE AND '	THEIR
	HABITATS.					
Part IX	Information Regarding Tax	able Subsi	diaries and Disrec	rarded Entiti	es (See the instruction	s )
tococcusts between	(A)	(B)	(C)	<del></del>	(D)	(E)
Name		1				
	, address, and EIN of corporation, rtnership, or disregarded entity	Percentage ownership into		activities	Total income	End-of-year assets
N/A	, or allowed and office		લ			
			8			
		<del> </del>	8			
***************************************		1	%			
Part X	Information Regarding Tra	nsfers Asso	ciated with Perso	onal Benefit	Contracts (See the in	nstructions.)
	e organization, during the year, receive any fun	·				Yes X No
	he organization, during the year, pay	•	• • • • •			<u>}</u> {
	If 'Yes' to (b), file Form 8870 and For	·	= =	a personal bons		
- 110101.7				schedules and stater	nents, and to the best of my kr	nowledge and belief, it is
		enarer (other than c	fficér) is based on all informat	tion of which prepare	r has any knowledge.	
	Under penalties of politury, I declare that I have true; correctional complete. Declaration of pre					
Please	一次从太太				J-11-UE	7
Sign	1. / 11 11 11 11		•		Date Date	Ž
	signature of officer Pick Scheart 2	Pre	sident		Date	7
Sign	一次从太太	Pre	sident			7
Sign Here	Signature for officer  Pick School 2  Type or print name and title.	Pre	sident	Date	Check if Check	parer's SSN or PTIN (See
Sign	Signature of officer Pick Sche Art 2 Type or print name and title.	Pres	sident	Date 5-//- 0 (e	Check if Check	
Sign Here Paid Pre- parer's	Signature of officer  Preparer's signature ACL	Pres	Sident D, PLLC	1	Check if Pre	
Sign Here Paid Pre- parer's Use	Signature of officer  Propagative of officer  Preparer's signature  Firm's name (or your: if self-employed). FRASIER, DEAL 3310 WEST ENJ	Pres teily n & Howar	D, PLLC STE. 550	1	Check if Pre	
Sign Here Paid Pre- parer's	Signature of officer  Property School Art 2  Type or print name and title.  Preparer's signature Art 2  Firm's name (or FRASIER, DEA)	Pres keil-/ n & Howar d avenue,	<del></del>	1	Check if Ger self-employed	'A

## SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2005

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization		Employer identification number		
NASHVILLE ZOO INC.			62-1411210	
Part Compensation of the Five Hig (See instructions. List each one. If ther	thest Paid Employees Ot re are none, enter 'None.')	ther Than Officer	rs, Directors, a	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted lo position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				
Part II — A Compensation of the Five Hig (See instructions. List each one (wheth	hest Paid Independent C per individuals or firms). If there	ontractors for P are none, enter 'Nor	rofessional Se e.')	rvices
(a) Name and address of each independent contra	ctor paid more than \$50,000	<b>(b)</b> Type o	of service	(c) Compensation
NONE				
		-		
		1		
		-		18
Total number of others receiving over \$50,000 for professional services	(			
Part II B Compensation of the Five High		[2,022,030,030,030,030,030,030,030,030,03	ther Services	
(List each contractor who performed seinter 'None.' See instructions.)				there are none,
(a) Name and address of each independent contract	ctor paid more than \$50,000	<b>(b)</b> Type o	f service	(c) Compensation
EARTH ADJUSTMENTS/TERRY WAKEFIELD				
716 S. DICKERSON ROAD GOODLETTSVIL	LANDSCAPING		193,675.	
Total number of other contractors receiving over \$50,000 for other services.		1		

Schedul	e A (Form 990 or 990-EZ) 2005 NASHVILLE ZOO INC. 62-141121	L O		Dage 2					
Part II	Statements About Activities (See instructions.)		Yes	No					
to or	rring the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid incurred in connection with the lobbying activities ► \$ N/A								
•	ust equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	* **********	X					
lot	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the obying activities.								
su tax	uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any bstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any kable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal neficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)								
a Sa	le, exchange, or leasing of property?	2a		Х					
b Le	nding of money or other extension of credit?	2b		Х					
<b>c</b> Fu	rnishing of goods, services, or facilities?	2c		Х					
<b>d</b> Pa	SEE FORM 990, PART V yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х						
e Tra	ansfer of any part of its income or assets?	2e		Х					
3a Do	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an planation of how you determine that recipients qualify to receive payments.)	3a	!	X					
	you have a section 403(b) annuity plan for your employees?			X					
<b>c</b> Du	ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3с		X					
4a Did on	l you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4a		Х					
b Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	<u> </u>	X					
Part IV	Reason for Non-Private Foundation Status (See instructions.)								
The orga	nization is not a private foundation because it is: (Please check only ONE applicable box.)								
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).								
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)								
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).								
8	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).								
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's	name,	city,						
10	and state range of the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the Support Schedule in Part IV-A.)								
11 a 🗌	An organization that normally receives a substantial part of its support from a governmental unit or from the general procession 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	ublic.							
11 b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)								
12 X	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Obox that describes the type of supporting organization:								
	Provide the following information about the supported organizations. (See instructions.)								
	(a) Name(s) of supported organization(s)	(b) Lin from	e nun abov						
			<del></del>						
4	An organization organized and operated to test for public safety. Section 509(a)(4), (See instructions.)								

62-1411210 Schedule A (Form 990 or 990-EZ) 2005 NASHVILLE ZOO INC. Page 3 Part IV:A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (e) Tòlai Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 2,492,761 19,819,585. 3,911,369 7,207,066. 6,208,389 840,840 623,038. 405,378 302,322. 2,171,578. Membership fees received . . . . 16 Gross receipts from admissions, 17 merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 6,863,041. 2,114,422 1,944,047. 1,457,623. 1,346,949. charitable, etc, purpose . . . . Gross income from interest, dividends, amounts received from payments on securities leans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ-47.329. 17,649. 22,506. 20,368. 107,852. ization after June 30, 1975 . . . . Net income from unrelated business 0. activities not included in line 18. 20 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf........ The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . 0. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets, SEE . S.TMT . 15 517,828 490,860. 432,518 346 1,853,552. 7.431.788 10,282,660 8,526,414 574,746 30,815,608. Total of lines 15 through 22 7,068,791 5,317,366 8,338,613 3,227,797 23,952,567 24 Line 23 minus line 17...... 45,747 85,264. Enter 1% of line 23...... 74,318. 25 102,827. 26 Organizations described on lines 10 or 11: 26 a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26 b c Total support for section 509(a)(1) test: Enter line 24, column (e)..... 26 c \_\_\_\_\_19 18 d Add: Amounts from column (e) for lines: 26 d e Public support (line 26c minus line 26d total)..... 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator))...... 26 f ş Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year; <u>1,210,091.</u> (2003) <u>203,926.</u> (2002) <u>127,947.</u> (2001) <u>92,355.</u> bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0. (2003) 0. (2002) 0. (2001) c Add: Amounts from column (e) for lines: 15 19,819,585. 16 2,171,578. \_\_\_\_<u>0</u>. (2003)\_\_\_\_\_ 0. (2001) 6,863,041. 20 \_\_\_\_ 28,854,204.

d Add: Line 27a total.... 1,634,319. 1,634,319. and line 27b total..... 27 d f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).... ▶ 271 30, 815, 608 g Public support percentage (line 27e (numerator) divided by line 27f (denominator))...... 27 g 88.33 % 27 h h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . .

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Page 4

rar	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
		11, 2.	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
		- - -		
	Does the organization maintain the following:			
ā	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		ļ
F	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
ŧ	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d	S	
	If you answered 'No' to any of the above, please expiain. (If you need more space, attach a separate statement.)			
	Does the organization discriminate by race in any way with respect to:			
	s Students' rights or privileges?	33a		
	Admissions policies?	33b		
	Employment of faculty or administrative staff?	33 c		
	Scholarships or other financial assistance?	33 d		
	Educational policies?	33 e		
	Use of facilities?	331		
	Athletic programs?	33 g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
\$4 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
þ	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial	95		

Pai	TVIA Lobbying E (To be comple	xpenditures by Eleted ONLY by an eligible	ecting Public Char organization that filed	r <b>ities</b> (See instr Form 5768)	uctions	.)			N/A		
Check ► a if the organization belongs to an affiliated group. Check ► b if you checked 'a' and 'limited contro!' provisions apple									ro!' provisions apply.		
	L	Limits on Lobbying	Expenditures			Affiliat	(a) ed aro	นอ	(b) To be completed		
(The term 'expenditures' means amounts paid or incurred.)							otals		for ALL electing		
35	Total lobbying expendit	36				organizations					
37		tures to influence a legis									
38		ures (add lines 36 and 3	•	, .	38						
39	,	expenditures	•		39						
40		expenditures (add lines			40						
41		nount. Enter the amoun									
	If the amount on line 40		lobbying nontaxable as								
	Not over \$500,000	20%									
	Over \$500,000 but not over \$1	,000,000 \$100,	000 plus 15% of the excess o	ver \$500,000							
	Over \$1,000,000 but not over \$	\$1,500,000 \$175,	000 plus 10% of the excess o	ver \$1,000,000	41						
	Over \$1,500,000 but not over \$	\$17,000,000\$225,	000 plus 5% of the excess ov	er \$1,500,000							
	Over \$17,000,000	\$1,0	000,000								
42	Grassroots nontaxable	amount (enter 25% of lin	ne 41)		42						
43	Subtract line 42 from lin	ne 36. Enter -0- if line 42	is more than line 36		43						
44	Subtract line 41 from lin	ne 38. Enter -0- if line 41	is more than line 38		44						
	Caution: If there is an a	amount on either line 43	or line 44, you must file	e Form 4720.							
		4 -Year	Averaging Period	Under Sectio	n 501	(h)					
	(Some organ	nizations that made a se	ection 501(h) election de ee the instructions for li	o not have to con	nplete	all of the fi	ve colu	amns.	below.		
	Lobbying Expenditures During 4 -Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2004	(c) 2003		(d) 2002		* *			
45	Lobbying nontaxable amount										
46	Lobbying ceiling amount (150% of line 45(e))										
47	Total lobbying expenditures										
48	Grassroots non- taxable amount							***********			
49	Grassroots ceiling amount (150% of line 48(e))										
	Grassroots lobbying expenditures										
	Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.)  N/A										
Durin attem	g the year, did the organ opt to influence public opi	nization attempt to influe inion on a legislative ma	nce national, state or lo	ocal legislation, in ough the use of:	ncluding	g any	Yes	No	Amount		
a Volunteers											
b Paid staff or management (Include compensation in expenses reported on lines c through h.).											
d Mailings to members, legislators, or the public								-			
e Publications, or published or broadcast statements.											
f Grants to other organizations for lobbying purposes											
g Direct contact with legislators, their staffs, government officials, or a legislative body											
	Rallies, demonstrations,					Г					
	Total lobbying expenditur					ł.					
If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.											

Page 6

Part VIII	Information Regar Exempt Organizati	ding Frai ions (See	nsfers To and Transactions a instructions)	nd Relationships With Noncha	ritable			
51 Did th	e reporting organization Code (other than section	directly or i	ndirectly engage in any of the following	ng with any other organization describeding to political organizations?	in section	າ 501(	(c)	
			to a noncharitable exempt organization		1	Yes		
	, ,	•			51 a (i)	163	X	
(i) Cash								
	transactions:				a (ii)		X	
		ets with a r	noncharitable exempt organization		b (i)		X	
	_		, –		b (ii)		X	
					b (iii)		X	
	and the second s				b (iv)		X	
					b (v)		X	
					b (vi)		X	
, ,					c C		X	
						of	Λ	
the go	ods, other assets, or ser	vices given	by the reporting organization. If the c	umn (b) should always show the fair mark organization received less than fair mark ods, other assets, or services received:	ket value i	n		
(a)	(b)	rigement, s	(c)	(d)				
Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and s	i sharing arrangements			
N/A								
14/21								
<del></del>					<del></del>			
		·						
describ	organization directly or in sed in section 501(c) of the complete the following	ne Code (ot	liated with, or related to, one or more her than section 501(c)(3)) or in section	tax-exempt organizations on 527?	→ 🗌 Yes	X	No	
<u> </u>		soneduis.	(h)	(c)				
	(a) Name of organization		( <b>b)</b> Type of organization	(c) Description of relations	tionship			
I/A								
<u> </u>								
	······································			***************************************				
				····				
					·			
	<del></del>							
			ı					