

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning _____, 2008, and ending _____

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.****2008**Department of the Treasury
Internal Revenue Service

Name of exempt organization

NASHVILLE ZOO INC.

Name and title of officer

RICK SCHWARTZ

Employer identification number

62-1411210**PRESIDENT/EXEC. DIR.****Tax Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than 1 line in Part I.**

1 a Form 990 check here.... ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, line 12).....	1 b	6,940,023.
2 a Form 990-EZ check here.... ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9).....	2 b	
3 a Form 1120-POL check here.... ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).....	3 b	
4 a Form 990-PF check here.... ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).....	4 b	
5 a Form 8868 check here.... ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c).....	5 b	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

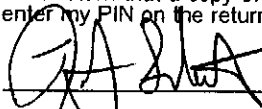
☒ I authorize **FRASIER, DEAN & HOWARD, PLLC** to enter my PIN **23306** as my signature

ERO firm name Enter five numbers, but
do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶



Date ▶

7/29/09**Certification and Authentication**

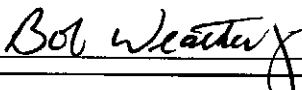
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.....

62537137203

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶



Date ▶

7-28-09

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2008)

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning _____, 2008, and ending _____

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.****2008**Department of the Treasury
Internal Revenue Service

Name of exempt organization

NASHVILLE ZOO INC.

Name and title of officer

RICK SCHWARTZ

Employer identification number

62-1411210**PRESIDENT/EXEC. DIR.****Tax Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than 1 line in Part I.**

1 a Form 990 check here..... ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, line 12).....	1 b	6,940,023.
2 a Form 990-EZ check here..... ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9).....	2 b	
3 a Form 1120-POL check here..... ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).....	3 b	
4 a Form 990-PF check here..... ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).....	4 b	
5 a Form 8868 check here..... ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c).....	5 b	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

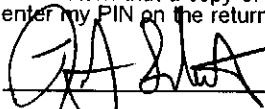
☒ I authorize **FRASIER, DEAN & HOWARD, PLLC** to enter my PIN **23306** as my signature

ERO firm name Enter five numbers, but
do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶



Date ▶

7/29/09**Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.....

62537137203

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶



Date ▶

7-28-09

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**2008**Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection**For the 2008 calendar year, or tax year beginning , 2008, and ending ,**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	NASHVILLE ZOO INC. 3777 NOLENSVILLE ROAD NASHVILLE, TN 37211	D Employer Identification Number 62-1411210 E Telephone number (615) 833-1534 G Gross receipts \$ 10,581,023.
F Name and address of principal officer: RICK SCHWARTZ SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.NASHVILLEZOO.ORG			
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 1990 M State of legal domicile: TN	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO INSPIRE A CULTURE OF UNDERSTANDING AND DISCOVERY OF OUR NATURAL WORLD THROUGH CONSERVATION, INNOVATION AND LEADERSHIP. INTEGRATE A COMPREHENSIVE EDUCATIONAL AND INTERPRETIVE COMPONENT INTO EVERY EXHIBIT AND PROGRAM IN ORDER TO PROMOTE CONSERVATION AWARENESS AND ACTION.</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 36 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 36 5 Total number of employees (Part V, line 2a) 5 199 6 Total number of volunteers (estimate if necessary) 6 1,600 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,014,907. 9 Program service revenue (Part VIII, line 2g) 2,799,240. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,121,522. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,279,312. 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,214,981.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 10,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,789,593. 16a Professional fundraising fees (Part IX, column (A), line 11e) 17,128. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 215,575. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 4,131,395. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,920,988. 19 Revenue less expenses. Subtract line 18 from line 12 293,993.	3,151,066.	2,888,059.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 35,370,036. 21 Total liabilities (Part X, line 26) 10,223,299. 22 Net assets or fund balances. Subtract line 21 from line 20 25,146,737.	Beginning of Year	End of Year
		31,211,108.	11,217,245.
		19,993,863.	

Part II Signature Block

Sign Here	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.		
	Signature of officer RICK SCHWARTZ Type or print name and title.	Date PRESIDENT/EXEC. DIR.	
Paid Preparer's Use Only	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ FRASIER, DEAN & HOWARD, PLLC 3310 WEST END AVENUE, STE. 550 NASHVILLE, TN 37203	Date Check if self-employed ▶ <input checked="" type="checkbox"/> <input type="checkbox"/> Preparer's identifying number (see instructions) N/A EIN ▶ N/A Phone no. ▶ (615) 383-6592	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 7,530,941. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$ 7,530,941. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I		X
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 United States? If 'Yes,' complete Schedule F, Part II	X	
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 United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

BAA

Form 990 (2008)

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	37	X

BAA

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No		
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	48		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	199		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a			X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
4b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
5c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X		
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b	X		
7	Organizations that may receive deductible contributions under section 170(c).				
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X		
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d			
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X		
7h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
9a	Did the organization make any taxable distributions under section 4966?	9a			
9b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11	Section 501(c)(12) organizations. Enter:				
11a	Gross income from other members or shareholders	11a			
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b			

BAA

Form 990 (2008)

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	36	
1b	Enter the number of voting members that are independent	36	
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? SEE SCHEDULE O	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O	X	
11	Is there any officer, director or 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.		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers of key employees of the organization? SEE SCHEDULE O	X	
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?		X
16b	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?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► TN

18 Section 6104 requires an organization to make its Forms 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.

☐ Own website ☐ Another's website ☒ 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 SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► RICK SCHWARTZ 3777 NOLENSVILLE ROAD NASHVILLE TN 37211 (615) 833-1534

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- 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 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) or 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 the organization did not compensate any officer, director, trustee, or key employee.

(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	Officer	Key employee	Highest compensated employee	Former			
KELVIN AULT DIRECTOR	2	X						0.	0.	0.
RENEE CHEVALIER CHAIR	3	X						0.	0.	0.
JIM DICKSON TREASURER	0.5	X						0.	0.	0.
BARBARA FRITCH DIRECTOR	0.5	X						0.	0.	0.
DAREK BELL DIRECTOR	0.1	X						0.	0.	0.
JIM DOWNING DIRECTOR	0.25	X						0.	0.	0.
GEORGE ARMISTEAD DIRECTOR	0.5	X						0.	0.	0.
BRAD BLEVINS DIRECTOR	0.25	X						0.	0.	0.
TAMMY BUTTREY DIRECTOR	0.25	X						0.	0.	0.
MISSY EASON DIRECTOR	1.5	X						0.	0.	0.
LARRY PAPEL LEGAL COUNCIL	2	X						0.	0.	0.
BARRY WATKINS DIRECTOR	0.1	X						0.	0.	0.
JAMIE JONES DIRECTOR	0.25	X						0.	0.	0.
FRANK MC GREW DIRECTOR	0.25	X						0.	0.	0.
THOMAS LOVENTHAL DIRECTOR	2	X						0.	0.	0.
KELLEY BEAMAN DIRECTOR	0.1	X						0.	0.	0.
BOB CROSBY DIRECTOR	0.25	X						0.	0.	0.

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

(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	Officer	Key employee	Highest compensated employee	Former			
KELLY CROCKETT DIRECTOR	0.25	X						0.	0.	0.
JAMES HUNT DIRECTOR	2.5	X						0.	0.	0.
PHIL PONDER DIRECTOR	0.25	X						0.	0.	0.
GIGI GRIMSTAD DIRECTOR	0.25	X						0.	0.	0.
SUNNY SPYRIDON DIRECTOR	0.25	X						0.	0.	0.
BOB GORDON DIRECTOR	0.25	X						0.	0.	0.
STEVE CURNUTTE DIRECTOR	0.5	X						0.	0.	0.
JOE FREEDMAN DIRECTOR	0.25	X						0.	0.	0.
HOWARD GENTRY DIRECTOR	0.25	X						0.	0.	0.
EDIE JOHNSON DIRECTOR	0.1	X						0.	0.	0.
COLLIE DAILY DIRECTOR	0.1	X						0.	0.	0.
ARTHUR LAFFER DIRECTOR	0.25	X						0.	0.	0.
JIM LITTLEJOHN DIRECTOR	0.25	X						0.	0.	0.
1 b Total								333,960.	0.	13,650.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **2**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

	Yes	No
3		X
4	X	
5		X

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.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

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.

(A) Name and business address	(B) Description of Services	(C) Compensation
EARTH ADJUSTMENTS 716 S. DICKERSON RD. GOODLETTSVILLE, TN 37072	EARTH MOVING, HORTIC	241,286.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **1**

Department of the Treasury
Internal Revenue Service

Attach to Form 990 to list additional information for Form 990. Part VII. Section A. line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization

Employer Identification number

NASHVILLE ZOO INC.

62-1411210

Part I	Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
---------------	--

0.1	X						0.
75			X				232,060.
40				X			101,900.

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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b 1,574,210.				
	c Fundraising events	1 c 164,125.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 603,656.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 809,075.				
	g Noncash contribns included in lns 1a-1f: . . . \$	47,067.				
	h Total. Add lines 1a-1f.		3,151,066.			
PROGRAM SERVICE REVENUE	2 a ZOO ADMISSIONS	Business Code	2,802,707.	2,802,707.		
	b EDUCATION PROGRAMS		85,352.	85,352.		
	c _____					
	d _____					
	e _____					
	f All other program service revenue . . .					
	g Total. Add lines 2a-2f.		2,888,059.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		319,785.		
4 Income from investment of tax-exempt bond proceeds . . .						
5 Royalties						
6 a Gross Rents		(i) Real (ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	2,803,492.			
b Less: cost or other basis and sales expenses			3,374,767.			
c Gain or (loss)			-571,275.			
d Net gain or (loss)			-571,275.			-571,275.
8 a Gross income from fundraising events (not including \$ 164,125. of contributions reported on line 1c). See Part IV, line 18		a 499,166.				
b Less: direct expenses		b 266,233.				
c Net income or (loss) from fundraising events			232,933.	232,933.		
9 a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a VENDING		824,988.			824,988.	
b OTHER		47,627.			47,627.	
c ANIMAL SALES		46,840.			46,840.	
d All other revenue						
e Total. Add lines 11a-11d.		919,455.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		6,940,023.	3,120,992.	0.	667,965.	

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.	10,000.	10,000.		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	232,060.	194,656.	26,648.	10,756.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	3,315,161.	2,780,811.	380,694.	153,656.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	232,246.	194,813.	26,669.	10,764.
10 Payroll taxes.	269,034.	225,670.	30,894.	12,470.
11 Fees for services (non-employees).				
a Management.				
b Legal.	16,253.		16,253.	
c Accounting.	11,600.		11,600.	
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.	17,128.			17,128.
f Investment management fees.				
g Other.	7,667.		7,667.	
12 Advertising and promotion.				
13 Office expenses.	87,952.	50,566.	37,386.	
14 Information technology.	23,085.	23,085.		
15 Royalties.				
16 Occupancy.	482,177.	482,177.		
17 Travel.	13,834.		13,834.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	59,261.	59,261.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,518,486.	1,518,486.		
23 Insurance.	275,578.	275,578.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>EQUIPMENT RENTAL & MAINTENANCE</u>	610,377.	610,377.		
b <u>ANIMAL CARE</u>	313,090.	313,090.		
c <u>PROMOTIONS</u>	278,520.	278,520.		
d <u>MEMBERSHIP DEVELOPMENT</u>	101,362.	101,362.		
e <u>BANK & INVESTMENT FEES</u>	92,854.		92,854.	
f All other expenses.	425,970.	412,489.	2,680.	10,801.
25 Total functional expenses. Add lines 1 through 24f.	8,393,695.	7,530,941.	647,179.	215,575.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. 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

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	6,075.	1	5,075.
	2 Savings and temporary cash investments	835,840.	2	148,555.
	3 Pledges and grants receivable, net	512,538.	3	440,239.
	4 Accounts receivable, net	10,430.	4	15,083.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	274,536.	9	265,470.
	10a Land, buildings, and equipment: cost basis	10a 26,990,758.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 7,617,435.		
	11 Investments — publicly-traded securities	19,910,519.	10c	19,373,323.
	12 Investments — other securities. See Part IV, line 11	13,223,419.	11	9,417,452.
	13 Investments — program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	596,679.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,370,036.	15	1,545,911.	
17 Accounts payable and accrued expenses	344,448.	16	31,211,108.	
LIABILITIES	18 Grants payable		17	338,394.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	5,961,158.	21	
	23 Secured mortgages and notes payable to unrelated third parties	1,035,000.	22	5,961,158.
	24 Unsecured notes and loans payable		23	2,035,000.
	25 Other liabilities. Complete Part X of Schedule D	2,882,693.	24	
	26 Total liabilities. Add lines 17 through 25	10,223,299.	25	2,882,693.
	27 Net assets or fund balances. Add lines 1 through 26	25,146,737.	26	11,217,245.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	11,482,337.	27	6,332,522.
	28 Temporarily restricted net assets	1,245,231.	28	1,220,666.
	29 Permanently restricted net assets	12,419,169.	29	12,440,675.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances.	25,146,737.	33	19,993,863.	
34 Total liabilities and net assets/fund balances.	35,370,036.	34	31,211,108.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	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?	X	
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?		X
b	If 'Yes,' did the organization undergo the required audit or audits?		

BAA

Form 990 (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

NASHVILLE ZOO INC.

Employer identification number

62-1411210

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: (Please check only **one** organization.)

- 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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other
- e ☐ 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).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g 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?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports.

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

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 Total. Add lines 1-3						
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 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3 support test — 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2007. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	4,752,209.	10192990.	7,508,618.	3,014,907.	3,210,066.	28,678,790.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	2,114,422.	2,590,292.	2,927,800.	3,378,902.	3,328,225.	14,339,641.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	6,866,631.	12783282.	10436418.	6,393,809.	6,538,291.	43,018,431.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	1,210,091.	5,655,702.	436,822.	235,750.	310,906.	7,849,271.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	1,210,091.	5,655,702.	436,822.	235,750.	310,906.	7,849,271.
8 Public support. (Subtract line 7c from line 6.)						35,169,160.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	6,866,631.	12783282.	10436418.	6,393,809.	6,538,291.	43,018,431.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,329.	230,150.	594,090.	802,147.	319,785.	1,993,501.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	47,329.	230,150.	594,090.	802,147.	319,785.	1,993,501.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	517,828.	449,840.	771,933.	880,783.	919,455.	3,539,839.
13 Total support. (add lns 9, 10c, 11, and 12.)						48,551,771.

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 2008 (line 8, column (f) divided by line 13, column (f)).	15	72.4 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	75.3 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	4.1 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	2.1 %

19a 33-1/3 support tests – 2008. 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 **stop here.** The organization qualifies as a publicly supported organization. ☒

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PUBLIC COPY

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER INCOME	919,455.	880,783.	771,933.	449,840.	517,828.
TOTAL	<u>\$ 919,455.</u>	<u>\$ 880,783.</u>	<u>\$ 771,933.</u>	<u>\$ 449,840.</u>	<u>\$ 517,828.</u>

PUBLIC COPY

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****Attach to Form 990. To be completed by organizations that
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008**Open to Public
Inspection**

Name of the organization

NASHVILLE ZOO INC.

Employer identification number

62-1411210

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 other impermissible private benefit??. <input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements.	2a
b Total acreage restricted by conservation easements.	2b
c Number of conservation easements on a certified historic structure included in (a).	2c
d Number of conservation easements included in (c) acquired after 8/17/06.	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, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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.

1 a 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, 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 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 Trust, Escrow and Custodial Arrangements Complete if 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 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	13,410,209.				
b Contributions	45,200.				
c Investment earnings or losses	-3,962,429.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	-25,097.				
g End of year balance	9,467,883.				

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

a Board designated or quasi-endowment 100.00%

b Permanent endowment %

c Term endowment %

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

(i) unrelated organizations ☐ Yes ☒ No

(ii) related organizations ☐ Yes ☒ No

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

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) Depreciation	(d) Book Value
1a Land		530,000.		530,000.
b Buildings		25,219,383.	6,720,827.	18,498,556.
c Leasehold improvements				
d Equipment		1,241,375.	896,608.	344,767.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				19,373,323.

BAA

Schedule D (Form 990) 2008

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)	6,940,023.
2	Total expenses (Form 990, Part IX, column (A), line 25)	8,393,695.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-1,453,672.
4	Net unrealized gains (losses) on investments	-3,699,202.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	-3,699,202.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-5,152,874.

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	3,513,833.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-3,699,202.
b	Donated services and use of facilities	2b	6,779.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	266,233.
e	Add lines 2a through 2d	2e	-3,426,190.
3	Subtract line 2e from line 1	3	6,940,023.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments 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	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	6,940,023.

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

1	Total expenses and losses per audited financial statements	1	8,666,707.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	6,779.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	266,233.
e	Add lines 2a through 2d	2e	273,012.
3	Subtract line 2e from line 1	3	8,393,695.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments 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	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	8,393,695.

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.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THESE FUNDS ARE INTENDED TO BE USED FOR OPERATIONAL EXPENSES AND CAPITAL IMPROVEMENTS

AT THE ZOO FACILITIES.

Part XIV Supplemental Information *(continued)*

PUBLIC COPY

2008

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

NASHVILLE ZOO INC.

62-1411210

SCHEDULE D, PART XII, LINE 2D

OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENTS COSTS.....	\$	266,233.
TOTAL	\$	<u>266,233.</u>

SCHEDULE D, PART XIII, LINE 2D

OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENTS COSTS.....	\$	266,233.
TOTAL	\$	<u>266,233.</u>

PUBLIC COPY

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

► **Attach to Form 990.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.

Name of the organization

NASHVILLE ZOO INC.

Employer identification number

62-1411210

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Totals	0	0			0.

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

Schedule F (Form 990) (2008)

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.. ☐ Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

2	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	▶	<u>0</u>
3	Enter total number of other organizations or entities.	▶	<u>1</u>

BAA

Schedule **F** (Form 990) 2008

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

PUBLIC COPY

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

NASHVILLE ZOO INC.

Employer identification number

62-1411210

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.

- | | | | |
|-------------------------------------|-------------------------|-------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | Mail solicitations | <input checked="" type="checkbox"/> | Solicitation of non-government grants |
| <input checked="" type="checkbox"/> | Email solicitations | <input checked="" type="checkbox"/> | Solicitation of government grants |
| <input checked="" type="checkbox"/> | Phone solicitations | <input checked="" type="checkbox"/> | Special fundraising events |
| <input checked="" type="checkbox"/> | In-person solicitations | | |

2a Did the organization have 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 990EZ filers are not required to complete this table.

(i) Name 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			
COMNET MARKETING GROUP	PHONE		X	23,940.	17,128.	6,812.
Total				23,940.	17,128.	6,812.

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.

TN

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.

REVENUE		(a) Event #1 GHOULS @ GRASS (event type)	(b) Event #2 GOLF CLASSIC (event type)	(c) Other Events 11 (total number)	(d) Total Events (Add col. (a) through col. (c))
1	Gross receipts	180,036.	79,265.	403,990.	663,291.
2	Less: Charitable contributions	59,000.	42,300.	62,825.	164,125.
3	Gross revenue (line 1 minus line 2)	121,036.	36,965.	341,165.	499,166.
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	53,159.	38,226.	174,848.
	8	Direct expense summary. Add lines 4- through 7 in column (d)			266,233.
	9	Net income summary. Combine lines 3 and 8 in column (d)			232,933.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
1	Gross revenue				
DIRECT EXPENSES	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)			

	YES	NO
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?	9a	
b If 'No,' Explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- | | | |
|--|------------|---|
| a The organization's facility. | 13a | % |
| 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 contact with a third party from whom the organization receives gaming revenue? **15a**

- 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? **17a**

- 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: ▶ \$ _____

BAA

TEEA3703L 07/18/08

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees**

**Attach to Form 990. To be completed by organizations that
answered 'Yes' to Form 990, Part IV, line 23.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

NASHVILLE ZOO INC.

Employer identification number

62-1411210

Part I Questions Regarding Compensation

1 a 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 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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

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?

3 Indicate which, if any, of the following 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 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:

a Receive a severance payment or change of control payment?

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

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

If 'Yes' to any of 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 must complete lines 5-8.

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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

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

7 For person 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. . . . **SEE PART III**

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

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) 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 and incentive compensation	(iii) Other compensation				
RICK SCHWARTZ	(i)	225,000.	0.	7,060.	0.	11,045.	243,105.	241,356.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

PUBLIC COPY

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.

--- PART I, LINE 7 - NON-FIXED PAYMENTS NOT LISTED

THE ZOO PAID EXECUTIVE DIRECTOR \$28,000 FOR 3 TIGERS HE SOLD TO THE ZOO.

PUBLIC COPY

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **To be completed by organizations that answered**
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

NASHVILLE ZOO INC.

Employer identification number

62-1411210

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$

Part II Loans to and/or From Interested Persons.
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
FARZIN FERDOWSI SEE SCH O-WRKING CAP	X		417,259.	814,584.	X			X		X
FARZIN FERDOWSI SEE SCH O-WRKING CAP	X		551,791.	832,461.	X			X		X
FARZIN FERDOWSI SEE SCH O-JOELTN ZOO	X		4,992,107.	7,196,806.	X			X	X	
Total			▶ \$ 8,843,851.							

Part III Grants or Assistance Benefitting Interested Persons.
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

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

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Non-Cash Contributions**

► To be completed by organizations that answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2008**Open to Public
Inspection**

Name of the organization

NASHVILLE ZOO INC.

Employer identification number

62-1411210

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		30,000.	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (AQUARIUM SYSTEM)	X	1	15,000.	MARKET VALUE
26 Other ► (EDUCATION SUPP.)	X	1	2,067.	MARKET VALUE
27 Other ► ()				
28 Other ► ()				

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

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 noncash 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.

	Yes	No
--	-----	----

	Yes	No
30 a		X
31		X
32 a		X
33		

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

Schedule M (Form 990) 2008

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.

PUBLIC COPY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

NASHVILLE ZOO INC.

Employer identification number

62-1411210

SCHEDULE L, PART II

THE ORGANIZATION'S LIABILITIES INCLUDE APPROXIMATELY \$5,000,000 IN ALLEGED AND DISPUTED NOTE PRINCIPAL AND \$2,205,000 IN ALLEGED AND DISPUTED INTEREST DUE TO A COMPANY CONTROLLED BY THE ORGANIZATION'S FORMER PRESIDENT. THE NOTE IS PRIMARILY SECURED BY THE ORGANIZATION'S JOELTON PROPERTY, WHICH IS NOT CURRENTLY USED IN ZOO OPERATIONS. THE NOTE MATURED IN NOVEMBER 2000, AND TO DATE, THE ORGANIZATION HAS BEEN UNABLE TO NEGOTIATE NEW TERMS OR TO PAY THE DEBT. IN ADDITION, CERTAIN COMPANIES CONTROLLED BY THE ORGANIZATION'S FORMER PRESIDENT CLAIM TO HAVE MADE ADVANCES TO THE ORGANIZATION IN PRIOR YEARS IN THE PRINCIPAL AMOUNT OF \$969,051, AND CLAIM ENTITLEMENT TO PAYMENT OF RELATED INTEREST CHARGES OF \$667,995. DURING 2006, UNTIL SUCH DISPUTE IS RESOLVED, THE ORGANIZATION CEASED ACCRUING ANY ADDITIONAL INTEREST ON THE ABOVE MENTIONED DEBT. THE ULTIMATE OUTCOME OF THESE MATTERS IS PRESENTLY UNKNOWN; HOWEVER, IF THE LENDERS DEMAND PAYMENT, THE ORGANIZATION WOULD PRESENTLY BE UNABLE TO PAY THIS ALLEGED DEBT IN THE NORMAL COURSE OF BUSINESS.

IN MAY 2003, THE ORGANIZATION ENTERED INTO MEDIATION PROCEEDINGS RELATING TO CERTAIN ALLEGED AND DISPUTED DEBT RELATED TO AMOUNTS OWED AND CLAIMED TO BE OWED TO COMPANIES CONTROLLED BY THE ORGANIZATION'S FORMER PRESIDENT. THE PURPOSE OF THE PROCEEDINGS WAS TO DETERMINE ACTUAL AMOUNTS OWED AND TO NEGOTIATE FOR THE SETTLEMENT OF THE LIABILITIES. ALTHOUGH NO IMMEDIATE RESOLUTION HAS BEEN REACHED, THE ORGANIZATION CONTINUES TO DISPUTE CERTAIN CLAIMED ADVANCES AND RELATED INTEREST. THE ORGANIZATION HAS CHOSEN TO CONTINUE TO REFLECT SUCH DISPUTED LIABILITIES IN THE AUDITED FINANCIAL STATEMENTS, ALTHOUGH IT IS NOT AWARE OF ANY DOCUMENTARY EVIDENCE OF SUCH ADVANCES OR ANY AGREEMENT TO REPAY THEM WITH INTEREST AND THE ORGANIZATION'S ALLEGED CREDITORS DID NOT PRODUCE ANY EVIDENCE OF SUCH ADVANCES DURING THE MEDIATION PROCEEDINGS. AS NEGOTIATIONS HAVE BEEN AND ARE ONGOING, IT IS ANTICIPATED THE

Name of the organization

NASHVILLE ZOO INC.

Employer identification number

62-1411210

(CONTINUED)

ORGANIZATION WILL ADJUST THE LIABILITIES TO THE ADJUDICATED OR NEGOTIATED BALANCE
WHEN THE MATTER IS RESOLVED.

FORM 990, PART III, LINE 1. ORGANIZATION MISSION

TO INSPIRE A CULTURE OF UNDERSTANDING AND DISCOVERY OF OUR NATURAL WORLD THROUGH
CONSERVATION, INNOVATION AND LEADERSHIP. THROUGH THIS WE HOPE TO ACHIEVE BUILDING A
FIRST CLASS ZOO FOR MIDDLE TENNESSEE AND TO DEVELOP A FACILITY WITH EXCELLENCE IN
ANIMAL CARE, GLOBAL CONSERVATION AND STRONG COMMUNITY VALUE IN MIND. WE STRIVE TO
BE THE BEST AT EMPLOYING UNIQUE DESIGNS AND INNOVATIVE ARCHITECTURAL AND
HORTICULTURAL COMPONENTS TO ENHANCE EXHIBITS FOR THE BENEFIT OF THE ANIMALS,
VISITORS AND ZOOLOGICAL COMMUNITY.

FORM 990, PART III, LINE 4A. PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION PROVIDES THE GENERAL PUBLIC WITH A ZOO WHERE IT MAINTAINS ANIMALS
AND INFORMS AND EDUCATES THE PUBLIC ABOUT ANIMALS, NATURE AND THE PLIGHT OF
ENDANGERED SPECIES. THROUGH THIS MISSION WE STRIVE TO CREATE A WORLD-CLASS
ZOOLOGICAL PARK WITH APPEAL TO VISITORS AND A STRONG COMMITMENT TO BREEDING AND
RESEARCH PROJECTS TO ASSURE SURVIVAL OF VANISHING SPECIES AND SPECIES CONSERVATION.
NASHVILLE ZOO ATTRACTED 529,069 GUESTS IN 2008 MAKING IT THE SECOND LARGEST PAID
ATTRACTION IN MIDDLE TENNESSEE AND THE 14TH LARGEST IN THE STATE. MEMBERSHIP HAS
GROWN TO NEARLY 25,000 HOUSEHOLDS REPRESENTING MORE THAN 117,000 PEOPLE. MORE THAN
50,000 SCHOOL CHILDREN ARE HOSTED EACH YEAR, OF WHICH CLOSE TO 8,000 COME FROM TITLE
I SCHOOLS. AN ADDITIONAL 49,660 VISITORS ATTENDED ALMOST 500 EDUCATIONAL PROGRAMS
LAST YEAR. ALL THIS COMBINED PUTS NASHVILLE ZOO ON THE MAP AS NOT ONLY A VISITOR
DESTINATION, BUT ALSO AS AN EXPERT IN ANIMAL CARE AND AN EDUCATIONAL RESOURCE FOR THE
ENTIRE COMMUNITY.

FORM 990, PART VI, LINE 2. BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT

TWO BOARD MEMBERS INVESTED IN AN LLC WITH ACTIVITIES THAT ARE UNRELATED TO THE ZOO.

Name of the organization

NASHVILLE ZOO INC.

Employer identification number

62-1411210

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

FORM 990 IS EMAILED TO VOTING MEMBERS OF THE BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C

AN ANNUAL QUESTIONNAIRE IS GIVEN TO THE BOARD AND KEY EMPLOYEES. POTENTIAL CONFLICTS OF INTEREST, WITH ALL MATERIAL FACTS, ARE BROUGHT TO THE BOARD FOR DISCUSSION. IF APPROPRIATE, AN APPOINTED PERSON OR COMMITTEE WILL DETERMINE IF A BETTER PROPOSAL CAN BE ATTAINED THAT DOES NOT GIVE RISE TO A CONFLICT OF INTEREST. IF NOT, THE BOARD VOTES ON WHETHER THE ARRANGEMENT OR TRANSACTION IS IN THE ZOO'S BEST INTEREST AND IS FAIR AND REASONABLE.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

A COMPENSATION COMMITTEE IS ESTABLISHED BY THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE REVIEWS THE SALARIES OF COMPARABLE ZOO PERSONNEL AROUND THE UNITED STATES AND ESTABLISHES THE SALARIES OF THE EXECUTIVE DIRECTOR, OTHER OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

MADE AVAILABLE UPON REQUEST