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DLN: 93493137017100

Form **990** 

Department of the Treasury Internal Revenue Service

## **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)

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

2009

Open to Public

A Fo	r the	2009 cale	endar yea	r, or tax year beginning 01-0	1-2009 and ending 12-31-2009			<u> </u>
<b>B</b> Che	eck ıf a	pplicable	Please	C Name of organization NASHVILLE ZOO INC			D Employer	identification number
┌ Add	lress ch	urige	use IRS label or				62-1411	
┌ <sub>Nar</sub>	ne cha	nge I	print or	Doing Business As			E Telephone	number
┌ <sub>Init</sub>	ıal retu		type. See Specific	Number and street (or P.O. box	ıf maıl ıs not delivered to street address	s) Room/suite	(615) 83	3-1534
┌ <sub>Ter</sub>	mınate	ed 1	Instruc- tions.	3777 NOLENSVILLE ROAD	ii mail is not delivered to street dadres.	3) Room, suite	<b>G</b> Gross receip	ots \$ 12,437,648
_	ended			City or town, state or country, a	and ZIP + 4		ł	
_		n pending		NASHVILLE, TN 37211				
i yht	nication	r pending	- N					
				ne and address of principal o CHWARTZ	micer	<b>H(a)</b> Is the affilia	is a group ret	urn for ┌ Yes
				IOLENSVILLE ROAD		diiiid	100	, 165 p 160
			NASHV	'ILLE,TN 37211			ll affiliates incl	
т Та	x-exen	not status	<b>▼</b> 501(c)	(3) <b>◀</b> (insert no )	(1) or 527	_		st (see instructions)
					(1) (1) (1) (2)	H(c) Grou	up exemption	number <b>F</b>
	ebsite	e: F WWW	V NASHV:	ILLEZOO ORG				
				ion Trust Association Oth	er 🕨	<b>L</b> Year of fo	rmation 1990	<b>M</b> State of legal domicile TN
Pa	rt I							
	1			e organization's mission or n e of understanding and disco	nost significant activities Ivery of our natural world through	conservatio	n innovation	and leadership Integrate
		a compre	hensive e	ducational and interpretive o	component into every exhibit and			
Governance		awarenes	s and act	ion				
룓								
<u>ş</u>								
ဒီ	2	Check th	ıs box 🛏	- if the organization disconti	nued its operations or disposed o	of more than	25% of its ne	et assets
2 <b>6</b>	3	Number	of voting r	nembers of the governing bo	dy (Part VI, line 1a)			3 32
Activities &	4	Number	ofindepen	dent voting members of the	governing body (Part VI, line 1b)			431
₹	5	Total nun	nberofen	nployees (Part V , line 2a) .				5196
व	6	Total nun	nber of vo	lunteers (estimate if necess	ary)			61,985
	7a	Total gro	ss unrela	ted business revenue from P	art VIII, column (C), line 12 .			<b>7a</b>
	ь	Net unrel	lated busi	ness taxable income from Fo	orm 990-T, line 34			7b
						Prio	or Year	Current Year
а.	8	Contribi	utions and	d grants (Part VIII, line 1h)			3,151,066	3,786,151
Revenue	9	Program	nservice	revenue (Part VIII, line 2g)			2,888,059	3,521,308
e Per	10	Investm	nent incor	ne (Part VIII, column (A), lır	nes 3, 4, and 7d)		-251,490	-579,406
т.	11		-	art VIII, column (A), lines 5			1,152,388	1,140,083
	12			dd lines 8 through 11 (must	equal Part VIII, column (A), line		6,940,023	7,868,136
	13				umn (A), lines 1-3)		10,000	<u> </u>
	14				mn (A), line 4)			0
	15				fits (Part IX, column (A), lines 5	_		
Expenses		10)	,	, , ,	, , , , ,		4,048,501	4,050,255
क्	16a	Profess	ional fund	raising fees (Part IX, columr	n (A), line 11e)		17,128	0
ਡੋ	b	Total fund	draising exp	enses (Part IX, column (D), line 25	) <b>1</b> 83,632			
_	17	Othere	xpenses (	Part IX, column (A), lines 1:	la-11d, 11f-24f)		4,318,066	4,546,517
	18	Total ex	penses A	Add lines 13–17 (must equa	l Part IX, column (A), line 25)		8,393,695	8,620,165
	19	Revenue	e less exp	enses Subtract line 18 from	n line 12		-1,453,672	-752,029
Not Assets or Fund Balances							g of Current Tear	End of Year
Sets sess	20	Totalac	sets (Da	t X, line 16)		<b>T</b>	31,211,108	32,930,146
d B	21						11,217,245	· · · · ·
25 E	22			d balances Subtract line 21			19,993,863	<del>                                     </del>
Par	t III		ture Blo				23,333,000	22), 00)020
		_			ed this return, including accompanying s	schedules and s	tatements, and t	to the best of my knowledge
		and belief	, it is true,	correct, and complete Declaration	of preparer (other than officer) is based	on all informat	ion of which pre	parer has any knowledge
Sign	1	****	*			2010	0F 12	
Here		I III	ure of office	er		Date	-05-13	
		RICK S	SCHWART7	PRESIDENT/EXEC DIR				
			or print nam					
		Preparer's	<u> </u>			heck If	Preparer's ide	entifying number
Paid		signature		K Weatherly	Se	elf- npolyed 🕨 🔽	(see instruction	
	arer's	Firm's nam	ne (or yours	s <b>L</b> Frasier Dean & Howard PLLC		po., cu r   <b>v</b>	1	
Use (		ıf self-emp	oloyed),	P			EIN 🕨	
-	,	address, a	nd ZIP + 4	3310 West End Avenue Ste 55	oU		Phone no 🕨	
		<u> </u>		Nashville, TN 37203				
May t	he IR	S discuss	this retu	rn with the preparer shown al	oove? (see instructions)			Yes   No

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's 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.

2			rogram services during the ye		┌ Yes ┌ No
	If "Yes," describe these n	ew services on Schedi	ıle O		
3			significant changes in how it		┌ Yes ┌ No
	If "Yes," describe these c	hanges on Schedule O			
4	Section 501(c)(3) and 50	1(c)(4) organizations	each of the organization's thr and section 4947(a)(1) trust venue, if any, for each progra	s are required to report the ar	
4a	(Code	) (Expenses \$	7,741,508 including grants of \$	23,393 ) (Revenue \$	3,481,075 )
	NATURE AND THE PLIGHT OF PAID ATTRACTION IN MIDDLE HOUSEHOLDS WHICH REPRES CURRICULUM, OF WHICH OVI OUTREACH INITIATIVESDUR CONSERVATION INITIATIVES,	ENDANGERED SPECIES WI TENNESSEE AND MOVED U SENTS NEARLY 115,000 PEC ER 8,000 CAME FROM TITLI KING 2009 ALMOST 106,000 REGIONALLY, NATIONALLY	TH A ZOO WHERE IT MAINTAINS ANI TH A RECORD-BREAKING 615,086 V P TO THE TENTH MOST VISITED ATT PLE NEARLY 50,000 SCHOOL CHILD E I SCHOOLS WE OFFER CLOSE TO TOOK ADVANTAGE OF THOSE OPPO AND INTERNATIONALLY ALL OF THIS ND AN EDUCATIONAL RESOURCE FO	ISITORS IN 2009, NASHVILLE ZOO IS RACTION IN THE STATE MEMBERSH REN VISITED THE ZOO IN 2009 AS P 1,300 EDUCATIONAL PROGRAMS ON RTUNITIES ADDITIONALLY, NASHVIL COMBINED PUTS NASHVILLE ZOO O	S RANKED THE SECOND HIGHEST HIP TOTALS CLOSE TO 25,000 PART OF THEIR EDUCATION -SITE AND THROUGH OUR
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	=				
4d	Other program services	(Describe in Schedule	e O )		
	(Expenses \$	ıncludıng	g grants of \$	) (Revenue \$	)
4e	Total program service ex	cpenses►\$	7,741,508		

	•		
Part IV	Checklist	of Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
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	5		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F.	orm <b>990</b>	(2009)

•	· · ·
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		165	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
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		No
b	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? $\cdot$ .	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		No
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
^		8		N o
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		Νο
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	u		
	year   120	ı l		

3777 NOLENSVILLE ROAD NASHVILLE,TN 37211 (615) 833-1534

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

Sa	ction A. Governing Body and Management				
36	ction A. Governing body and Management			Yes	Na
				res	No
1a	Enter the number of voting members of the governing body 1a	32			
b	Enter the number of voting members that are independent 1b	31			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine other officer, director, trustee, or key employee?	ss relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performed by supervision of officers, directors or trustees, or key employees to a management compa		3		No
4	Did the organization make any significant changes to its organizational documents since		_		
_	filed?	- h / h - 2	4		No
5	Did the organization become aware during the year of a material diversion of the organiz		5		N o
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one governing body?		7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders,	or other persons?	7b		Νo
8	$\mbox{\rm Did}$ the organization contemporaneously document the meetings held or written actions year by the following	undertaken during the			
а	The governing body?		8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who	cannot be reached at the	9		No
	organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		NO
	ction B. Policies (This Section B requests information about policies not recvenue Code.)	uired by the Internal			
ICC	venue coue.)			Yes	No
10-	Describe augustantian have lead about on humania augustivatus 2		10a	165	No
	Does the organization have local chapters, branches, or affiliates?		104		NO
	If "Yes," does the organization have written policies and procedures governing the activ affiliates, and branches to ensure their operations are consistent with those of the organ	iization?	10b		Νο
11	Has the organization provided a copy of this Form 990 to all members of its governing b	ody before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form	990		100	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.		12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually inte to conflicts?	rests that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this is done	ne policy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?		13	Yes	
14	Does the organization have a written document retention and destruction policy?		14	Yes	
14 15	Did the process for determining compensation of the following persons include a review		14	res	
	independent persons, comparability data, and contemporaneous substantiation of the de				
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
b	Other officers or key employees of the organization		15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or s				
b	taxable entity during the year?		16a		Νο
	participation in joint venture arrangements under applicable federal tax law, and taken s organization's exempt status with respect to such arrangements?		16b		N o
Se	ction C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed►TN				
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 9	90, and 990-T (501(c)			
-	(3)s only) available for public inspection. Indicate how you make these available. Check Own website. Another's website. Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing d interest policy, and financial statements available to the public. See Additional Data Ta	•			
20	State the name, physical address, and telephone number of the person who possesses t		ie orda	nization	n <b>▶</b> -
	RICK SCHWARTZ	200 and records of th	0. ga		

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 i	not compen	ffice	r, dırector, trustee	or key employee						
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	m 990 (2009)			Page
1b	Total			13,82
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶2			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated e	mployee		
	on line 1a? If "Yes," complete Schedule J for such individual	. з		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	the 4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for ser rendered to the organization? If "Yes," complete Schedule J for such person		165	No
s	ection 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	ı		
	(A) (B) Name and business address Description of		(C Compe	
705	NKBEST INTERNATIONAL LLC SECOND AVE S HVILLE, TN 37210		•	130,440
716	TH ADJUSTMENTS S DICKERSON RD EARTH MOVING, HO DILETTSVILLE, TN 37072	PRTIC		114,152
2	Total number of independent contractors (including but not limited to those listed above) who received m	ore than		

Form **990** (2009)

\$100,000 in compensation from the organization >2

Form 9			6 D					Page <b>9</b>
Part \	<b>/111</b>	Statement of	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
## ## ## ## ## ## ## ## ## ## ## ## ##	1a	Federated cam	paigns 1a					
필드	ь	Membership du	es <b>1b</b>	1,706,861				
% G.€	c	Fundraising eve	ents <b>1c</b>	133,285				
Contributions, gifts, grants and other similar amounts	d	Related organiz	rations <b>1d</b>					
ī, M	e	Government grants	s (contributions) <b>1e</b>	309,920				
tion Sr. s	f	All other contribution	ons, gifts, grants, and <b>1f</b>	1,636,085		İ		j j
章美	g		butions included in					
돌								
	h	Total. Add lines	s 1a-1f	•	3,786,151			
<u> </u>				Business Code				
Program Serwce Revenue	2a	ZOO ADMISSIONS		900,099	3,353,683	3,353,683		
	Ь	EDUCATION PROGI	RAMS	611,600	167,625	167,625		
	c							
	d							
Ē	e							
Š	f	All other progra	am service revenue					
<u>*</u>	g	Total. Add lines	s 2a-2f		3,521,308			
	3	Investment inc	ome (including dividend	ds, interest				
			ar amounts)		270,228 0			270,228
	5		tment of tax-exempt bond p	proceeds F	0			
	3	Royalties	(ı) Real	(II) Personal	,			
	6a	Gross Rents	(I) Keal	(II) F elsolial				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)		0			
	<u> </u>	Net rental medi	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	3,587,228	10,280				
	ь	Less cost or other basis and sales expenses	4,432,729	14,413				
	c	Gain or (loss)	-845,501	-4,133				
	d 8a		s)		-849,634			-849,634
Other Revenue	Gu	of contributions						
ē	ь	less directer	penses b	133,285				
₹	С		(loss) from fundraising e		247,280	247,280		
	9a	Gross income f See Part IV , lin	rom gaming activities le 19					
	b c		penses <b>b</b> (loss) from gaming activ	/ities	0			
	10a	Gross sales of returns and allo						
	b	Less cost of g	oods sold <b>b</b>					
	с		loss) from sales of inve		0			
		Miscellaneous	s Revenue	Business Code				
	11a	VENDING			890,542			890,542
	b	OTHER			2,261			2,261
	c							<u> </u>
	d		ue					
	12		s 11a-11d See Instructions	▶	892,803			
		. o.a. ievellue.	CCCINSTIUCTIONS	•	7,868,136	3,768,588		313,397

7,868,136

Form	990 (2009)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			(D)	
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,955	5,955		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	17,438	17,438		
4	Benefits paid to or for members	0			_
5	Compensation of current officers, directors, trustees, and key employees	232,161	195,506	27,502	9,153
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			
7	Other salaries and wages	3,289,242	2,769,920	389,650	129,672
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	235,690	198,478	27,920	9,292
10	Payroll taxes	293,162	246,876	34,729	11,557
11	Fees for services (non-employees)				<u> </u>
а	Management	0			
ь	Legal	16,458		16,458	_
С	Accounting	15,000		15,000	
d	Lobbying	0			_
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	32,894		32,894	
12	Advertising and promotion	231,459	<u> </u>		
13	Office expenses	50,279			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	437,505	437,505		
17	Travel	10,066	,	10,066	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0		,	
19	Conferences, conventions, and meetings	0			
20	Interest	37,265	37,265		
21	Payments to affiliates	0	·		
22	Depreciation, depletion, and amortization	1,573,198	1,573,198		
23	Insurance	250,219			
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)				
а	MISCELLANEOUS	137,665	134,665	3,000	
b	EQUIPMENT RENTAL & MAINTENANCE	531,924	531,924		
С	BANK & INVESTMENT FEES	112,077		112,077	
d	ANIMAL COLLECTION	477,053	477,053		
е	ANIMAL CARE	346,329	346,329		
f	All other expenses	287,126	258,786	4,382	23,958
25	Total functional expenses. Add lines 1 through 24f	8,620,165	7,741,508	695,025	183,632
26	Joint costs. Check here ► ☐ 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				

Pa	rt X	Balance Sheet								
					(A) Beginning of year		<b>(B)</b> End of year			
	1	Cash—non-interest-bearing			5,075	1	5,075			
	2	Savings and temporary cash investments	•		148,555	2	372,382			
	3	Pledges and grants receivable, net			440,239	3	998,489			
	4	Accounts receivable, net			15,083	4	11,402			
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	es from current and former officers, directors, trustees, key employees, and mpensated employees Complete Part II of							
		Schedule L		5	0					
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		1 4958(f)(1)) and						
		Schedule L				6	0			
ssets	7	Notes and loans receivable, net				7	0			
8	8	Inventories for sale or use				8	0			
⋖	9	Prepaid expenses and deferred charges			265,470	9	226,080			
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	29,109,733						
	ь	Less accumulated depreciation	10b	9,183,981	19,373,323	10c	19,925,752			
	11	Investments—publicly traded securities	9,417,452	11	11,168,145					
	12	Investments—other securities See Part IV, line 11		12	0					
	13	Investments—program-related See Part IV, line 11		13	0					
	14	Intangible assets		14	0					
	15	Other assets See Part IV, line 11	1,545,911	15	222,821					
	16	Total assets. Add lines 1 through 15 (must equal line 34)			31,211,108	16	32,930,146			
	17	Accounts payable and accrued expenses .	338,394	17	353,275					
	18	Grants payable				18				
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities				20				
<u>ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
ä		persons Complete Part II of Schedule L		•	5,961,158	22	6,161,158			
	23	Secured mortgages and notes payable to unrelated third parties	2,035,000	23	1,770,000					
	24	Unsecured notes and loans payable to unrelated third parties		24						
	25	Other liabilities Complete Part X of Schedule D			2,882,693	25	2,882,693			
	26	Total liabilities. Add lines 17 through 25		11,217,245	26	11,167,126				
ري دان		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e l	ines 27						
ž		through 29, and lines 33 and 34.			6,332,522	27	7,458,580			
<u>ರ</u>	27		restricted net assets							
<u> </u>	28	Temporarily restricted net assets	1,220,666		1,852,527					
Fund Balances	29	Permanently restricted net assets	ا اس		12,440,675	29	12,451,913			
FI		Organizations that do not follow SFAS 117, check here ► ar lines 30 through 34.	ia com	ipiete						
or.	30	Capital stock or trust principal, or current funds				30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31				
455	32	Retained earnings, endowment, accumulated income, or other fu		·		32				
Net #	33	Total net assets or fund balances			19,993,863	33	21,763,020			
ž	34	Total liabilities and net assets/fund balances			31,211,108		32,930,146			
ı ——		i otal napinties and het assets/land palances	J1,211,100	34	JZ,JJU, 140					

## Part XI Financial Statements and Reporting

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

Form **990** (2009)

## OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

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

Inspection **Employer identification number** 

NASHVILLE ZOO INC 62-1411210 Reason for Public Charity Status (All organizations must complete this part.) See instructions

he d	organı	zation is not a private foundation because it is  (For lines 1 through 11, check only one box )								
1	$\Gamma$	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).								
2	$\Gamma$	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )								
3	$\sqcap$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state								
5	Γ	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	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Ė	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 <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )								
9	✓	An organization that normally receives (1) more than 331/3% 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 331/3% 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 )								
0	Γ	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).								
1	Γ	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  a Type I b Type II c Type III - Functionally integrated d Type III - Other								
e	Γ	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 it 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)								

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e ion in ted in erning	(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

and (III) below, the governing body of the the supported organization?

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

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

11g(i)

11g(ii)

11g(iii)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b>_</b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10,192,990	7,508,618	3,014,907	3,210,066	3,786,151	27,712,732
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	2,590,292	2,927,800	3,378,902	3,328,225	3,890,958	16,116,177
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	<b>Total.</b> Add lines 1 through 5	12,783,282	10,436,418	6,393,809	6,538,291	7,677,109	43,828,909
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	5,655,702	436,822	235,750	310,906	265,855	6,905,035
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						(
С	Add lines 7a and 7b	5,655,702	436,822	235,750	310,906	265,855	6,905,035
8	Public Support (Subtract line 7c from line 6 )						36,923,874
Se	ction B. Total Support	•	•	•		•	
	ndar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)						
9	A mounts from line 6	12,783,282	10,436,418	6,393,809	6,538,291	7,677,109	43,828,909
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	230,150	594,090	802,147	319,785	270,228	2,216,400
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						(
c	Add lines 10a and 10b	230,150	594,090	802,147	319,785	270,228	2,216,400
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						(
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	449,840	771,933	880,783	919,455	892,803	3,914,814
13	Total support (Add lines 9, 10c, 11 and 12)						49,960,123
14	First Five Years If the Form 990 is f check this box and stop here	or the organizatio	n's first, second,	third, fourth, or f	ifth tax year as a	501(c)(3) organi	zation, ▶┌
Se	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column (f	) divided by line 1	L3 column (f))		15	73 910 %
16	Public support percentage from 200	8 Schedule A, Pa	rt III, line 15			16	72 440 %

15	73 910 %
16	72 440 %

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

Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2008 Schedule A, Part III, line 17

17 4 440 % 18 4 110 %

19a 33 1/3% support tests—2009. 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 

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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.** 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

Schedule A (Form 990 or 990-EZ) 2009

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As Filed Data

DLN: 93493137017100

OMB No 1545-0047

Open to Public Inspection

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

**Supplemental Financial Statements** 

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** NASHVILLE ZOO INC 62-1411210 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **-**\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_

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

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

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.

- 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
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Cat No 52283D

Schedule D (Form 990) 2009

ar	<b>Titl</b> Organizations Maintaining Co	<u>llections of Art</u>	<u>, Hist</u>	torica	<u>al Trea</u>	asures, or	Oth 6	er Similar	ASSE	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follov	wing tha	t are a signifi	cant	use of its co	llectio	n	
а	Public exhibition		d	Γι	oan or	exchange pro	gram:	s			
b	Scholarly research		e	$\Gamma$	Other						
c	Preservation for future generations										
1	Provide a description of the organization's content XIV	ollections and expla	ın how	they 1	further t	he organizatio	on's e	xempt purp	ose in		
5	During the year, did the organization solicite assets to be sold to raise funds rather than			,				mılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						ed "`	Yes" to For	m 990	),	
	Part IV, line 9, or reported an ar		•								
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ns or other as	sets	not	Γ	Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the 1	followi	ıng tab	le			1			
							<u> </u>		A mou	ınt	
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
la	Did the organization include an amount on F	orm 990, Part X, line	21?						Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\										
Рa	rt V Endowment Funds. Complete									\F \/	
_	Paganning of woor holongs	(a)Current Year 9,467,883	(D	Prior Y <u>(</u>	ear 110,209	(c)Two Years Ba	ack (	a) inree years	васк (е	)Four Ye	ears Back
a L	Beginning of year balance	11,238		15,	45,200		_				
b	Contributions	1,933,365		-30	962,429		-				
c d	Grants or scholarships	1,333,303			,02,123		-				
u e	Other expenditures for facilities										
	and programs										
f	Administrative expenses	-24,132			-25,097						
g	End of year balance	11,388,354		9,4	167,883						
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
а	Board designated or quasi-endowment 🕨	100 000 % %									
ь	Permanent endowment 🕨 %	ı									
С	Term endowment ► %										
Ba	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat are	e held a	nd admınıster	ed fo	r the			
	organization by									Yes	No
	(i) unrelated organizations			•					3a(i)		No_
h	(ii) related organizations If "Yes" to 3a(ii), are the related organization						•		3a(ii) 3b	<u>                                     </u>	No No
	Describe in Part XIV the intended uses of th								30		
	t VI Investments—Land, Building					. Part X. line	e 10.				
	Description of investment			(a) C	ost or oth investme	er (b)Cost or	other	(c) Accumu depreciat		( <b>d</b> ) Boo	ok value
.a	Land					5:	30,000	)			530,000
	Buildings		.				00,864		55,391	19	,135,473
	Leasehold improvements		.				,	1	· -		, , , , ,
	Equipment		.			1,2	78,869	1,0:	18,590		260,279
e	Other		.								
_			•								

19,925,752

Part VII Investments—Other Securities. See  (a) Description of security or category		2. (c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(2)	(2) 20011 14140	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descrip	ition	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	

Pali	Reconcination of change in Net Assets from Form 990 to Financial Statemen	112	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,868,136
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,620,165
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-752,029
4	Net unrealized gains (losses) on investments	4	2,521,186
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,521,186
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,769,157
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	10,522,040
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 6,215		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 122,370		
e	Add lines <b>2a</b> through <b>2d</b>	2e	2,649,771
3	Subtract line <b>2e</b> from line <b>1</b>	3	7,872,269
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	-4,133
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,868,136
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	8,752,883
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	128,585
3	Subtract line <b>2e</b> from line <b>1</b>	3	8,624,298
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-4,133
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	8,620,165
	t YIV Supplemental Information		1 3,520

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

Ident if ier	Return Reference	Explanation				
,	Part XIII, Line 2d Other expenses and losses per audited F/S	SPECIAL EVENTS COSTS \$122370				
,	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	SPECIAL EVENTS COSTS \$122370				
•	Part V, Line 4 Intended uses of the endowment fund	THESE FUNDS ARE INTENDED TO BE USED FOR OPERATIONAL EXPENSES AND CAPITAL IMPROVEMENTS AT THE ZOO FACILITIES				

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As Filed Data -

DLN: 93493137017100

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Totals.

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

	ne of the organization					Employer ide	ntification number		
IAS	SHVILLE ZOO INC					62-1411210	)		
Pā	General Infor "Yes" to Form 9			de the United States	. Complete	ıf the organ	nization answered		
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?									
For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States							e the		
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional 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)	ıs a progra describe spe	y listed in (d) im service, ecific type of ) in region	<b>(f)</b> Total expenditures for region		
50 L	JTH AMERICA	0	0	GRANTS	TO SUPPOR' SPECIES OF		5,000		
AS	T ASIA & THE PACIFIC	0	0	GRANTS	SUPPORT CI CONSERVAI		12,438		

17,438

Part II	Part IV,	line 15, for ar		<b>nizations or Entiti</b> ceived more than \$5, I space is needed.					
	Name of nization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA & THE PACIFIC	CIVIT CONSERVATION	12,000	WIRE TRANSFER			FMV
-									
tax	-exempt b	y the IRS, or	for which the grant	sted above that are ee or counsel has pr	ovided a section 50	1(c)(3) equivalency	letter	· <b>*</b>	
3 Ent	er total nu	mber of other	organizations or e	ntities					1 F (Farm 000) 2000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Cor	iplete this part to	provide the information required	ın Part I, line 2, and any addıtıonal information.
Ide	entifier	ReturnReference	Explanation
Grantmaker's De Grants are Used	scription of How in Foreign Country		THE PRESIDENT OF THE ZOO MONITORS USE OF THE GRANT FUNDS BY 1 REVIEWING THE ORGANIZATION'S NEWSLETTER,2 COMMUNICATION WITH THE ORGANIZATION

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As Filed Data -

DLN: 93493137017100

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No. 1545-0047

2009

Open to Public Inspection

Ν	а	m	e	0	f	t	h	e	10	g.	а	nı	z	a١	tı	(
N	Δ	5	н	٧/	т	ı	ı	F	7	· ^	1	`	ΤI	N	$\overline{}$	•

(Form 990 or 990-EZ)

**SCHEDULE G** 

Department of the Treasury

Internal Revenue Service

	ne of the organization SHVILLE ZOO INC							Employer ider	ntification number
								62-1411210	
Pa	<b>Fundraising Ac</b> Form 990-EZ filer						to Forn	n 990, Part IV	, line 17.
L	Indicate whether the orgai	nızatıon raısed fund:	through a	any of th	e follo	wing activities Ch	eck all t	hat apply	
а	Mail solicitations			e	· [	Solicitation of no	n-goverr	nment grants	
ь	✓ Internet and e-mail so	licitations		f	<u> </u>	Solicitation of go	vernmen	t grants	
c	Phone solicitations			g	, F	Special fundraisir	ng event	S	
d	✓ In-person solicitations	5							
2a	Did the organization have or key employees listed in			-		-		•	Γ <sub>Yes</sub> Γ <sub>No</sub>
b	If "Yes," list the ten highes to be compensated at leas	•		•					
	(i) Name of individual or entity (fundraiser)	(iii) fundrais custo contr contribu	er have dy or ol of	(iv	r) Gross receipts from activity	(or r	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
			Yes	No					

or entity (fundraiser)	(II) Activity	contr		from activity	fundraiser listed in col (i)	organization
		Yes	No			
Total			<b>&gt;</b>			
					•	

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	:ed		
			(a) Event #1  GHOULS @  GRASSMERE  (event type)	(b) Event #2  ZOO RUN (event type)	(c) O ther Events  7 (total number)	(d) Tot (Add col				
ΨE	1	Gross receipts	201,775	57,823	243,337		50:	2,935		
Reveilue	2	Less Charitable contributions	74,325	17,000	41,960		13:	3,285		
	3	Gross income (line 1 minus line 2)	127,450	40,823	201,377		369	9,650		
	4	Cash prizes								
မွာ	5	Non-cash prizes								
Expenses	6	Rent/facility costs								
Š Š	7	Food and beverages								
Direct	8	Entertainment								
ā	9	Other direct expenses .	48,102	11,487	62,781		12:	2,370		
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)			12:	2,370		
	11	Net income summary Combine lir	nes 3, column d, and line	10			24	7,280		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	1		
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co				
<u> </u>	1	Gross revenue								
see	2	Cash prizes								
penses	3	Non-cash prizes								
Direct Ex	4	Rent/facility costs								
짇	5	Other direct expenses								
	6	Volunteer labor	∀es%     No	Г Yes	Г Yes					
		Direct expense summary Add lines								
		Net gaining income summary com	bille lilles 1, coluilli u, al	nu lille /			Yes	No		
9 a		er the state(s) in which the organiza he organization licensed to operate				· 9a				
b	If"N	No," Explain								
10a b										
11 12	Is t	s the organization operate gaming a he organization a grantor, beneficial	ry or trustee of a trust or			11				

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
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			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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Schedule I

(Form 990)

DLN: 93493137017100

OMB No 1545-0047

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service

Open to Public **Inspection** Employer identification number

Name of the organization						Employer identifica	ition number	
NASHVILLE ZOO INC						62-1411210		
Part I General Infor	mation on Grants	and Assistance				•		
<ul><li>Does the organization m the selection criteria use</li><li>Describe in Part IV the organization</li></ul>	ed to award the grants	or assistance?			· -	•	✓ Yes	
Form 990, Part	IV, line 21 for any	o Governments and recipient that receive (0) if additional space	d more than \$5,000	. Check this box if no	o one recipient receiv	ed more than \$5,00	0. Use	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , ,	(h) Purpose of grant or assistance	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		THE ZOO ENSURES GRANTS LESS THAN \$450 ARE MADE TO ORGANIZATION WITH MISSIONS SIMILAR TO THAT OF THE ZOO, HOWEVER, THE USE OF THE FUNDS IS NOT MONITORED THE ONE LARGE GRANT GREATER THAN \$450 WAS TO HELP BUILD AN ELEPHANT SANCTUARY AND THE PRESIDENT OF THE ZOO CONSTANTLY RECEIVES EMAIL UPDATES REGARDING THE SPENDING OF THE GRANT FUNDS

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DLN: 93493137017100

OMB No 1545-0047

Open to Public Inspection

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization NASHVILLE ZOO INC

**Employer identification number** 

62-1411210

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to i					
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the					
	▼ Compensation committee	ᅜ	Written employment contract			
	Independent compensation consultant	ᅜ	Compensation survey or study			
	Form 990 of other organizations	ত	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
ь	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νο
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of	,	, ,	7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	n Regs s	section 53 4958-4(a)(3)? If "Yes," describe			l
				8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		No

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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

( <b>A)</b> Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
RICK SCHWARTZ	(1) (11)	225,000		7,161		10,953	243,114	

#### 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

if ie	er Return Reference	Explanation
if ie	Reference	Explanat ion

Schedule J (Form 990) 2009

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DLN: 93493137017100

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Transactions with Interested Persons

Open to Public <u>Inspection</u>

_	<u> </u>	
	Name of the organization	Emplo
	NASHVILLE ZOO INC	
		63 44

ver identification number

62-1411210

Part I	<b>Excess Benefit Transactions</b> (section $501(c)(3)$ and section $501(c)(4)$ organizations only).	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line	40b

(a) Name of disqualified person (b) Description of transaction

(c) Corrected? Yes No

	section 4958	\$ 
3	Enter the amount of tax, If any, on line 2, above, reimbursed by the organization	\$ 

#### Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	or fro	oan to om the zation?	(c)O riginal principal amount	( <b>d)</b> Balance due	( <b>e)</b> I defau		(f) Approv by boar committ	d or	<b>(g)</b> Writ	
	То	From			Yes	No	Yes	No	Yes	No
RICK SCHWARTZ										
PURCHASE OF ANIMALS	X		450,000	200,000		Νo	Yes		Yes	
FARZIN FERDOWSI										
SEE SCH O-JOELTN ZOO	Х		4,992,107	7,196,806	Yes			Νo	Yes	
FARZIN FERDOWSI										
SEE SCH O-WRKING CAP	Х		551,791	832,461	Yes			Νo		Νo
FARZIN FERDOWSI SEE SCH O-WRKING CAP	Х		417,259	814,584	Yes			Νο		Νο

9,043,851

Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Part IV	Busine	SS	Γransacti:	ons 1	[nvolvir	ıg Ir	ntere	ested	Person	s.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(e) Sharing of (b) Relationship between interested (c) A mount of organization's (a) Name of interested person (d) Description of transaction person and the revenues? transaction organization No JOE FREEDMAN **BOARD MEMBER** 92,471 PURCH TENT, PARTY Νo RENTALS RICK SCHWARTZ **PRESIDENT** 450,000 PURCHASE ANIMALS FOR Νo Z0 0

**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NASHVILLE ZOO INC

Employer identification number
62-1411210

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	MADE AVAILABLE UPON REQUEST
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	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 IN ADDITION, THEY EVALUATE THE PERSON'S KEY ACHIEVEMENTS, GOALS AND HOURS WORKED WHEN DETERMINING SALARY INCREASES
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	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 11	Form 990, Part VI, Line 11 Form 990 Review Process	FORM 990 IS EMAILED TO VOTING MEMBERS OF THE BOARD FOR REVIEW PRIOR TO FILING
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	TWO BOARD MEMBERS INVESTED IN AN LLC WITH ACTIVITIES THAT ARE UNRELATED TO THE ZOO

## Software ID: Software Version:

**EIN:** 62-1411210

Name: NASHVILLE ZOO INC

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

(B)									Compensated Employees, and Independent Contractors										
A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other										
per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations										
25	X						0	0	0										
2.5	.,						0	0	0										
25	Х						0	0	0										
75	X						0	0	0										
25	Χ						0	0	0										
10	×						0	0	0										
75	X						0	0	0										
65 00			Х				232,161	0	10,953										
3 00	X		Х				0	0	0										
10	×						0	0	0										
2.5	V						0	0	0										
25	Х						U	U	U										
50	X						0	0	0										
25	X						0	0	0										
25	X						0	0	0										
2 00	X						0	0	0										
1 00	Х						0	0	0										
25	X						0	0	0										
10	X						0	0	0										
75	X						0	0	0										
25	Х		Х				0	0	0										
10	Х						0	0	0										
25	X						0	0	0										
1 00	X						0	0	0										
25	X						0	0	0										
25	X						0	0	0										
25	X						0	0	0										
	hours per week  25 25 25 75 25 10 75 65 00 3 00 10 25 50 25 20 1 00 25 1 00 25 1 00 25 1 00 25 25 25 2 00 25 25 25 2 00 25 25 25 2 00 25 25 25 25 25 25 25 25 25 25 25 25 25	hours per week	hours per week	hours per week	hours per week	hours per week	Nours   Per   Week	Nours   Per   Week   Per   P	Nours										

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
FRANK MC GREW Director	50	Х						0	0	0	
ELIZABETH WASHKO Secretary	3 00	Х		X				0	0	0	
DAREK BELL Director	10	X						0	0	0	
CHRIS RAYBECK Director	10	Х						0	0	0	
CAMMY PRICE Director	25	Х						0	0	0	
BRAD BLEVINS Director	50	X						0	0	0	
BOB GORDON Director	25	X						0	0	0	
BOB CROSBY Director	25	X						0	0	0	
BETH MURDOCK ADMIN DIRECTOR	40 00					×		101,495	0	2,873	
BARBARA FRITCH Director	25	X						0	0	0	
ARTHUR LAFFER Director	10	X						0	0	0	
ABBY TROTTER Director	7 5	X						0	0	0	

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MISCELLANEOUS	137,665	134,665	3,000	
EQUIPMENT RENTAL & MAINTENANCE	531,924	531,924		
BANK & INVESTMENT FEES	112,077		112,077	
ANIMAL COLLECTION	477,053	477,053		
ANIMAL CARE	346,329	346,329		