

**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.

**A For the 2008 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type.  
**C Name of organization**  
**THE ELEPHANT SANCTUARY IN TENNESSEE**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 393**  
 City or town, state or country, and ZIP + 4  
**HOHENWALD, TN 38462**

**D Employer identification number**  
**62-1587327**

**E Telephone number**  
**931-796-6500**

**G Gross receipts \$** **5,626,824.**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list. (see instructions)

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

**J Website:** ▶ **WWW.ELEPHANTS.COM**

**K Type of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1995** **M State of legal domicile:** **TN**

**F Name and address of principal officer:**

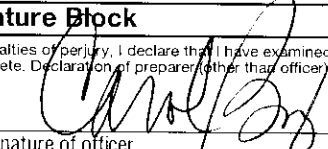
**H(c) Group exemption number** ▶

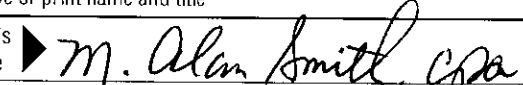
**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>PROVIDES NATURAL HABITAT, FOOD, SHELTER, AND MEDICAL CARE FOR SICK AND NEEDY CAPTIVE ELEPHANTS</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	5 Total number of employees (Part V, line 2a)	<b>5</b>	<b>32</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>47</b>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>
b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>5,116,018.</b>	<b>Current Year</b> <b>5,315,005.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>81,043.</b>	<b>25,208.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>99,769.</b>	<b>198,150.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>97,943.</b>	<b>20,489.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,394,773.</b>	<b>5,558,852.</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>421,362.</b>	<b>498,170.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>88,353.</b>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>1,596,747.</b>	<b>1,603,229.</b>	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,018,109.</b>	<b>2,101,399.</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>3,376,664.</b>	<b>3,457,453.</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	<b>Beginning of Year</b> <b>14,869,279.</b>	<b>End of Year</b> <b>18,133,927.</b>
	21 Total liabilities (Part X, line 26)	<b>281,547.</b>	<b>88,742.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>14,587,732.</b>	<b>18,045,185.</b>

**Part II Signature Block**

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

**Sign Here** ▶  Date **Oct 1, 2009**  
 Signature of officer **CAROL BUCKLEY** **CEO**  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature ▶  Date **9/23/09** Check if self-employed  Preparer's identifying number (see instructions)  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **LEWIS, SMITH & ASSOCIATES, P.C.**  
**2206 21ST AVENUE SOUTH, STE #302**  
**NASHVILLE, TN 37212**  
 EIN ▶ Phone no. ▶ **(615) 726-3190**

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number	
	<b>THE ELEPHANT SANCTUARY IN TENNESSEE</b>	<b>62-1587327</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 393</b>	For IRS use only	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HOHENWALD, TN 38462</b>		

Check type of return to be filed (File a separate application for each return):

- Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**CAROL BUCKLEY**

• The books are in the care of **PO BOX 393, HOHENWALD, TN - 38462**  
 Telephone No. **931-796-6500**      FAX No. **931-796-4810**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009.**
- 5 For calendar year **2008**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO ASSEMBLE AND COMPILE ALL THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature       Title       Date

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
TO PROVIDE FOOD, SHELTER AND MEDICAL TREATMENT TO SICK AND NEEDY CAPTIVE ELEPHANTS RETIRED FROM ZOOS AND CIRCUSES IN A NATURAL HABITAT ENVIRONMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,545,159. including grants of \$ ) (Revenue \$ )
THE ORGANIZATION PROVIDES CARE AND SHELTER FOR SICK AND NEEDY, CAPTIVE ELEPHANTS, AS WELL AS PROVIDING EDUCATIONAL PROGRAMS AND MATERIALS FOR THE PUBLIC. THERE WERE A TOTAL 18 ELEPHANTS INHABITING THE FACILITIES DURING THE YEAR.

4b (Code: ) (Expenses \$ 236,823. including grants of \$ ) (Revenue \$ )
THE ORGANIZATION PROVIDES EDUCATIONAL OPPORTUNITIES FOR THE PUBLIC RELATING TO ELEPHANT CARE AND HABITAT, INCLUDING MATERIALS AND PROGRAMS.

4c (Code: ) (Expenses \$ 66,585. including grants of \$ ) (Revenue \$ )
THE ORGANIZATION FACILITATES NONINVASIVE RESEARCH, PORGRESSIVE MANAGEMENT AND CARE TECHNIQUES FOR ELEPHANTS AND SHARES THAT KNOWLEDGE WITH OTHERS WITH COMPATIBLE INTERESTS, INCLUDING THE GENERAL PUBLIC.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1,848,567. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	6		
1b	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?		X
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
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?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>	12b	

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

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **TN**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CAROL BUCKLEY - 931-796-6500**  
**PO BOX 393, HOHENWALD, TN 38462**





Part VIII		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5315005.				
	g	Noncash contributions included in lines 1a-1f: \$		55,596.				
	h	<b>Total.</b> Add lines 1a-1f		5,315,005.				
Program Service Revenue	2 a	EDUCATION REVENUE	Business Code 611710	25,208.			25,208.	
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		25,208.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		198,150.			198,150.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a	124,360.					
	b	Less: cost of goods sold	b	67,972.				
	c	Net income or (loss) from sales of inventory		56,388.	56,388.			
Miscellaneous Revenue		Business Code						
11 a	GAIN ON INVESTMETN	900001	1,943.			1,943.		
b	LOSS ON EQUITY IN HIGH	900099	<37,842.>			<37,842.>		
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		<35,899.>					
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		5,558,852.	56,388.	0.	187,459.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	71,081.	49,756.	12,084.	9,241.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	353,017.	230,145.	84,789.	38,083.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	37,888.	24,598.	11,506.	1,784.
10 Payroll taxes	36,184.	23,908.	8,243.	4,033.
11 Fees for services (non-employees):				
a Management				
b Legal	3,376.	3,038.	169.	169.
c Accounting	25,551.	11,498.	8,943.	5,110.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	22,775.	14,198.	6,862.	1,715.
12 Advertising and promotion				
13 Office expenses	8,655.	7,357.	866.	432.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	257.	257.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	568,933.	563,961.	4,475.	497.
23 Insurance	55,995.	49,147.	6,012.	836.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>FEED &amp; SUPPLEMENTS</b>	254,535.	254,535.		
b <b>REPAIRS AND MAINTENANCE</b>	133,990.	133,990.		
c <b>EDUCATION MATERIALS</b>	98,540.	92,813.		5,727.
d <b>POSTAGE AND DELIVERY</b>	91,108.	77,442.	9,111.	4,555.
e <b>UTILITIES</b>	69,685.	59,232.	6,969.	3,484.
f All other expenses	269,829.	252,692.	4,450.	12,687.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,101,399.	1,848,567.	164,479.	88,353.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing .....		1
	2	Savings and temporary cash investments .....	3,725,465.	2 6,696,265.
	3	Pledges and grants receivable, net .....	734,652.	3 324,379.
	4	Accounts receivable, net .....	600.	4 600.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6
	7	Notes and loans receivable, net .....		7
	8	Inventories for sale or use .....	47,316.	8 46,334.
	9	Prepaid expenses and deferred charges .....	16,325.	9 17,480.
	10a	Land, buildings, and equipment: cost basis .....	10a 11,230,377.	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 2,611,870.	10c 8,618,507.
	11	Investments - publicly traded securities .....	607,658.	11 515,829.
	12	Investments - other securities. See Part IV, line 11 .....		12
	13	Investments - program-related. See Part IV, line 11 .....		13
	14	Intangible assets .....		14
	15	Other assets. See Part IV, line 11 .....	1,404,438.	15 1,914,533.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	14,869,279.	16 18,133,927.	
Liabilities	17	Accounts payable and accrued expenses .....	281,547.	17 71,904.
	18	Grants payable .....		18
	19	Deferred revenue .....		19
	20	Tax-exempt bond liabilities .....		20
	21	Escrow account liability. Complete Part IV of Schedule D .....		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22
	23	Secured mortgages and notes payable to unrelated third parties .....		23
	24	Unsecured notes and loans payable .....		24
	25	Other liabilities. Complete Part X of Schedule D .....	0.	25 16,838.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	281,547.	26 88,742.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets .....	13,400,549.	27 16,580,626.
	28	Temporarily restricted net assets .....	1,187,183.	28 624,942.
	29	Permanently restricted net assets .....		29 839,617.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds .....		30
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31
	32	Retained earnings, endowment, accumulated income, or other funds .....		32
	33	<b>Total net assets or fund balances</b> .....	14,587,732.	33 18,045,185.
	34	<b>Total liabilities and net assets/fund balances</b> .....	14,869,279.	34 18,133,927.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b	Were the organization's financial statements audited by an independent accountant? .....	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
b	If "Yes," did the organization undergo the required audit or audits? .....		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization **THE ELEPHANT SANCTUARY IN TENNESSEE** Employer identification number **62-1587327**

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the 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.  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that 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?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>		
- h Provide the following information about the organizations the organization supports.

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5151175.	3088697.	3917753.	5197061.	5259408.	22614094.
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	5151175.	3088697.	3917753.	5197061.	5259408.	22614094.
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)						1573120.
6 Public Support. Subtract line 5 from line 4						21040974.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5151175.	3088697.	3917753.	5197061.	5259408.	22614094.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,862.	38,718.	85,803.	139,522.	198,150.	474,055.
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.)	2,073.	17,853.	3,677.	58,329.	1,943.	83,875.
11 Total support. Add lines 7 through 10						23172024.
12 Gross receipts from related activities, etc. (see instructions)					12	841,827.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	90.80	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	92.06	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....						

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

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>		%

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

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

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or 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 .....

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

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

Employer identification number

**THE ELEPHANT SANCTUARY IN TENNESSEE**

**62-1587327**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization <b>THE ELEPHANT SANCTUARY IN TENNESSEE</b>	Employer identification number <b>62-1587327</b>
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF GEORGE L. CONNER  6333 GENOA ROAD  TRACYS LANDING, MD 20779	\$ <u>1,112,513.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization **THE ELEPHANT SANCTUARY IN TENNESSEE** Employer identification number **62-1587327**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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, violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	2,074,528.			2,074,528.
b Buildings	5,187,390.		1,479,886.	3,707,504.
c Leasehold improvements				
d Equipment	453,390.		129,288.	324,102.
e Other	3,515,069.		1,002,696.	2,512,373.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				8,618,507.



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	5,558,852.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,101,399.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3,457,453.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	3,457,453.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	5,664,666.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d 105,814.
e	Add lines 2a through 2d	2e 105,814.
3	Subtract line 2e from line 1	3 5,558,852.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c 0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5 5,558,852.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	2,207,213.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d 105,814.
e	Add lines 2a through 2d	2e 105,814.
3	Subtract line 2e from line 1	3 2,101,399.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c 0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5 2,101,399.

**Part XIV Supplemental Information**

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

**SCHEDULE D, PART XII, 2D AND PART XIII, 2D:**

LOSS ON EQUITY IN HIGHLAND LAKE PROPERTIES, INC.	37,842
COST OF MERCHANDISE SOLD NETTED IN INCOME	67,972
<b>TOTAL</b>	<b>105,814</b>

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

**2008**  
Open to Public  
Inspection

▶ Attach to Form 990.

Name of the organization **THE ELEPHANT SANCTUARY IN TENNESSEE** Employer identification number **62-1587327**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	213	55,596	REPLACEMENT COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**THE ELEPHANT SANCTUARY IN TENNESSEE**

Employer identification number

**62-1587327**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**RETIRED FROM ZOOS AND CIRCUSES; FACILITATES NONINVASIVE RESEARCH,  
PROGRESSIVE MANAGEMENT AND CARE TECHNIQUES; KNOWLEDGE IS SHARED WITH  
OTHERS WITH COMPATIBLE INTERESTS, INCLUDING THE GENERAL PUBLIC**

**FORM 990, PART VI, SECTION A, LINE 10: WHEN WE RECEIVE FORM 990 PREPARED  
BY OUR TAX PREPARER (CPA), A MEMBER OF MANAGEMENT, GENERALLY THE EXECUTIVE  
DIRECTOR, AND / OR A BOARD FINANCE COMMITTEE MEMBER WILL REVIEW THE TAX  
RETURN BEFORE IT IS FILED WITH THE IRS.**

**FORM 990, PART VI, SECTION B, LINE 12C: THE OFFICERS AND KEY EMPLOYEES  
SIGN A WRITTEN CONFLICT OF INTEREST POLICY ANNUALLY.**

**FORM 990, PART VI, SECTION B, LINE 15: MANAGEMENT ESTABLISHES THE BUDGET  
POLICY AND AMOUNTS FOR THE POSITIONS OF THE EXECUTIVE OFFICERS AND KEY  
EMPLOYEES AND THE BOARD OF DIRECTORS APPROVES THEM.**

**FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT  
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.**

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER											
1	PHASE I BARN	060395	SL	20.00	16	86,249.			86,249.	54,262.		4,312.
2	PHASE I BARN	060395	SL	1.00	16	1,090.			1,090.	1,090.		0.
3	PHASE I BARN	032095	SL	5.00	16	455.			455.	455.		0.
4	PHASE I BARN	030195	SL	7.00	16	553.			553.	553.		0.
5	PHASE I BARN	020197	SL	20.00	16	11,497.			11,497.	3,999.		575.
6	PHASE I BARN	061598	SL	5.00	16	710.			710.	710.		0.
7	PHASE I BARN IMPROVE	030699	SL	5.00	16	275.			275.	275.		0.
159	FOR QUARANTINE	123104	SL	10.00	16	13,597.			13,597.	4,080.		1,360.
160	FENCE FOR QUARAN	010204	SL	10.00	16	19,657.			19,657.	7,864.		1,966.
	NEW HAY											
221	BARN-FOUNDATION AND RE	033105	SL	20.00	16	6,306.			6,306.	866.		315.
	PHASE I BARN-FLOOR											
224	COATING	090905	SL	20.00	16	9,408.			9,408.	1,097.		470.
343	PHASE I BARN - AC (Q	082307	SL	20.00	16	4,330.			4,330.	72.		217.
	BARN)											
	* 990 PAGE 10 TOTAL					154,127.		0.	154,127.	75,323.	0.	9,215.
	OTHER					154,127.		0.	154,127.	75,323.	0.	9,215.
	* 990 PAGE 10 TOTAL -											
	OTHER											
8	PHASE II - HAY BARN	071097	SL	20.00	16	23,341.			23,341.	7,879.		1,167.
	HAY BARN - HIGHLAND											
139	LAKE PROPERTIES, INC.	010103	SL	40.00	16	20,000.			20,000.	2,500.		500.

2008 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
161	PHASE II BARN IMPROVEMENTS	060104	SL	20.00	16	1,902.			1,902.	396.		95.
225	PHASE II BARN - FLOORING	090905	SL	20.00	16	48,804.			48,804.	5,693.		2,440.
262	NEW HAY BARN - SHOP AND BLDG	112505	SL	20.00	16	58,737.			58,737.	6,119.		2,937.
263	NEW HAY BARN - FORKLIFT	112505	SL	7.00	16	4,583.			4,583.	1,365.		655.
264	NEW HAY BARN - OTHERS	112505	SL	20.00	16	1,757.			1,757.	183.		88.
298	NEW HAY BARN - PERIMETER FENCE	041006	SL	20.00	16	79,191.			79,191.	6,930.		3,960.
308	QUARANTINE BARN RENOVATION	102806	SL	20.00	16	12,982.			12,982.	757.		649.
389	QUARANTINE BARN RENOVATION - PHASE II	091108	SL	20.00	16	4,065.			4,065.			68.
390	BARN	091108	SL	20.00	16	1,338.			1,338.			22.
	* 990 PAGE 10 TOTAL					256,700.		0.	256,700.	31,822.	0.	12,581.
	OTHER					256,700.		0.	256,700.	31,822.	0.	12,581.
	* 990 PAGE 10 TOTAL -											
9	OTHER HOUSE - REPAIR/RENOVATION	060100	SL	10.00	16	33,651.			33,651.	25,518.		3,365.
10	HOUSE - REPAIR/RENOVATION	063001	SL	10.00	16	24,159.			24,159.	15,704.		2,416.
11	HOUSE - REPAIR/RENOVATION	123100	SL	5.00	16	3,670.			3,670.	3,670.		0.
12	HOUSE - REPAIR/RENOVATION	083102	SL	10.00	16	445.			445.	240.		45.
108	HOUSE - REPAIR/RENOVATION	091503	SL	10.00	16	593.			593.	256.		59.
141	PROPERTIES, INC. (HLP)	010103	SL	10.00	16	60,000.			60,000.	30,000.		6,000.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus. % Excl.	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
142	CABIN - HIGHLAND LAKE PROPERTIES, INC. (HLP10110103SL	1010103SL	SL	20.00	16	15,000.			15,000.	3,750.		750.
143	SHOP - HIGHLAND LAKE PROPERTIES, INC. (HLP10110103SL	1010103SL	SL	20.00	16	30,000.			30,000.	7,500.		1,500.
179	AFRICAN ELEPHANT FACILITY - KEEPERS HOU	021904SL	SL	20.00	16	65,191.			65,191.	11,138.		3,260.
180	AFRICAN ELEPHANT FACILITY - BARN MATS	022404SL	SL	10.00	16	5,616.			5,616.	2,154.		562.
210	DARBYTOWN OFFICE	120205SL	SL	10.00	16	6,662.			6,662.	1,388.		666.
211	INTERN CABINS SIDING FOR SOFFITT ON	121705SL	SL	20.00	16	8,500.			8,500.	850.		425.
270	HOUSE AND GARAGE INTERN CABINS	070805SL	SL	20.00	16	11,202.			11,202.	1,400.		560.
288	(ADDITION) DARBYTOWN OFFICE	060106SL	SL	20.00	16	5,830.			5,830.	462.		292.
333	PROPERTY EXPANSION - INTERN	030807SL	SL	20.00	16	75,277.			75,277.	3,137.		3,764.
334	CABINS	020807SL	SL	20.00	16	6,567.			6,567.	301.		328.
335	WELCOME CENTER	121209SL	SL	20.00	16	125,523.			125,523.	4,184.		0.
336	DULARY'S POND DARBYTOWN SECURITY	083107SL	SL	10.00	16	4,661.			4,661.	155.		466.
376	HOUSE	102308SL	SL	20.00	16	45,204.			45,204.			377.
378	DARBYTOWN WORKSHOP SECURITY CABINS AND	100108SL	SL	20.00	16	85,011.			85,011.			1,063.
379	APPLIANCE EDUCATION GALLERY /	082208SL	SL	20.00	16	22,376.			22,376.			373.
380	WELCOME CENTER	121209SL	SL	20.00	16	90,199.			90,199.			0.
	* 990 PAGE 10 TOTAL					725,337.		0.	725,337.	111,807.	0.	26,271.
	OTHER							0.				
	* 990 PAGE 10 TOTAL -					725,337.		0.	725,337.	111,807.	0.	26,271.

8328102 04-25-06 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
13	OTHER PHASE II - ELEPHANT BARN	070197SL		20.00	16	202,310.			202,310.	56,000.		10,116.
14	PHASE II - ELEPHANT BARN	061598SL		20.00	16	125,784.			125,784.	125,784.		0.
15	PHASE II - ELEPHANT BARN	031899SL		5.00	16	5,300.			5,300.	5,300.		0.
16	PHASE II - ELEPHANT BARN	123099SL		5.00	16	5,293.			5,293.	5,293.		0.
17	PHASE II - ELEPHANT BARN	050699SL		5.00	16	2,722.			2,722.	2,722.		0.
18	PHASE II - ELEPHANT BARN	123099SL		5.00	16	3,475.			3,475.	3,475.		0.
19	PHASE II - ELEPHANT BARN	122999SL		5.00	16	3,173.			3,173.	3,173.		0.
20	PHASE II - ELEPHANT BARN	061599SL		20.00	16	28,748.			28,748.	28,748.		0.
21	PHASE II - ELEPHANT BARN	050300SL		5.00	16	4,756.			4,756.	4,756.		0.
22	PHASE II - ELEPHANT BARN	051100SL		5.00	16	1,148.			1,148.	1,148.		0.
23	PHASE II - ELEPHANT BARN	070100SL		5.00	16	2,898.			2,898.	2,898.		0.
24	PHASE II - ELEPHANT BARN	021000SL		5.00	16	3,802.			3,802.	3,802.		0.
25	PHASE II - ELEPHANT BARN	031000SL		5.00	16	1,455.			1,455.	1,455.		0.
26	PHASE II - ELEPHANT BARN	021700SL		5.00	16	310.			310.	310.		0.
27	PHASE II - ELEPHANT BARN	030600SL		5.00	16	354.			354.	354.		0.
28	PHASE II - ELEPHANT BARN	060100SL		20.00	16	11,022.			11,022.	11,022.		0.
29	PHASE II - ELEPHANT BARN	060100SL		5.00	16	1,807.			1,807.	1,807.		0.

2008 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
30	PHASE II - ELEPHANT BARN	020100	SL	5.00	16	327.			327.	327.		0.
31	PHASE II - ELEPHANT BARN	092101	SL	5.00	16	732.			732.	732.		0.
32	PHASE II - ELEPHANT BARN	010901	SL	1.00	16	24.			24.	24.		0.
33	PHASE II - ELEPHANT BARN	051501	SL	3.00	16	588.			588.	588.		0.
34	PHASE II - ELEPHANT BARN	090701	SL	5.00	16	3,894.			3,894.	3,894.		0.
35	PHASE II - ELEPHANT BARN	102101	SL	5.00	16	1,324.			1,324.	1,324.		0.
36	PHASE II - ELEPHANT BARN	022601	SL	5.00	16	1,671.			1,671.	1,671.		0.
37	PHASE II - ELEPHANT BARN	071801	SL	3.00	16	217.			217.	217.		0.
38	PHASE II - ELEPHANT BARN	010401	SL	5.00	16	6,568.			6,568.	6,568.		0.
39	PHASE II - ELEPHANT BARN	060601	SL	5.00	16	420.			420.	420.		0.
40	PHASE II - ELEPHANT BARN	032102	SL	5.00	16	1,975.			1,975.	1,975.		0.
41	PHASE II - ELEPHANT BARN	121302	SL	5.00	16	7,000.			7,000.	7,000.		0.
42	PHASE II - ELEPHANT BARN	031802	SL	5.00	16	1,969.			1,969.	1,969.		0.
43	PHASE II - ELEPHANT BARN	061702	SL	20.00	16	541.			541.	351.		27.
44	PHASE II - ELEPHANT BARN	111502	SL	20.00	16	2,710.			2,710.	1,582.		136.
109	PHASE II - ELEPHANT BARN	010103	SL	20.00	16	119.			119.	66.		6.
110	PHASE II - ELEPHANT BARN	081503	SL	20.00	16	7,324.			7,324.	3,173.		366.
136	PHASE II BARN - OFFICE SPACE	070197	SL	10.00	16	49,000.			49,000.	42,675.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus. % Excl.	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL					490,760.		0.	490,760.	332,603.	0.	10,651.
	OTHER					490,760.		0.	490,760.	332,603.	0.	10,651.
	* 990 PAGE 10 TOTAL -											
	OTHER											
45	ELEPHANT CORRALL	102500SL		10.00	16	34,744.			34,744.	24,897.		3,474.
46	ELEPHANT CORRALL	121100SL		10.00	16	39,375.			39,375.	27,894.		3,938.
47	ELEPHANT CORRALL	091900SL		10.00	16	39,620.			39,620.	28,725.		3,962.
48	ELEPHANT CORRALL	092200SL		10.00	16	39,813.			39,813.	28,863.		3,981.
49	ELEPHANT CORRALL	011601SL		10.00	16	39,375.			39,375.	39,375.		0.
50	ELEPHANT CORRALL	020901SL		10.00	16	14,270.			14,270.	14,270.		0.
51	PHASE II PERIMETER	092595SL		10.00	16	3,000.			3,000.	3,000.		0.
52	PHASE II PERIMETER	120895SL		10.00	16	2,100.			2,100.	2,100.		0.
53	PHASE II PERIMETER	122095SL		10.00	16	1,244.			1,244.	1,244.		0.
54	PHASE II PERIMETER	102495SL		10.00	16	8,054.			8,054.	8,054.		0.
55	PHASE II PERIMETER	030495SL		10.00	16	1,000.			1,000.	1,000.		0.
56	PHASE II PERIMETER	022395SL		10.00	16	5,061.			5,061.	5,061.		0.
57	PHASE II PERIMETER	011195SL		10.00	16	9,782.			9,782.	9,782.		0.
58	PHASE II PERIMETER	080400SL		10.00	16	30,165.			30,165.	22,375.		3,017.
59	PHASE II PERIMETER	030501SL		10.00	16	28,389.			28,389.	28,389.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
60	PHASE II PERIMETER FENCE	051602SL		10.00016		670.			670.	561.		67.
119	EXPANSION - ELEPHANT CORRAL	031303SL		10.00016		47,911.			47,911.	14,373.		4,791.
120	EXPANSION - ELEPHANT CORRAL	041403SL		10.00016		63,155.			63,155.	18,948.		6,316.
121	EXPANSION - ELEPHANT CORRAL	051603SL		10.00016		76,362.			76,362.	22,908.		7,636.
122	EXPANSION - ELEPHANT CORRAL	082503SL		10.00016		94,156.			94,156.	28,248.		9,416.
123	EXPANSION - ELEPHANT CORRAL	092903SL		10.00016		70,064.			70,064.	21,018.		7,006.
124	EXPANSION - ELEPHANT CORRAL	102703SL		10.00016		52,044.			52,044.	15,612.		5,204.
125	EXPANSION - ELEPHANT CORRAL	112103SL		10.00016		87,507.			87,507.	26,253.		8,751.
129	EXPANSION - PERIMETER FENCE	021003SL		10.00016		31,390.			31,390.	15,433.		3,139.
130	EXPANSION - PERIMETER FENCE	031303SL		10.00016		24,819.			24,819.	11,996.		2,482.
131	EXPANSION - PERIMETER FENCE	061603SL		10.00016		47,151.			47,151.	21,218.		4,715.
132	EXPANSION - PERIMETER FENCE	092903SL		10.00016		27,291.			27,291.	11,598.		2,729.
133	EXPANSION - PERIMETER FENCE	102703SL		10.00016		29,202.			29,202.	12,167.		2,920.
134	EXPANSION - PERIMETER FENCE	112103SL		10.00016		20,121.			20,121.	8,216.		2,012.
140	FENCING - HIGHLAND LAKE PROPERTIES, INC.	010103SL		10.00016		290,918.			290,918.	145,460.		29,092.
151	EXPANSION CORRAL (WIP 12/31/04)	123104SL		10.00016		569,711.			569,711.	170,913.		56,971.
155	EXPANSION - PERIMETER FENCE	090804SL		10.00016		133,364.			133,364.	48,899.		13,336.
185	FENCING POST	070104SL		10.00016		6,636.			6,636.	2,324.		664.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
196	FENCING	120705SL		10.00	16	4,312.			4,312.	898.		431.
212	CORRAL MODIFICATION	061005SL		10.00	16	1,413.			1,413.	364.		141.
222	PERIMETER FENCE	123105SL		10.00	16	145,532.			145,532.	29,106.		14,553.
228	EXPANSION - ELEPHANT	082905SL		10.00	16	56,353.			56,353.	13,148.		5,635.
229	EXPANSION - ELEPHANT	093005SL		10.00	16	74,959.			74,959.	16,866.		7,496.
230	EXPANSION - ELEPHANT	111705SL		10.00	16	12,825.			12,825.	2,673.		1,283.
234	NEW ASIAN BARN- CORRAL	012406SL		10.00	16	1,535.			1,535.	295.		154.
235	NEW ASIAN BARN- CORRAL	012406SL		10.00	16	2,969.			2,969.	569.		297.
236	NEW ASIAN BARN- CORRAL	012406SL		10.00	16	4,080.			4,080.	782.		408.
238	NEW ASIAN BARN- ELEPHANT FENCING	012406SL		10.00	16	1,036.			1,036.	199.		104.
243	NEW ASIAN BARN- GATES	012406SL		20.00	16	88,106.			88,106.	8,443.		4,405.
292	CORRAL	032006SL		10.00	16	237,321.			237,321.	41,531.		23,732.
320	NEW ASIAN BARN - FENCING	092407SL		10.00	16	28,915.			28,915.	723.		2,892.
321	NEW ASIAN BARN - FENCING	100807SL		10.00	16	19,950.			19,950.	499.		1,995.
338	FENCING AT CABINS	061207SL		20.00	16	2,200.			2,200.	64.		110.
339	AFRICAN ELEPHANT FACILITY - SECURITY	FE103107SL		20.00	16	19,618.			19,618.	163.		981.
340	NEW ASIAN BARN - SECURITY FENCING	103107SL		20.00	16	30,685.			30,685.	256.		1,534.
342	PHASE I BARN - FENCING (Q BARN)	1113007SL		10.00	16	103,575.			103,575.	863.		10,358.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
382	NEW AFRICAN ELEPHANT CORRAL	073108SL		10.00	16	478,727.			478,727.			19,947.
391	PHASE I BARN FENCING	062408SL		10.00	16	4,847.			4,847.			242.
	* 990 PAGE 10 TOTAL					3287422.		0.	3287422.	958,616.	0.	282,317.
	OTHER					3287422.		0.	3287422.	958,616.	0.	282,317.
	* 990 PAGE 10 TOTAL - OTHER											
61	LAND - PHASE II	080297L				130,634.			130,634.			0.
62	LAND - PHASE II	061400L				79,223.			79,223.			0.
111	LAND - PHASE II	010103L				654.			654.			0.
126	LAND - INTERNATIONAL PAPER	082103L				1716834.			1716834.			0.
127	LAND - LAKE LAND	010103L				4,130.			4,130.			0.
128	DAM - LAKE LAND	061303L				6,328.			6,328.			0.
137	LAND - HIGHLAND LAKE PROPERTIES, INC. (HLP)	010103L				106,929.			106,929.			0.
138	LAND - ADDL. BASIS - HIGHLAND LAKE PROPERTY	010103L				584,389.			584,389.			0.
156	LAND - EXPANSION AFRICAN BARN	060104L				10,880.			10,880.			0.
287	LAND (5.4 ACRES)	051506L				136,725.			136,725.			0.
	* 990 PAGE 10 TOTAL					2776726.		0.	2776726.	0.	0.	0.
	OTHER					2776726.		0.	2776726.	0.	0.	0.
	* 990 PAGE 10 TOTAL - OTHER											

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
63	LAND IMPROVEMENTS - WELLS	101501	SL	5.00	16	13,215.			13,215.	13,215.		0.
144	LAND IMPROVEMENTS - HIGHLAND LAKE PROPERTY	10103	SL	5.00	16	19,000.			19,000.	19,000.		0.
176	AFRICAN ELEPHANT FACILITY - ROAD	021904	SL	20.00	16	2,888.			2,888.	492.		144.
213	FLOORING IMPROVEMENT	090905	SL	20.00	16	38,970.			38,970.	4,548.		1,949.
271	LANDSCAPING AFRICAN ELEPHANT	072505	SL	15.00	16	1,115.			1,115.	179.		74.
341	FACILITY - NEW ACCESS MEMORIAL TREES AND	111307	SL	10.00	16	4,955.			4,955.	83.		496.
346	LANDSCAPING STAINLESS WATER	040907	SL	15.00	16	2,500.			2,500.	125.		167.
377	TROUGHS	073108	SL	15.00	16	48,587.			48,587.			1,350.
	* 990 PAGE 10 TOTAL					131,230.		0.	131,230.	37,642.	0.	4,180.
	OTHER					131,230.		0.	131,230.	37,642.	0.	4,180.
	* 990 PAGE 10 TOTAL - OTHER											
104	OFFICE EQUIPMENT	081602	SL	5.00	16	1,230.			1,230.	1,230.		0.
157	OFFICE EQUIPMENT - PC UPGRADE	082604	SL	5.00	16	1,380.			1,380.	920.		276.
186	FLAT SCREEN MONITOR	113004	SL	5.00	16	454.			454.	281.		91.
187	COFFEE MAKER	092605	SL	5.00	16	1,400.			1,400.	630.		280.
188	COMPUTER 1 WITH MONITOR	111505	SL	5.00	16	1,541.			1,541.	667.		308.
189	COMPUTER 2 WITH MONITOR	111505	SL	5.00	16	1,541.			1,541.	667.		308.
190	PLASMA CUTTING SYSTEM	082605	SL	5.00	16	2,133.			2,133.	996.		427.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
191	MINI FRIDGE	090305	SL	5.00	16	1,065.			1,065.	497.		213.
195	REFRIGERATOR	121605	SL	5.00	16	897.			897.	358.		179.
269	OFFICE EQUIPMENT	123105	SL	5.00	16	1,881.			1,881.	752.		376.
300	PRINTER	112006	SL	5.00	16	63.			63.	14.		13.
301	LINKSYS WIRELESS RANGE EXTENDER	111406	SL	5.00	16	90.			90.	21.		18.
302	DELL COMPUTER	092706	SL	5.00	16	862.			862.	215.		172.
303	HP OFFICEJET 5610 ALL IN ONE	092906	SL	5.00	16	510.			510.	128.		102.
304	PANASONIC HANDSET	082406	SL	5.00	16	349.			349.	93.		70.
305	WIRELESS HEADSET	070306	SL	5.00	16	205.			205.	62.		41.
311	DESKTOP PC (CATHY)	021307	SL	5.00	16	544.			544.	100.		109.
312	CAMCORDER	042307	SL	5.00	16	330.			330.	44.		66.
313	PANASONIC DM TOSHIBA SATELLITE	060807	SL	5.00	16	291.			291.	34.		58.
314	LAPTOP	092107	SL	5.00	16	1,230.			1,230.	62.		246.
315	MINITOWER	102307	SL	5.00	16	463.			463.	15.		93.
316	MINITOWER	102307	SL	5.00	16	463.			463.	15.		93.
317	TRIPOD	112107	SL	5.00	16	308.			308.	5.		62.
318	PANASONIC DIGITAL CAMERAL	112107	SL	5.00	16	389.			389.	6.		78.
319	HANDSET PHONE	122107	SL	5.00	16	350.			350.			70.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
358	OLYMPUS CAMERAL	022108SL		5.00	16	319.			319.			53.
359	OFFICE EQUIPMENT HP OFFICEJET K5400	022108SL		5.00	16	319.			319.			53.
386	PRINTER	072408SL		7.00	16	204.			204.			12.
387	POLYCOMVIEW STATION VOSTRO 200 MIN TOUCH	102308SL		7.00	16	1,780.			1,780.			42.
388	INTE C	102308SL		7.00	16	891.			891.			21.
	* 990 PAGE 10 TOTAL					23,482.		0.	23,482.	7,812.	0.	3,930.
	OTHER					23,482.		0.	23,482.	7,812.	0.	3,930.
	* 990 PAGE 10 TOTAL -											
	OTHER											
105	OFFICE FURNITURE	052802SL		7.00	16	1,470.			1,470.	1,173.		210.
113	OFFICE FURNITURE OFFICE FURNITURE DESK	041503SL		7.00	16	3,281.			3,281.	2,228.		469.
158	AND FILE DRAWERS	120104SL		10.00	16	976.			976.	302.		98.
200	DESK	121805SL		5.00	16	745.			745.	298.		149.
306	PLANET OFFICE FURNITURE	020206SL		5.00	16	452.			452.	173.		90.
307	CHAIR	090406SL		5.00	16	130.			130.	35.		26.
	* 990 PAGE 10 TOTAL					7,054.		0.	7,054.	4,209.	0.	1,042.
	OTHER					7,054.		0.	7,054.	4,209.	0.	1,042.
	* 990 PAGE 10 TOTAL -											
	OTHER											
67	EQUIPMENT	021195SL		7.00	16	1,861.			1,861.	1,861.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
68	EQUIPMENT	061598SL		5.00	16	1,860.			1,860.	1,860.		0.
69	EQUIPMENT	061598SL		5.00	16	3,000.			3,000.	3,000.		0.
70	EQUIPMENT	061598SL		5.00	16	1,500.			1,500.	1,500.		0.
71	EQUIPMENT	061598SL		3.00	16	1,000.			1,000.	1,000.		0.
72	EQUIPMENT	061598SL		5.00	16	3,000.			3,000.	3,000.		0.
73	EQUIPMENT	061598SL		5.00	16	1,500.			1,500.	1,500.		0.
74	EQUIPMENT	061598SL		5.00	16	1,500.			1,500.	1,500.		0.
75	EQUIPMENT	061598SL		3.00	16	3,971.			3,971.	3,971.		0.
76	EQUIPMENT	061598SL		5.00	16	2,000.			2,000.	2,000.		0.
77	EQUIPMENT	061598SL		5.00	16	2,000.			2,000.	2,000.		0.
78	EQUIPMENT	061598SL		5.00	16	4,500.			4,500.	4,500.		0.
79	EQUIPMENT	123099SL		5.00	16	9,200.			9,200.	9,200.		0.
80	EQUIPMENT	122399SL		5.00	16	7,428.			7,428.	7,428.		0.
81	EQUIPMENT	091699SL		5.00	16	2,820.			2,820.	2,820.		0.
82	EQUIPMENT	123199SL		3.00	16	500.			500.	500.		0.
83	EQUIPMENT	051100SL		5.00	16	1,205.			1,205.	1,205.		0.
84	EQUIPMENT	051500SL		5.00	16	210.			210.	210.		0.
85	EQUIPMENT	051600SL		5.00	16	2,452.			2,452.	2,452.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
86	EQUIPMENT	061900	SL	5.00	16	939.			939.	939.		0.
87	EQUIPMENT	071500	SL	5.00	16	273.			273.	273.		0.
88	EQUIPMENT	060100	SL	5.00	16	20,000.			20,000.	20,000.		0.
89	EQUIPMENT	061401	SL	5.00	16	8,987.			8,987.	8,987.		0.
90	EQUIPMENT	011701	SL	3.00	16	2,182.			2,182.	2,182.		0.
91	EQUIPMENT	021501	SL	5.00	16	652.			652.	652.		0.
92	EQUIPMENT	040501	SL	5.00	16	708.			708.	708.		0.
93	EQUIPMENT	051501	SL	5.00	16	350.			350.	350.		0.
94	EQUIPMENT	091101	SL	5.00	16	4,920.			4,920.	4,920.		0.
95	EQUIPMENT	092501	SL	3.00	16	160.			160.	160.		0.
96	EQUIPMENT	102401	SL	5.00	16	5,000.			5,000.	5,000.		0.
97	EQUIPMENT	102401	SL	5.00	16	512.			512.	512.		0.
98	EQUIPMENT	061301	SL	5.00	16	7,500.			7,500.	7,500.		0.
99	EQUIPMENT	021502	SL	5.00	16	916.			916.	916.		0.
100	EQUIPMENT	041302	SL	5.00	16	6,000.			6,000.	6,000.		0.
101	EQUIPMENT	061902	SL	5.00	16	120.			120.	120.		0.
102	EQUIPMENT	062702	SL	5.00	16	507.			507.	507.		0.
103	EQUIPMENT	113002	SL	5.00	16	5,687.			5,687.	5,687.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
112	EQUIPMENT	060103	SL	5.00	16	2,376.			2,376.	2,177.		199.
163	BUSH HOG MODEL 2615	011304	SL	5.00	16	9,220.			9,220.	7,376.		1,844.
164	REFRIGERATOR	022604	SL	5.00	16	2,860.			2,860.	2,193.		572.
165	GENERATOR AND AIR COMPRESSOR	030305	SL	5.00	16	1,418.			1,418.	804.		284.
166	HAULER (NORTHERN TOOL)	122804	SL	5.00	16	1,113.			1,113.	669.		223.
182	DIGITAL CAMERA	071004	SL	5.00	16	200.			200.	140.		40.
183	VARIOUS TOOLS	052804	SL	5.00	16	952.			952.	681.		190.
184	HAND TOOLS	090604	SL	5.00	16	1,500.			1,500.	1,000.		300.
194	V-GROOVE TIRES	103105	SL	5.00	16	2,633.			2,633.	1,142.		527.
197	GENERATOR AND AIR COMPRESSOR	032205	SL	5.00	16	1,417.			1,417.	779.		283.
201	BLENDERS	101705	SL	5.00	16	1,640.			1,640.	711.		328.
202	AIR COMPRESSOR	090505	SL	5.00	16	2,231.			2,231.	1,041.		446.
206	WELDER	042105	SL	7.00	16	1,812.			1,812.	691.		259.
208	BALE HANDLER	102605	SL	7.00	16	4,724.			4,724.	1,462.		675.
209	CENTRIFUGE	123105	SL	7.00	16	1,429.			1,429.	408.		204.
214	BACKHOE	051805	SL	7.00	16	1,513.			1,513.	558.		216.
223	FLOOR SCALE	011105	SL	20.00	16	20,170.			20,170.	3,027.		1,009.
226	WELDING SUPPLIES	123105	SL	20.00	16	3,566.			3,566.	356.		178.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
276	HAY CART FOR QUARANTINE BARN	032006SL	SL	7.00	16	452.			452.	113.		65.
277	HAY CART FOR QUARANTINE BARN	040606SL	SL	7.00	16	442.			442.	110.		63.
278	HAY CART FOR QUARANTINE BARN	040606SL	SL	7.00	16	442.			442.	110.		63.
279	WASHING EQUIPMENT	041206SL	SL	7.00	16	2,163.			2,163.	541.		309.
280	WASHING EQUIPMENT	041206SL	SL	7.00	16	2,163.			2,163.	541.		309.
281	MANURE WAGONS (NORTHERN TOOL)	050206SL	SL	5.00	16	1,591.			1,591.	530.		318.
282	MANURE WAGONS (NORTHERN TOOL)	050206SL	SL	5.00	16	1,591.			1,591.	530.		318.
283	ANCHOR PLATE / 4700 12V CD PW	070306SL	SL	7.00	16	710.			710.	152.		101.
284	MANURE SPREADER	091106SL	SL	7.00	16	7,000.			7,000.	1,333.		1,000.
285	GPS SYSTEM	120406SL	SL	7.00	16	1,073.			1,073.	166.		153.
286	SECURITY SYSTEM	061606SL	SL	7.00	16	828.			828.	177.		118.
299	TIME CLOCK	120406SL	SL	5.00	16	380.			380.	82.		76.
322	DRILL	062207SL	SL	5.00	16	418.			418.	42.		84.
323	FREEZER FOR LAB	072407SL	SL	5.00	16	773.			773.	64.		155.
324	SURGE PROTECTOR	092107SL	SL	5.00	16	1,115.			1,115.	56.		223.
325	LAP EQUIPMENT	102307SL	SL	5.00	16	1,327.			1,327.	44.		265.
326	FUEL TANK	112107SL	SL	5.00	16	439.			439.	7.		88.
327	HYDRANT PUMP	112107SL	SL	5.00	16	402.			402.	7.		80.

2008 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
328	ROTARY HAND PUMP	112107SL		5.00	16	918.			918.	15.		184.
329	PRESSURE PRO	112107SL		5.00	16	2,173.			2,173.	36.		435.
330	PRESSURE PRO	112107SL		5.00	16	2,173.			2,173.	36.		435.
331	FLOW SWITCH HAWTHORN LAB X-RAY	112107SL		5.00	16	170.			170.	3.		34.
354	MACHINE TRACTOR FROM FRANKLIN	071007SL		5.00	16	49,995.			49,995.	5,000.		9,999.
357	KUBOTA	012908SL		7.00	16	46,570.			46,570.			6,098.
360	HAY CART	022108SL		7.00	16	487.			487.			58.
361	CHAINSAW	022108SL		7.00	16	244.			244.			29.
362	CHAINSAW	022108SL		7.00	16	244.			244.			29.
363	CHAINSAW	022108SL		7.00	16	244.			244.			29.
364	7" GRINDER	022108SL		7.00	16	204.			204.			24.
365	ACETYLENE TORCH	022808SL		7.00	16	307.			307.			37.
366	HAYCORT	032108SL		7.00	16	457.			457.			49.
367	NORTHERN TOOL	032108SL		7.00	16	2,189.			2,189.			235.
368	LITTLE WAGON	042208SL		5.00	16	630.			630.			84.
369	WEED EATER	052208SL		7.00	16	300.			300.			25.
370	JAMES SAW SHOP	063008SL		7.00	16	350.			350.			25.
371	AIR COMPRESSOR	072408SL		7.00	16	441.			441.			26.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
372	DEWALT WRENCH	072408SL		7.00	16	600.			600.			36.
373	HOBART HELONET	072408SL		7.00	16	291.			291.			17.
374	1ST AID CABINET	092308SL		7.00	16	960.			960.			34.
375	DUMP DRAILER	112108SL		7.00	16	2,559.			2,559.			30.
	* 990 PAGE 10 TOTAL OTHER					313,509.		0.	313,509.	151,830.	0.	29,517.
	* 990 PAGE 10 TOTAL - TRANSPORTATION EQUIPMENT					313,509.		0.	313,509.	151,830.	0.	29,517.
204	HONDA FORMAN - 4 WHEELER	060805SL		5.00	16	1,500.			1,500.	775.		300.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPME OTHER					1,500.		0.	1,500.	775.	0.	300.
106	TRAILER	060100SL		10.00	16	30,819.			30,819.	23,372.		3,082.
107	VEHICLES	061598SL		5.00	16	6,000.			6,000.	6,000.		0.
114	TRAILER - AC UNIT, OTHER IMPROVEMENTS	080103SL		10.00	16	11,456.			11,456.	5,061.		1,146.
162	TRUCK F350 AND TRAILER	090704SL		5.00	16	7,000.			7,000.	4,667.		1,400.
181	PICKUP TRUCK	043004SL		5.00	16	4,500.			4,500.	3,300.		900.
205	2005 HONDA 4-WHEELER	060805SL		5.00	16	6,442.			6,442.	3,328.		1,288.
207	M9000 TRACTOR 4-WHEELER (HONDA OF	080905SL		7.00	16	35,678.			35,678.	12,318.		5,097.
274	COOL SPRING)	082306SL		5.00	16	6,500.			6,500.	1,733.		1,300.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
275	2006 HONDA TRX	12/04/06	SL	5.00	16	6,629.			6,629.	1,436.		1,326.
309	HONDA VEHICLES	03/18/06	SL	5.00	16	5,989.			5,989.	2,096.		1,198.
310	SECURITY TRAILER HONDA FORMAN - 4	06/19/07	SL	10.00	16	11,798.			11,798.	590.		1,180.
332	WHEELER	04/23/07	SL	5.00	16	13,472.			13,472.	1,796.		2,694.
347	TRAILER	12/21/07	SL	10.00	16	299.			299.			30.
	* 990 PAGE 10 TOTAL											
	OTHER					146,582.		0.	146,582.	65,697.	0.	20,641.
	* 990 PAGE 10 TOTAL -					148,082.		0.	148,082.	66,472.	0.	20,941.
	OTHER											
148	CAMERA SYTEM AND WIRING TO AFRICAN BARN	01/29/04	SL	20.00	16	24,307.			24,307.	8,101.		1,215.
149	AFRICAN ELEPHANT FACILITY - VARIOUS COS	02/19/04	SL	10.00	16							0.
150	PRESSURE WASHER FOR AFRICAN BARN	02/16/04	SL	5.00	16	2,844.			2,844.	2,181.		569.
169	AFRICAN ELEPHANT FACILITY BARN	02/19/04	SL	20.00	16	668,536.			668,536.	114,209.		33,427.
170	AFRICAN ELEPHANT FACILITY - GENERATOR	02/19/04	SL	20.00	16	10,057.			10,057.	1,719.		503.
171	AFRICAN ELEPHANT FACILITY - PLUMBING	02/19/04	SL	20.00	16	2,387.			2,387.	407.		119.
172	AFRICAN ELEPHANT FACILITY - GATES	02/19/04	SL	20.00	16	24,585.			24,585.	4,199.		1,229.
173	AFRICAN ELEPHANT FACILITY FLOOR HEAT	02/19/04	SL	20.00	16	10,319.			10,319.	1,763.		516.
174	AFRICAN ELEPHANT FACILITY - ELELCTRIC	02/19/04	SL	20.00	16	38,129.			38,129.	6,512.		1,906.
175	AFRICAN ELEPHANT FACILITY - OTHER	02/19/04	SL	20.00	16	43,731.			43,731.	7,472.		2,187.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
177	AFRICAN ELEPHANT FACILITY MOTOR GRDS WA	021904	SL	20.00	16	2,378.			2,378.	407.		119.
178	AFRICAN ELEPHANT FACILITY MISC	021904	SL	20.00	16	19,862.			19,862.	3,393.		993.
198	LINE FOR MANURE TRACK AFRICAN ELEPHANT	122205	SL	20.00	16	2,328.			2,328.	232.		116.
215	FACILITY - ROAD AFRICAN ELEPHANT	061005	SL	20.00	16	501.			501.	65.		25.
227	FACILITY - KEEPERS HOU REGULATOR FOR	033005	SL	20.00	16	22,450.			22,450.	3,088.		1,123.
289	CHANGE OVER	013106	SL	20.00	16	1,231.			1,231.	118.		62.
290	YARD RENOVATION	070106	SL	20.00	16	86,318.			86,318.	6,474.		4,316.
337	FLORA YARD RENOVATIONS AFRICAN ELEPHANT	083107	SL	20.00	16	80,331.			80,331.	1,339.		4,017.
350	FACILITY - FENCING AFRICAN ELEPHANT	121507	SL	20.00	16	210,000.			210,000.	875.		10,500.
381	FACILITY - ADDITIONAL * 990 PAGE 10 TOTAL	042508	SL	20.00	16	1,884.			1,884.			63.
	OTHER					1252178.		0.	1252178.	162,554.	0.	63,005.
	* 990 PAGE 10 TOTAL - OTHER					1252178.		0.	1252178.	162,554.	0.	63,005.
152	LEGAL FEES HLIP	021604		60M	43	390.			390.	299.		78.
153	TRADEMARKS * 990 PAGE 10 TOTAL	051305		15M	43	1,051.			1,051.	1,051.		0.
	OTHER					1,441.		0.	1,441.	1,350.	0.	78.
	* 990 PAGE 10 TOTAL - OTHER					1,441.		0.	1,441.	1,350.	0.	78.

2008 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
145	EDUCATION CENTER	123103SL		20.00	16	12,000.			12,000.	1,800.		600.
203	EDUCATION CENTER	081705SL		20.00	16	1,867.			1,867.	217.		93.
349	EDUCATION CENTER	040307SL		20.00	16	3,800.			3,800.	143.		190.
	* 990 PAGE 10 TOTAL OTHER					17,667.		0.	17,667.	2,160.	0.	883.
	* 990 PAGE 10 TOTAL - OTHER					17,667.		0.	17,667.	2,160.	0.	883.
154	NEW ASIAN BARN RUBBER FLOOR IN NEW	012406SL		20.00	16	56,456.			56,456.	5,411.		2,823.
199	ASIAN BARN NEW ASIAN HABITAT-LAND	012406SL		20.00	16	17,710.			17,710.	1,698.		886.
218	SURVEY NEW ASIAN	122805L				1,042.			1,042.			0.
219	HABITAT-AC/HEAT FOR OF	012406SL		20.00	16	3,584.			3,584.	343.		179.
220	NEW ASIAN BARN-BOILER NEW ASIAN BARN-CEILING	012406SL		7.00	16	8,200.			8,200.	2,245.		1,171.
231	FAN NEW ASIAN BARN-	012406SL		20.00	16	2,703.			2,703.	259.		135.
232	CONCRETE/FOUNDATION	012406SL		20.00	16	89,070.			89,070.	8,536.		4,454.
233	NEW ASIAN BARN- COOLER NEW ASIAN BARN-	012406SL		5.00	16	6,603.			6,603.	2,532.		1,321.
237	ELECTRIC NEW ASIAN BARN-	012406SL		20.00	16	137,130.			137,130.	13,142.		6,857.
239	ENGINEER & DEV. SERVICE NEW ASIAN BARN -	012406SL		20.00	16	32,329.			32,329.	3,098.		1,616.
240	EXHAUST FANS NEW ASIAN	012406SL		20.00	16	3,284.			3,284.	315.		164.
241	BARN-FLOORING	012406SL		20.00	16	67,158.			67,158.	6,436.		3,358.

2008 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus. % Excl.	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
242	NEW ASIAN BARN- GAS LINE	012406	SL	20.00	16	16,782.			16,782.	1,608.		839.
244	NEW ASIAN BARN- GENERATOR	012406	SL	20.00	16	17,140.			17,140.	1,643.		857.
245	NEW ASIAN BARN- MANURE TRACK	012406	SL	20.00	16	30,749.			30,749.	2,946.		1,537.
246	NEW ASIAN BARN- INSULATION	012406	SL	20.00	16	4,397.			4,397.	422.		220.
247	NEW ASIAN BARN- PLUMBING	012406	SL	20.00	16	37,230.			37,230.	3,568.		1,862.
248	NEW ASIAN BARN- RADIANT HEATERS	012406	SL	20.00	16	3,004.			3,004.	288.		150.
249	NEW ASIAN BARN- REBAR	012406	SL	20.00	16	18,245.			18,245.	1,748.		912.
250	NEW ASIAN BARN- ROAD AND PARKING LOT	012406	SL	20.00	16	9,024.			9,024.	865.		451.
251	NEW ASIAN BARN- SCALES	012406	SL	7.00	16	8,942.			8,942.	2,448.		1,277.
252	NEW ASIAN BARN- SEPTIC INSTALLATION	012406	SL	20.00	16	4,537.			4,537.	435.		227.
253	NEW ASIAN BARN- SHELVING	123105	SL	7.00	16	1,676.			1,676.	478.		239.
254	NEW ASIAN BARN- STALL CONSTRUCTION	012406	SL	20.00	16	2,085.			2,085.	200.		104.
255	NEW ASIAN BARN- STEEL/WELDING	012406	SL	20.00	16	38,839.			38,839.	3,722.		1,942.
256	NEW ASIAN BARN- TANK AND WELL WATER	012406	SL	20.00	16	5,060.			5,060.	485.		253.
257	NEW ASIAN BARN- ARCHITECT	012406	SL	20.00	16	1486251.			1486251.	142,433.		74,313.
258	NEW ASIAN BARN- BUILDING METAL	012406	SL	20.00	16	265,977.			265,977.	25,490.		13,299.
259	NEW ASIAN BARN- UNDERGROUND WATER STORAGE	012406	SL	20.00	16	38,459.			38,459.	3,686.		1,923.
260	NEW ASIAN BARN- GRAVEL	012406	SL	20.00	16	4,941.			4,941.	473.		247.

2008 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
261	NEW ASIAN BARN- OTHERS	012406SL	SL	20.00	16	23,371.			23,371.	2,240.		1,169.
	NEW ASIAN BARN-											
272	CONSTRUCTION	012406SL	SL	20.00	16	18,000.			18,000.	1,725.		900.
	NEW ASIAN											
273	BARN-INTEREST CAPITALI	012406SL	SL	20.00	16	170,000.			170,000.	16,292.		8,500.
	NEW ASIAN											
291	HABITAT-T-POST	050606SL	SL	20.00	16	224.			224.	18.		11.
	NEW ASIAN BARN -											
293	ELECTRIC	012506SL	SL	20.00	16	11,907.			11,907.	1,141.		595.
	NEW ASIAN BARN -											
294	FENCING	020406SL	SL	20.00	16	521.			521.	50.		26.
295	NEW ASIAN BARN - GATES	012806SL	SL	20.00	16	9,997.			9,997.	958.		500.
	NEW ASIAN BARN -											
296	SEPTIC INSTALL	081006SL	SL	20.00	16	325.			325.	23.		16.
	NEW ASIAN BARN -											
297	OTHERS	063006SL	SL	20.00	16	79,722.			79,722.	5,979.		3,986.
	NEW ASIAN HABITAT											
344	WELLS	122607SL	SL	20.00	16	14,743.			14,743.			737.
345	NEW ASIAN BARN - GATES	093007SL	SL	20.00	16	288.			288.	4.		14.
	NEW ASIAN BARN -											
348	LANDSCAPING	062207SL	SL	15.00	16	5,676.			5,676.	189.		378.
351	AUTOMATIC WATERERS	091707SL	SL	7.00	16	1,698.			1,698.	61.		243.
	NEW ASIAN BARN - EXTRA											
352	WALL INSULATION	022107SL	SL	20.00	16	1,085.			1,085.	45.		54.
353	NEW GRAVEL ROAD	113007SL	SL	10.00	16	3,886.			3,886.	32.		389.
355	NEW GATES	103107SL	SL	20.00	16	8,534.			8,534.	71.		427.
	CHAIN FOR MANURE											
356	SPREADER	021907SL	SL	5.00	16	1,933.			1,933.	322.		387.
	NEW ASIAN HABITAT											
383	WELLS	120108SL	SL	20.00	16	7,053.			7,053.			29.

2008 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
384	NEW ASIAN BARN - REPLACEMENT DOORS	090508SL		20.00	16	2,659.			2,659.			44.
385	NEW ASIAN BARN - WELL AND PUMP	063008SL		7.00	16	1,997.			1,997.			143.
	* 990 PAGE 10 TOTAL					2782226.		0.	2782226.	266,103.	0.	142,164.
	OTHER					2782226.		0.	2782226.	266,103.	0.	142,164.
146	LESS ASSETS OF HLP			.00	16	<1126236.>		<1126236.>	<1126236.>			0.
	* 990 PAGE 10 TOTAL					<1126236.>		0.	<1126236.>	0.	0.	0.
	OTHER					<1126236.>		0.	<1126236.>	0.	0.	0.
147	LESS INTANGIBLE ASSETS			.00	16	<1,440.>			<1,440.>			0.
	* 990 PAGE 10 TOTAL					<1,440.>		0.	<1,440.>	0.	0.	0.
	OTHER					<1,440.>		0.	<1,440.>	0.	0.	0.
	* 990 PAGE 10 TOTAL - GRAND TOTAL 990 PAGE 10 DEPR & AMORT					11240265.		0.	11240265.	2210303.	0.	606,775.

Form 4562

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No. 1545-0172

2008

Attachment Sequence No. 67

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return: THE ELEPHANT SANCTUARY IN TENNESSEE
Business or activity to which this form relates: FORM 990 PAGE 10
Identifying number: 62-1587327

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

Table with 5 rows for Section 179 election. Line 1: 250,000. Line 3: 800,000.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

Table with 13 rows for Section 179 calculations. Line 13: 568,933.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Special Depreciation Allowance. Line 16: 568,933.

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

Table with 2 rows for MACRS depreciation. Line 17.

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Line 22: 568,933.

**Part V Listed Property** (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

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

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2008 tax year:						
43 Amortization of costs that began before your 2008 tax year					43	78.
44 Total. Add amounts in column (f). See the instructions for where to report					44	78.