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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

(except black lung benefit frust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A F	or the	2008 calendar	r year, o	r tax year beginning , 2008, and endir	ig			, 20
Вс	heck if ap	pplicable		C Name of organization	D Emple		ident	tification number
	ddress cl	hange	Please use IRS Tautphaus Park Zoological Society, Inc 82		82-04	2-0452111		
\Box	lame cha	inge	label or	Number and street (or P O box if mail is not delivered to street address) Room	m/suite	E Telephone	num	iber
i Ir	nitial returi	'n	print or type.					
Πī	erminatio	ın	See	PO Box 51794				
\equiv	mended i		Specific Instruc-	City or town, state or country, and ZIP + 4		F Group Exe	empti	on
==		n pending	bons	Idaho Falls, ID 83405		Number •		
			organiz	ations and 4947(a)(1) nonexempt charitable trusts must attach	G Acc	counting metho		X Cash Accrual
	•			npleted Schedule A (Form 990 or 990-EZ).		ner (specify)		<u></u>
				· · · · · · · · · · · · · · · · · · ·				rganization is not
ı v	Vebsite	e: ▶			rea	_		edule B (Form 990,
JC	J Organization type (check only one) - X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 9							•
				ion is not a section 509(a)(3) supporting organization and its gross receip				an \$25 000 A return
			-	nization chooses to file a return, be sure to file a complete return				
		•		ne 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 ins	tead of F	orm 990-F7	▶ \$	147,782
$\overline{}$	rt I			· · · · · · · · · · · · · · · · · · ·		he instructions		
Го	1			penses, and Changes in Net Assets or Fund Balances grants, and similar amounts received		1		82,018
	2			enue including government fees and contracts			 -	
_	3	=		nd assessments · · · · · · · · · · · · · · · · · · ·		3		65,764
0107 7	4	Investment in		nu assessments		4		
7				sale of assets other than inventory		- - - - - - - -	-	
20				·				
18					abadula)			
_R `e	ء ا	Gain or (loss		ale of assets the particle many (Subtract line 50 from line 5a) (attach s	Scriedule)) · · · 5	+	
_)e ⊃v e		c Gain or (loss) from sale of assets other han eventory (Subtract line 5b from line 5a) (attach schedule) Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$						
∌n	a				ļ			
ŭu e	_	reported on I						
			•	from the fundraising expenses (6) · · · · · · 6b			-	
	70	Cross sales	of vovos	from special events and activities (Subtract line 6b from line 6a) tory, less returns and activities (Subtract line 6b from line 6a)		6	-	
)	1	Less cost of						
ď								
	_			from sales of inventory (Subtract line 7b from line 7a) · · · · · · ·		7		
	8	Other revenu	•)		147,782
	9			lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		TM122 1		·
	10						1	76,764
Ε	11	Benefits paid to or for members						9,404
х р	12							22,235
e n	13							7,700
S	14					17,110		
e s	15	6 Other expenses (describe ▶)						17,110
	16							125 160
	17	Total expens	ses. Ad	or the year (Subtract line 17 from line 9)	• • • • •	▶ 1		135,168 12,614
Α	18					1	8	12,614
Ns es	19			alances at beginning of year (from line 27, column (A)) (must agree with		-		27 252
t e				eported on prior year's return) · · · · · · · · · · · · · · · · · · ·				37,353
S	20			at assets or fund balances (attach explanation)		<u> </u>		40.067
	21			alances at end of year Combine lines 18 through 20 · · · · · ·				49,967
Pa	rt II	Balance		ets. If Total assets on line 25, column (B) are \$2,500,000 or more, file	$\overline{}$		ım 99	
22	(See the instructions for Part II) (A) Beginning of y						160	(B) End of year
22				ments · · · · · · · · · · · · · · · · · · ·	<u> </u>	38,278	_	50,603
23		-			-		23	
24	Othe	r assets (desc	ribe 🕨			20.00	24	50 600
25					-	38,27		50,603
26		l habilities (de					5 26	636
27	net a	assets or fund	palanc	es (line 27 of column (B) must agree with line 21)	1	37,35	27 إد	49,967

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

age 2

					7 - 3-
Part III Statement of Program Service Acc	omplishments (See the	instructions for Part III)		Expenses
What is the organization's primary exempt purpose? Incre		(Required for 501(c)(3 and (4) organizations			
Describe what was achieved in carrying out the organization's			4947(a)(1) trusts,		
describe the services provided, the number of persons benef		onal for others)			
28 Assisted the City of I.F and the Zoo	fund exhibits which				
increased public awareness, knowledge					
wild animals and their habitat. (Speci					
	mount includes foreign grant	s check here · · · ·	▶ □	28a	76,764
29		,		-	, , , , , , , , , , , , , , , , , , , ,
•					
(Grants \$) If this ar	mount includes foreign grant	s shook horo		29a	
30	nount includes foreign grant	s, check here		254	

(0 - 1 - 0					
	mount includes foreign grant		••••	30a	
31 Other program services (attach schedule) · · · · · ·					
	nount includes foreign grant	s, check here · · · ·	· · · · > []	31a	
32 Total program service expenses (add lines 28a through				32	76,764
Part IV List of Officers, Directors, Trustees, and Key I		en if not compensated	(See the instruc	tions f	or Part IV)
(a) Name and address	(b) Title and average hours per week	(c) Compensation	(d) Contributions		(c) Expense
(a) Name and address	devoted to position	(If not pard, enter -0-)	employee benefit pla deferred compensa		account and other allowances
Eric Gravatt	President				
3830 Ross Idaho Falls ID, 83406	2		,	0	C
Misty Benjamin	Vice President				
910 S Highline Idaho Falls ID, 83401	1		,	0	C
Dan Kahl	Treasurer				
2716 Laguna Dr Idaho Falls ID, 83404	1	1	ļ	0	C
Ann Werner	Secretary				
5655 Solitude Ln Idaho Falls ID, 83401	1		d	0	c
			ļ		

		·			·····
		-			
		1			
			İ		
			_		
					
			 -		
	 				
		<u>L</u>	ļ		

Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		<u>X</u>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"		, ,	
	attach a conformed copy of the changes · · · · · · · · · · · · · · · · · · ·	34	1	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			3
	not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		.]	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,		, ,	ĺ
	and proxy tax requirements? • • • • • • • • • • • • • • • • • • •	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		_X_
	Enter amount of political expenditures, direct or indirect, as described in the instructions ••••• 37a			ڭ،
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	. 1		<u>#</u>
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			- 4. - 4.
39	501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	,		
	Gross receipts, included on line 9, for public use of club facilities			, ,
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			'
	section 4911 ▶, section 4912 ▶, section 4955 ▶			اـــا
D	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	405	.	.,
		40b		X
·	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
а	Enter amount of tax on line 40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·	.		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		^,	1
·	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed	400		
	The books are in care of ▶ Laurie Gravatt Telephone no ▶ 208-60	31-17	791	
	Located at ▶ PO Box 51794 Idaho Falls, ID ZIP+4 ▶ 8340			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No
	account)?	42b		X
	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	. 1		
	and Financial Accounts.			1
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · ▶ 43			
	·			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ • • • • • • • • • • • • • • • • • • •	44		_X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<u>X</u>
				2000

Form 990-EZ (2008)

Form 990-E	Z (2008) Tautphaus Park Zo	ological Society,	inc	82-0452	111	Page 4	
Part VI	Section 501(c)(3) organizations of and complete the tables for lines 50 and 51	nly. All section 501(c)(3) organizations mus	t answer questions 46-49		- ;	
46 Did th	ne organization engage in direct or indirect poli	tical campaign activities on	behalf of or in oppos	ition to	Ye	s No	
	dates for public office? If "Yes," complete Sch			• • • • • • • • • • • • • • • • • • • •	46	X	
	ne organization engage in lobbying activities?				47	X	
	organization operating a school as described				48	X	
	ne organization make any transfers to an exem			• • • • • • • • • • • • • • • • • • • •	49a	X	
b If "Ye	s," was the related organization(s) a section 52	27 organization? • • • •		• • • • • • • • • • • • • • • • • • • •	49b	X	
50 Comp	plete this table for the five highest compensate	d employees (other than of	ficers, directors, trust	ees and key employees) who			
each	received more than \$100,000 of compensation	from the organization If t	here is none, enter "I	None "			
(a)	Name and address of each employee paid more than \$100 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exper account a other allowa	and	
NONE							
							
	er of other employees paid over \$100,000						
•	plete this table for the five highest compensate pensation from the organization. If there are no	•	wno eacn received m	ore than \$100,000 or			
	(a) Name and address of each independent contractor paid	more than \$100,000	(b) Ty	pe of service (c) Compensati	on	
NONE							
						······	
					·	·	
Total numb	er of other independent contractors each recei	ving over \$100,000 • •	. •				
	Under penalties of perjury, I declare that I have example and belief, it is true, correct, and complete Declar						
Sign	X Esta			10-15-	10		
Here	Signature of officer			Date			
пете	Eric Gravatt, President						
	Type or print name and title	· · · · · · · · · · · · · · · · · · ·			·		
D	Preparer's			Check if Preparer's Ident	ifying No (See	e inst)	
Paid	signature Ron Duersch, CP	7471	6-112/16	employed P			
Preparer's	Firm's name (or yours	Services Inc		EIN		_	
Use Only	if self-employed), address, and ZIP + 4	s, ID 83404		Phone no > 208-529	1-5335		
May the IR:	S discuss this return with the preparer shown a			1 Helie He	X Yes	No	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

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 Employer identification number Tautphaus Park Zoological Society, Inc 82-0452111 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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) X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated b Type II Type III-Other 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(i) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iri) Provide the following information about the organizations the organization supports (vi) Is the (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (iii) Type of organization (vii) Amount of organization in col in col (i) listed in your the organization in col organization (described on lines 1-9) support (i) organized in the above or IRC section. governing document? (i) of your support? (see instructions)) Yes No Yes Nο Yes No

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)

<u>Sec</u>	tion A. Public Support						
Cale	ndar 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 any "unusual grants")	-	:				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-					
3	The value of services or facilities furnished by a governmental unit to the organization without charge	•					
4	Total. Add lines 1-3						ļ
5	The portion of total contributions by each		1				
	person (other than a governmental unit or		`				
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount	, ^	*275		* ,		
	shown on line 11, column (f)	• """	111111111111	7.	,		
6	Public support Subtract line 5 from line 4 • •		,				ļ
Sec	tion B. Total Support		-				
Cale	endar 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 · · ·	•	2 , - ,				
12	Gross receipts from related activities, etc. (see i	nstructions) · · ·				12	
13	First five years. If the Form 990 is for the organicheck this box and stop here	ızatıon's fırst, secon	d, third, fourth, c	or fifth tax year as	a section 501(c	:)(3) organization	· · · · · > [
Sec	tion C. Computation of Public Suppo	ort Percentage					
14	Public support percentage for 2008 (line 6, colu	mn (f) divided by lin	e 11, column (f))			14	%
15	Public support percentage from 2007 Schedule	A, Part IV-A, line 26	3f • • • • • •		• • • • • •	15	%
16a	33 1/3% support test - 2008. If the organization	did not check the bo	ox on line 13, an	d line 14 is 33 1/3	3% or more, che	ck this box	
	and stop here. The organization qualifies as a p	publicly supported or	rganization •				• • • • • □
b	33 1/3% support test - 2007. If the organization			a, and line 15 is	33 1/3% or more	, check this	
	box and stop here. The organization qualifies as						• • • • • □
17a	10%-facts-and-circumstances test - 2008. If the more, and if the organization meets the "facts-a	e organization did no ind-circumstances" t	ot check a box or test, check this b	ox and stop here	. Explain in Part	IV how the	
	organization meets the "facts-and-circumstance						• • • • • • •
þ	10%-facts-and-circumstances test - 2007. If the						
	more, and if the organization meets the "facts-a						
	organization meets the "facts-and-circumstance	s" test. The organiz	ation qualifies a	s a publicly supp	orted organizatio	n	• • • • • □
18	Private foundation. If the organization did not c	heck a box on line 1	13, 16a, 16b, 17a	a, or 17b, check t	his box and see	instructions	• • • • • □
	-						

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support						
Cale	endar 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 any "unusual grants")	95,844	126,984	20,699	112,879	119,796	476,202
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,723	1,793	2,264	23,612	27,986	60,378
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	100,567	128,777	22,963	136,491	147,782	536,580
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b · · · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6)	1	· · · · · ·	, , , , , ,	<u> </u>		536,580
	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	100,567	128,777	22,963	136,491	147,782	536,580
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	976	18		1,096		2,090
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · · ·	976	18		1,096		2,090
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		1,473	135			1,608
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						<u> </u>
13	Total support. (Add lines 9, 10c, 11, and 12)		4				540,278
14	First five years. If the Form 990 is for the organization check this box and stop here						· · · · · ▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2008 (line 8, column (13, column (f))			15	99.32 %
16	Public support percentage from 2007 Schedule A, F	· ·			ł	16	%
<u>Sec</u>	tion D. Computation of Investment Inco			mn (f)) • • •		17	0.39 %
18	Investment income percentage from 2007 Schedule	A, Part IV-A, line	27h · · · ·			18	%
19a	33 1/3% support tests - 2008. If the organization did				· ·	nd line 17 is	
b	not more than 33 1/3%, check this box and stop her 33 1/3% support tests - 2007. If the organization did	•	•		•	3 1/3%, and line	· · · · · ▶ 🗓
	is not more than 33 1/3%, check this box and stop h						▶ □
20	Private Foundation: If the organization did not chec	-	· ·		=		▶ 🗀

Federal Supporting Statements 2008 Name(s) as shown on return Statement #122 Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule Amount Relationship Funds paid for Exempt Org Purpose 76,689 Zoo ownership Activity Grantee City of Idaho Falls 308 Constitution Way Address Idaho Falls ID 83401 75 Activity Wild Child signs and plaques None Grantee Jim's Trophy Address 1st St Idaho Falls ID 83401 Total 76,764

Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3

	Beginning	
Description	of Year	End of Year
Payroll Liabilities	925	636
Total	925	636